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Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Address Addr	^	ru	1 1116	2001 60161	idal year, or tax year beginning	anu Gn	iumy		_	
Accessed P.O. BOX 30 32	В	Ch	eck if	Please	C Name of organization			D Empl	oyer i	identification number
Description Process	_	• •		use IRS						
Number and street (or Y of Dox x mails is not delivered to street address)	Ĺ		change	print or	FRONTIER COMMUNITY CREDIT UNION					663659
Intermotion Part	Ļ		change	See			Room/suite			
City or town, state or country, and 2/P + 4 FT. LEAVENWORTH, KS 66027 FT. LEAVENWORTH, KS 66027 GWebsite FWWW.FRONTIERCU.COOP Jorganization type consciousness February must state a completed Sendelule A (Form 99 or 990-E2) K Check here Fill the consciousness Fill Solicio (1 4) Generation (1 4947(a)(1) or 527 K Check here Fill the completed Solicio Solicio (1 4) Generation (1 4947(a)(1) or 527 K Check here Fill the completed Solicio Solicio (1 4) Generation (1 4947(a)(1) or 527 K Check here Fill the complete return (1 4947(a)(1) or 647 K Check here Fill the complete return (1 4947(a)(1) or 647 K Check here Fill the complete return (1 4947(a)(1) or 647 K Check here Fill the complete return (1 4947(a)(1) or 647 K Check here Fill the complete return (1 4947(a)(1) or 647 K Check here Fill the complet	Ļ	_	retum	Instruc-)651-6575
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Organization type cross-enviouse	ģ		- 44 -				''			/ _
K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5, 947, 215.	\$ <u>'</u>					7 527	1 ' '			
receipts are normally not more than \$25,000. A return is not required, but if the organization covered by chooses to file a return, be sure to file a complete return. The consideration of the construction of the complete return and the construction of the construct	<u> </u>								•	N/A LYes LNo
Chooses to file a return, be sure to file a complete return L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,947,215. Sch 8 (Form 990, 99) Part 3! Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 Contributions, grifts, grants, and similar amounts received a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 10) (cash \$ noncash \$ noncash \$ program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents b Less rental expenses c Net rental income or (loss) Subtract time-6b-from line 1a 2 Gross amount from sales of assets other. SEP 2 201A securities 8 a Gross amount from sales of assets other. SEP 2 201A securities 9 Special events and activities (attach schedule) if any amount is from gaming, check here had a constitute (loss) from special events. Subtract time 99 from line 9a 10 a Gross sales of inventory, less returns and allowances b Less cost of gods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 110 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 23, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundrasing (from line 44, column (B)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 1e, 23, 4, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 18 Payments to affiliates (attach schedule) 19 Payments to affiliates (attach schedule) 20 Other changes in net assets or fund balances at teginning of year (from line 73, column (A)) 21 Other changes in net assets or fund balances (attach explanation) 22 Net assets or fund balances at end of year Combine lines 18, 19, and 2	ĸ					S	H(d) is this a separat	e return	filed b	oy an or- o ruling? Yes X No
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17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	Ş	2	14	-				-	14	
17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20		<u> </u>							15	
18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	Ž ú	- 1		•	•			-	16	E 005 100
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	۰ –	$\overline{}$							17	5,805,109.
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	•	S						-	18	142,106.
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	್ದ ಕ	SSe						-	19	9,513,223.
	ગુરુ જુત	ä			•			+	20 21	9,655,329.
AND AND A HALL HALL HALL PARTY AND PARTY WAS A REAL PROPERTY OF A MATTER COMPANY OF A	72				or Privacy Act and Panerwork Reduction Act Notice, see the senarate Instr	uction			41	Form 990 (2007)

				and (D) are required for secti able trusts but optional for ot	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)	1 1				
(cash \$ 0 • noncash \$ 0	<u>.</u>				
If this amount includes foreign grants, check here] 22a				
22b Other grants and allocations (attach schedule	e)				
(cash \$0 noncash \$0	<u>.</u>				
If this amount includes foreign grants, check here	22b			_	
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		222 625			
employees, etc listed in Part V-A	25a	233,635.			
b Compensation of former officers, directors, key		_			
employees, etc listed in Part V-B	25b	0.			
c Compensation and other distributions, not included	1				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c			-	
26 Salaries and wages of employees not		002 000			
included on lines 25a, b, and c	26	903,009.			
27 Pension plan contributions not included on		20 774			
lines 25a, b, and c	27	38,774.			
28 Employee benefits not included on lines		57 124			
25a · 27	28	57,124. 85,222.			
29 Payroll taxes	29	03,222.			
30 Professional fundraising fees	30	40,914.		<u> </u>	
31 Accounting fees 32 Legal fees	31	10,094.			
	33	61,493.			
33 Supplies 34 Telephone	34	26,454.		-	-
35 Postage and shipping	35	64,527.			
36 Occupancy	36	169,632.			
37 Equipment rental and maintenance	37	221,321.			
38 Printing and publications	38	221/321.			
39 Travel	39	11,757.			
40 Conferences, conventions, and meetings	40	15,458.			<u> </u>
41 Interest	41	2371301			-
42 Depreciation, depletion, etc. (attach schedule)	42	224,850.			
43 Other expenses not covered above (itemize):	·-				
a	43a				
b	43b	· _			
C	43c			- 	
d	43d			·	
e	43e				
1	431				
g See Statement 2	43g	3,640,845.			
Total functional expenses. Add lines 22a through					
43g (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	5,805,109.			
Joint Costs. Check If you are following					
Are any joint costs from a combined educational campai	gn and	fundraising solicitation rep	orted in (B) Program sei	rvices?	Yes X No
if "Yes," enter (1) the aggregate amount of these joint co		/ -	i) the amount allocated		N/A
(iii) the amount allocated to Management and general \$			v) the amount allocated		N/A
723011					Form 000 (2007)

Part III | Statement of Program Service Accomplishments (See the instructions.)

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

	at is the organization's primary exempt purpose? ► ROVIDER OF FINANCIAL SERVICES FOR MUTUAL PURPOSE	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) canizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	PROVIDES FINANCIAL AND FINANCIALLY RELATED SERVICES TO 11,435 MEMBERS.	
h	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ PROVIDES A SOURCE OF CREDIT TO MEMBERS AT A FAIR AND	
D	REASONABLE RATE OF INTEREST (4,800 LOANS OUTSTANDING AS OF DECEMBER 31, 2007).	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
f	(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Form 990 (2007)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. 45 Cash - non-interest-bearing 45 821,137. 47 3 Accounts receivable 47 47 48 24,253,147. 47 3 Accounts receivable 47 47 48 48 24,253,147. 48 2 Piedges receivable 48 48 48 48 48 48 48 4	Pa	rt IV	Balance Sheets (See the Instructions.)					
48 Savings and temporary cash investments 47 a Accounts receivable				thin the	description column			
48 Savings and temporary cash investments 47 a Accounts receivable		45	Cash - non-interest-bearing				45	821,137.
b Less: allowance for doubtful accounts 48 a Pledges racevable b Less: allowance for doubtful accounts 48 b Less: allowance for doubtful accounts 48 d Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees 51 a Receivables from other disqualified persons (as defined under section 4958(n)(3) and persons described in section 4958(n)(3)(8) 51 a Other notes and loans receivable 51 a Other notes and loans receivable 51 a Statement 52 Inventiones for sale or use 53 Prepaid expenses and deferred charges 54 a Investments - publicy traded securities 55 a Investments - publicy traded securities 56 Investments - publicy traded securities 57 a C, Accounts payable and equipment traded trad			_				46	
48 a Pledges receivable 48a		l .						
b Less: allowance for doubtful accounts 48		0	Less: allowance for doubtful accounts	47b			47c	
49 Grants receivable from current and former officers, directors, Irustees, and key employees Statement 3			•				48c	
\$		-		[400]			1	
b Recewables from other disqualified persons (as defined under section 4958(i)(1) and persons described in section 4958(i)(3)(8) 51 a Other notes and loans recewable 51 b 252,919,206. b 15 52,096,870. 52 Inventiones for about 51 b 822,336. 51 52,096,870. 52 Inventiones for about 51 50 52,096,870. 53 Prepaid expenses and deferred charges 53 128,606. 54 a Investmenta - other securities			Receivables from current and former officers, d		•			420,091.
51 a Other notes and loans receivable 51a 52,919,206 51b 52,096,870 52 Inventores for sale or use 53 128,606 54 Investments - publicly-traded securities		b	Receivables from other disqualified persons (as					<u> </u>
S	sets	E1 0					500	· · ·
52 Inventories for sale or use 53 Prepaid expenses and defered charges 54 Investments - publicly-traded securities Cost FMV 54a	Ass	l .					510	52.096.870.
53				010	022/3301		$\overline{}$	32/030/010.
54 a Investments - publicly-traded securities								128,606.
b Investments - other securities □ Cost		i .	, , , , , , , , , , , , , , , , , , ,	J	Cost FMV			
Equipment Equ		i .	• •	J	Cost FMV			
b Less accumulated depreciation 55b 55c 1nvestments · other 57a Land, buildings, and equipment: basis b Less: accumulated depreciation Stmt 4 57b 2,413,014. 57c 4,207,645. 58 Other assets, including program-related investments (describe ► See Statement 5) 59 Total assets (must equal line 74). Add lines 45 through 58 60 Accounts payable and accrued expenses 61 Grants payable and accrued expenses 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 65 Other labilities (describe ► MEMBER SHARE DEPOSITS) 67 Total liabilities. Add lines 60 through 65 68 Total liabilities. Add lines 60 through 65 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 70 Coganizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 89 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 55c 4, 207, 645. 57c 4		55 a	Investments - land, buildings, and					
56 Investments · other 57 a Land, buildings, and equipment: basis 57 a Candidate 57 b Candidate			equipment. basis	55a				
57 a Land, buildings, and equipment: basis 57a 6,620,659. 57b 2,413,014. 57c 4,207,645. 58 0 ther assets, including program-related investments (discribe ► See Statement 5) 0. 58 1,281,857. 59 Total assets (must equal line 74). Add lines 45 through 58 0. 59 83,209,353. 50 Accounts payable and accrued expenses 60 1,084,341. 610 62 62 63 64 64 65 64 65 65 65 65		b	Less accumulated depreciation	55b			55c	
b Less: accumulated depreciation Stmt 4		56	Investments - other	1 1			56	
58							57c	4,207,645.
Total assets (must equal line 74). Add lines 45 through 58 0 . 59 83,209,353.		1						
60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 65 Other liabilities (describe ► MEMBER SHARE DEPOSITS) 66 Total liabilities. Add lines 60 through 65 Corganizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 70 Capital stock, trust principal, or current funds 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total inst assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 60 1,084,341. 61 62 62 62 63 64 64 65 64 64 65 0ther liabilities. 64a 654 664 67 0 . 65 72,469,683. 66 73,554,024. 67 0 . 66 73,554,024. 67 0 . 67 0 . 68 68 69 9 . 67 69 0 . 70 0 . 70 60 . 70 0 . 70 70 0 . 70 0 . 70 71 0 . 72 9,655,329.			(describe ►Se	ee S	tatement 5			
61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 65 Mortgages and other notes payable 65 Other liabilities. Add lines 60 through 65 66 Total liabilities. Add lines 60 through 65 Corganizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 70 Capital stock, trust principal, or current funds 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 65 Other liabilities. 66		59	Total assets (must equal line 74). Add lines 45	through	n 58	0.	59	
Section Sec		60	Accounts payable and accrued expenses				60	1,084,341.
Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64 b Mortgages and other notes payable 65 Other liabilities. Add lines 60 through 65 66 Total liabilities. Add lines 60 through 65 67 Organizations that follow SFAS 117, check here ▶ and complete lines 67 through 69 and lines 73 and 74. 68 Temporarily restricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64 a Tax-exempt bond liabilities 64 b 4a 65 da 664 67		1			_		1	
Section Sec	S	1			-			
b Mortgages and other notes payable 65 Other liabilities (describe ► MEMBER SHARE DEPOSITS) 0 . 65 72,469,683. 66 Total liabilities. Add lines 60 through 65 0. 66 73,554,024. Organizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 0 . 70 0 . 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 0 . 73 9,655,329.		l .	·	y emplo	yees			
65 Other liabilities (describe ► MEMBER SHARE DEPOSITS) 0 • 65 72,469,683 • 66 Total liabilities. Add lines 60 through 65 0 • 66 73,554,024 • 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 0 • 73 9,655,329 •	iap	l	•		-			
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 0 57 67 68 69 Complete lines 69	_	1		RE D	EPOSITS)	0.		72,469,683.
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 0 57 67 68 69 Complete lines 69		66	Total liabilities. Add lines 60 through 65			0.	66	73,554,024.
67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► X and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 67 68 Temporarily restricted 69 O 70 O . 70 O . 71 O . 72 9 , 655 , 329 .		Orga	nizations that follow SFAS 117, check here	•	and complete lines			
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	S		67 through 69 and lines 73 and 74.					
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	Š	67			_		67	
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	alar	1	-		_			· · · · · · · · · · · · · · · · · · ·
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	Ω P	1					69	
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	뒫	Orga		here P	► A and			
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	٥٦	70				0	70	0
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	ets			coulor	root fund			
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	Ass	l	-					
(Column (A) must equal line 19 and column (B) must equal line 21) 0. 73 9,655,329.	et	l				<u> </u>	12	2,000,020.
	~	1		-	-	0.	73	9,655,329.
		74						

Pa	art IV-A Reconciliation of Revenue per Audited Final Instructions.)	ncial Statements W	ith Revenue p	er Re	turn (Se	e the
	'Total revenue, gains, and other support per audited financial stateme	nte .			а	N/A
b	Amounts included on line a but not on Part I, line 12:	1115			0	11/11
1			b1			
2		t	b2			
3	Recoveries of prior year grants		b3			
4			b4			
	Add lines b1 through b4				ь	
C	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on line a:					
1			d1			
2	Other (specify):		d2			
	Add lines d1 and d2				d	
e	Total revenue (Part I, line 12). Add lines c and d			•	е	
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements \	Vith Expenses	per F	Return	. <u> </u>
a	Total expenses and losses per audited financial statements				а	N/A
b	Amounts included on line a but not on Part I, line 17		1			
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20	<u> </u>	b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify).		b4			
	Add lines b1 through b4				b	
C	Subtract line b from line a				С	
d	Amounts included on Part I, line 17, but not on line a:	Ī	1			
1		F C	<u>d1</u>			
2	Other (specify):	[d2			
	Add lines d1 and d2				d	
	Total expenses (Part I, line 17). Add lines c and d	y Employoos // int or		>	е	
					e ficer, dire	
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke		e the instructions)	(D) Con emplo plans	е	(E) Expense account and
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con emplo plans	e ficer, directions to yee benefit & deferred	(E) Expense account and
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con emplo plans	e ficer, directions to yee benefit & deferred	(E) Expense account and
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred	(E) Expense account and
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
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Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances
Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter -0)	(D) Con emplo plans comper	e ficer, directions to yee benefit & deferred sation plans	(E) Expense account and other allowances

	<u>63659</u>		age 7
rt VI Other Information (continued)		Yes	No
Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantia	lly		
less than fair rental value?	82a	ļ	X
If "Yes," you may indicate the value of these items here. Do not include this			
amount as revenue in Part I or as an expense in Part II.			
(See instructions in Part III.)			
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/_	89b		
Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958			•
Enter Amount of tax on line 89c, above, reimbursed by the organization	- I		•
All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	n,		
or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
List the states with which a copy of this return is filed ▶None			
	,		39
The books are in care of ▶ WILLIAM HAUBER Telephone no ▶ (913)651-	657	5
Located at ► 690 EISENHOWER ROAD, LEAVENWORTH, KS ZIP+4	► <u>6602</u>	7	
At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial appoint in a favoire equator (quab on a back appoint appointing appoint as ather financial appoint)?	91b		Х
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ן טופן		
If "Yes," enter the name of the foreign country N/A	_ "		
/-	_ "		
	less than fair rental value?	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	Dot the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

	COMMONITI	CKEDIT UNIO	IN		40-1	0003039 Page o
Part VI , Other Information (continued)						Yes No
c At any time during the calendar year, did the			the Unite	ed States?		91c X
If "Yes," enter the name of the foreign country	y ▶N	/A				
92 Section 4947(a)(1) nonexempt charitable trus	ts filing Form 990 in	lieu of Form 1041- Ch	neck here			▶
and enter the amount of tax-exempt interest i				>	92	N/A
Part VII Analysis of Income-Produci						· · · · · · · · · · · · · · · · · · ·
Note: Enter gross amounts unless otherwise	 	business income		by section 512, 513	, or 514	(E)
Indicated	(A) Business	(B)	(C) Exclu-	(D)		Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount		function income
a INTEREST ON LOANS						4,243,994.
b FEES & OTHER INCOME						590,134.
c OTHER INSURANCE	522100	560.				
d WARRANTY SALES	522100	990.				
e NON-MEMBER ATM FEES	522100	21,568.				
f Medicare/Medicaid payments		•				
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments						1,072,782.
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate:						
a debt-financed property			<u> </u>			
b not debt-financed property						· · · · · · · · · · · · · · · · · · ·
98 Net rental income or (loss) from personal proper	arty		 			
99 Other investment income	1119					
100 Gain or (loss) from sales of assets						
					-	
other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						·
103 Other revenue: a ROYALTIES					-	17,187.
			 		-	1/,10/.
b						
<u>. </u>						
d	_					
e		22 110				5 024 007
104 Subtotal (add columns (B), (D), and (E))		23,118.			0.	5,924,097. 5,947,215.
105 Total (add line 104, columns (B), (D), and (E))		David			▶.	5,947,215.
Note: Line 105 plus line 1e, Part I, should equal the			4 D	'0		····
Part VIII Relationship of Activities to		- · · -				
Line No. Explain how each activity for which income i	•	, <i>,</i>	l important	ly to the accomp	lishment o	of the organization's
exempt purposes (other than by providing fu	inas for such purpose	9\$}				
See Statement 7						
					_	
						
Part IX Information Regarding Taxa	ble Subsidiarie		ed Enti		nstructioi	
(A) (B) Name, address, and EIN of corporation, Percenta	ge of	(C) Nature of activities		(D) Total incom	e i	(E) End-of-year
partnership, or disregarded entity ownership						assets
	%					
N/A	%					
	%					
	%					
Part X Information Regarding Trans	sfers Associate	ed with Personal	Benefit	t Contracts	(See the	
 (a) Did the organization, during the year, receive any full (b) Did the organization, during the year, pay premium: Note: If "Yes" to (b), file Form 8870 and Form 472 	s, directly or indirectly	, on a personal benefit co	•	benefit contract	?	Yes X No Yes X No
The second secon		·	-			Form 990 (2007)

	<u>Totals</u>				
	the organization have a binding written contract in effect on August outles described in guestion 107 above?	17, 2006, covering the interest	, rents, royalties, and	Yes	No
Please Sign Here	Under penalties of penalty, I declare that I have examined this return, including accompany and complete. Declaration pilpreparer (other than officer) is based on all information of which is based on all information of which is signature of officer WILLIAM.E. HAUBER, PRESIDENT Type or print name and title	ing schedules and statements, and to th ch preparer has any knowledge	e best of my knowledge and belief, if	is true, con	rect,
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's Signature J. TENBRINK & ASSOCIATES SOUTH RIDGEVIEW OLATHE, KS 66061	Date Check if self-employed	Phone no ► (913)89	9 4-62	14
			Fo	rm 990 i	(2007)

LAND Pecciption Pecciptio		0	ທ໌	5	ó		oue
LAND	Current Yea Deduction	•	66,49	158,35	224,85		fuction, GO Z
LAND	Current Sec 179				0		talization Dec
LAND	Accumulated Depreciation	_	913,583.		2188164.	,	Commercial Revi
LAND	Basis For Depreciation		4036382.	1701357.	6620659.), Salvage, Bonus,
LAND	Reduction In Basis				0		C, Section 179
1LAND 2BUILDINGS 3FURNITURE & EQUIPMENT VariesSL 5.00 16 bepr Depr Bus % Excl] -	
1LAND 2BUILDINGS 2BUILDINGS 3FURNITURE & EQUIPMENT VariesSL 3FURNITURE & EQUIPMENT VariesSL 5.0 Depr	Unadjusted Cost Or Basis	882,920.	4036382.	1701357.	6620659.		pesodsip
1LAND 2BUILDINGS 2BUILDINGS 3FURNITURE & EQUIPMENT VariesSL 3FURNITURE & EQUIPMENT VariesSL 5.0 Depr	No		9	91			Asset
1LAND Varies 2BUILDINGS Varies 3FURNITURE & EQUIPMENT Varies * Total 990 Page 2 Depr	Life			00.			g)
1LAND 2BUILDINGS 3FURNITURE & EQUIPMENT * Total 990 Rage 2 Depr	Method	<u> </u>	SIL	SL			
1LAND 2BUILDINGS 3FURNITURE & Total 990 Depr	Date Acquired	Varies	Varies				
	Description	LLAND	SBUILDINGS				
L I NO	Asset No	<u>, </u>	.4	,			28102 4-27-07

(D) - Asset disposed

10

Footnotes

Statement

THE FORM 990 IS BEING AMENDED TO CORRECT UNRELATED BUSINESS INCOME AS REPORTED ON AMENDED FORM .:

Form 990	Other	Expenses		Statement	2
	(A)	(B) Program	(C) Management	(D)	
Description	Total	Services	and General	Fundraisi	ng
MEMBER DEPOSIT			· · · · · · · · · · · · · · · · · · ·		
DIVIDENDS	2,330,389.				
LEAGUE DUES	26,233.				
BOND & CASUALTY	20,200				
INSURANCE	55,856.				
EDUCATION &	55,555				
PROMOTION	49,880.				
LOAN SERVICING	156,208.				
PROVISION FOR MEMBER	130,200.				
LOAN LOSSES	634,629.				
MEMBER INSURANCE	46,052.				
SHARE DRAFT EXPENSES	31,090.				
PROFESSIONAL &	31,000.				
OUTSIDE SERVICES	293,227.				
CASH OVER/SHORT &	293,221.				
OTHER WRITE-OFFS	10,103.				
	_				
MISCELLANEOUS	7,178.			. <u></u>	
Total to Fm 990, ln 43	3,640,845.				
	Due From Offic ey Employees -			Statement	3
				Dalance Day	
Description				Balance Due	≠ ——
LOANS MADE ON SUBSTANTI LOANS TO GENERAL MEMBER		ERMS AS		420,09	91.
				·	

Form 990 Depreciation of Asse	ts Not Held for	Investment	Statement 4
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND BUILDINGS FURNITURE & EQUIPMENT	882,920. 4,036,382. 1,701,357.	980,078. 1,432,936.	882,920. 3,056,304. 268,421.
Total to Form 990, Part IV, ln 57	6,620,659.	2,413,014.	4,207,645.
Form 990 O	Lhan Basaka		
	ther Assets		Statement 5
Description	ther Assets	Beginning of Year	Statement 5 End of Year
	ther Assets		

Form 990

Statement

Truste	es and Key Employee	es 		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
RONALD D. HARROD 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	CHAIRMAN 1.00	0.	0.	0.
JEFFREY B. PORTER 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	VICE-CHAIRMAN 1.00	0.	0.	0.
JOHN L. LEAVITT 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	SECRETARY 1.00	0.	268.	0.
ROY W. HOLLAND 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	TREASURER 1.00	0.	0.	0.
WINNONA M. CASS 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	DIRECTOR 1.00	0.	0.	0.
DONALD E. BOHNSACK 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	DIRECTOR 1.00	0.	268.	0.
LAURA E. MORROW 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	DIRECTOR 1.00	0.	0.	0.
DONALD E. HOMAN 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	SUPERVISORY CO	OMMITTEE 0.	0.	0.
FREDERICKA A. BRACONNIER 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	SUPERVISORY CO	OMMITTEE 0.	0.	0.
SHANDA M. GILFERT 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	SUPERVISORY CO	OMMITTEE 0.	0.	0.
WILLIAM E. HAUBER 690 EISENHOWER ROAD LEAVENWORTH, KS 66021	PRESIDENT 40.00	99,096.	9,985.	4,800.

Part V-A - List of Current Officers, Directors,

FRON	TIER COMMUNITY CREDIT UNION			48-	-0663659
BRENDA . PIERCE 690 EISENHOWER ROAD LEAVENWORTH, KS 66021		VICE PRESIDENT 40.00		3,164.	300.
690 EI	ANNE ARNOLD SENHOWER ROAD WORTH, KS 66021	VICE PRESIDENT 40.00	- ACCOUNTIN 55,813.		300.
Totals Included on Form 990, Part V-A			211,653.	16,582.	5,400.
Form 990 Part VIII - Relationship of Activities to Statement 7 Accomplishment of Exempt Purposes					
Line	Explanation of Relationship of Activities				
93A 93B					

MEMBER DEPOSITS EXCEEDING MEMBER LOANS ARE INVESTED TO PAY DIVIDENDS.

95