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Return of Organization Exempt From Income Tax

			Un	der section 501(c), 527, or he	4947(a)(1) of the Inte- nefit trust or private		Code (excep	nt black i		
Department of the Treasury					•	-	etate reporting	a require	Open to Public Inspection	
Internal Revenue Service					organization may have to use a copy of this return to satisfy state reporting req ar, or tax year beginning June 1 , 2007, and ending Wa			May 3		, 07
		r		year, or tax year beginning C Name of organization	Julie 1	, 2007, and	ending		yer identification number	וטי
_			use IRS	Fraternal Order of Eagl	oc #55			48	0227113	
=			label or print or	Number and street (or P.O bo		n street address)	Room/suite		hone number	
=	Name c	nange	type.	300 South 20th Street	ix ii iiizii ig iiot deliveres u	o street and each	1.22.1.7.32.1.0	(913		
=	Initial re		See Specific	City or town, state or country	and 7IP ± 4		.\ _			
_	Termina		Instruc- tions.	Leavenworth. KS 66048			1		ing method: ☑ Cash ☐ Accrual ther (specify) ▶	
=		ed return					H and I are no		le to section 527 organizations.	
	Applicati	lon pending		tion 501(c)(3) organizations a ts must attach a completed S					m for affiliates? Yes V No	
G	Website	e: ► NA					H(b) If "Yes,"	enter numi	ber of affiliates ▶	
						. –	H(c) Are all af			
<u>J</u>	Organia	zation type (check o	nly one) ► ☐ 501(c) (10.) ◄	(insert no.) 1 4947(a)(1) or 527	• •		st. See instructions)	
				rganization is not a 509(a)(3) s			H(d) is this a se	eparate retu on covered	im filed by an by a group ruling? Tyes Mo	
				re than \$25,000. A return is not i a complete return	required, but if the organiz	ation chooses L		cemption N		
								_=	the organization is not required	
<u>L</u>	Gross			66, 86, 96, and 106 to line			to attach	n Sch. B (Form 990, 990-EZ, or 990-PF).	
Pá	art I	Revenu	je, Ex	penses, and Changes	in Net Assets or	Fund Balan	ices (See th	ne instru	ictions.)	
	1	Contribut	tions, c	gifts, grants, and similar a	mounts received:					
	а			donor advised funds		1a	11,04	49	1	
	ь	Direct pu	ıblic su	pport (not included on lin	ne 1a)	1b				
	c			support (not included on	· ·	1c				
	d	Governm	ent co	ntributions (grants) (not ir	cluded on line 1a)	1d	<u> </u>			
	е	Total (add	d lines	1a through 1d) (cash \$	nonca	sh \$) .	<u>1e</u>	11,049	
	. 2	Program s	service	revenue including governr	nent fees and contra	cts (from Part	VII, line 93)	2	<6,583>	
	3	Members	ship du	es and assessments .				3	18,496	
	4	Interest o	on savi	ngs and temporary cash	investments		 .	. 4	1,322	
	5	Dividends	s and i	nterest from securities		12:		. 5	20,047	
	6a	Gross rer	_			6a				
	1		-	penses		XPD 1	·	- ••	1	
	1			ne or (loss). Subtract line	6b from light 6a .	A Line	;	6c 7	0	
ξ	7	_		nt income (describe ►	(A) Securities (d Ku) Other	''-	<u> </u>	
Revenue	8a			from sales of assets othe	r	1 491h	,	\dashv		
æ		than inve	•	er basis and sales expenses	1 200	8b		-		
				er basis and sales expenses attach schedule)	3	6 8c		_		
	Į.	•). Combine line 8c, column	os (A) and (B)			8d	0	
	9			d activities (attach schedule).				·		
		-		not including \$		323, 000		1	1	
	_			ported on line 1b)		9a	167,28	81		
	ь			enses other than fundra		9b	145,03	36		
	1		-	loss) from special events		om line 9a		9c	22,245	
	10a			nventory, less returns an		10a	100,32	29		
	ь	Less: cos	st of go	oods sold		10b	54,0	55		
	С	Gross prof	fit or (lo	ss) from sales of inventory (a	ttach schedule). Subtra	act line 10b fro	om line 10a .	10c	46,274	
	11	Other rev	venue (from Part VII, line 103)				11		
	12			Add lines 1e, 2, 3, 4, 5, 6c				1	112,850	
æ	13	_		es (from line 44, column	. ,,		-			
Expenses	14	-		nd general (from line 44,	column (C))			14		
ğ	15							15	200	
Ð	16			filiates (attach schedule)				16	9,230	
	17			s. Add lines 16 and 44, c		-	<u></u>		170,714	
Net Assets	18			cit) for the year. Subtract					<57,864>	
Ast	19			and balances at beginning					886,293	
Ş	20 21			in net assets or fund baland balances at end of year					929 422	
	<u> </u>	1101 43361	O UI IUI	in balances at end of year	. Combate lines 10,	io, and ZU	<u> </u>	21	828,429	

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

Form 990 (2007)

Par	ţ II	Statement of Functional Expenses	All organizations morganizations and s	ust con ection	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (I chantable trusts bu	o) are required for sect optional for others. (tion 501(c)(3) and (4) See the instructions.)
		ot include amounts repoi 5b, 8b, 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a		paid from donor advised funds 11,049 noncash \$						
	If this a	mount includes foreign grants	, check here 🕨 🔲	22a	11,049			
22b	(cash \$	grants and allocations (at noncash \$ mount includes foreign grants)	22b				
23		ic assistance to indiv	riduals (attach	23				
24		its paid to or for me	mbers (attach	24				
25a	Comp	ensation of current officential officence of current of current officence of current of current officence of current of c	cers, directors,	25a	3,381			
b		ensation of former officinglication of the property of the pro		25b				
C	includ define	ensation and other dis ed above, to disqualified d under section 4958(f)(1 bed in section 4958(c)(3)	d persons (as i)) and persons	25c				:
26	Salario	es and wages of employers 25a, b, and c	es not included	26	57,604	····		
27		on plan contributions no 5a, b, and c		27	0			·
28		yee benefits not inclu 27		28	0			
29	Payro	l taxes		29	4,482			
30		sional fundraising fees .		30	0			
31		nting fees		31	480			
32	_	fees		32	200			
33		es		33 34	10,343 1,045			
34		none		35	1,751			
35		ge and shipping		36	1,731	 	<u> </u>	
36	Occup	•		37	11,244			
37		ment rental and maintena		38	3,695			
38 39	Travel	g and publications		39	- 0,000			
35 40		rences, conventions, and		40	1,221	 		
41		st ,		41	.,,			
42		ciation, depletion, etc. (at		42				
43 a	Other	expenses not covered a ance - 7,366 Misc - 1,0	bove (itemize):	43a	8,427	·		
b	Prope	erty Tax		43b	7,740		-	
C	Memi	orchin Convince		43c	4,105			
d	Danc			43d	6,400			
е	Licen	ses		43e	835			
f	Adve	tising		43f	873			
g	Utiliti	es		43g	26,609			
44	throug	functional expenses. Ash 43g. (Organization ins (B)-(D), carry these	s completing totals to lines	44	161,484			
Join	t Costs	. Check ▶ ☐ if you a					·	
		costs from a combined edu				reported in (B) Pro	gram services? . >	Yes 🗹 No
lf "Ye	s," ente	r (i) the aggregate amount	of these joint costs					
		int allocated to Manageme				amount allocated		

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.

	nat is the organization's primary exempt purpose?	Program Service Expenses
of i	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations 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.)
a	,	uneray
_		
	(Grants and allocations \$ 11,049) If this amount includes foreign grants, check here ▶ □	
ь		
_		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	!
c		
Ī		
	(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)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services), ▶	

Pa	irt IV	Balance Sheets (See the instructions.)				
	lote:	Where required, attached schedules and amounts within to column should be for end-of-year amounts only.	ne description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		22,253	45	36,850
	46	Savings and temporary cash investments	I	409,449	46	414,496
	"	outings and temporary outer invocationes ; ; ;				
	472	Accounts receivable				
		Less: allowance for doubtful accounts . 47b		0	47c	0
	0	Less, allowance for doubtful accounts.				
	40-	Pledoes receivable 48a			Í I	
	1	ricages receivable		0	48c	0
	1	Less. allowance for doubtful accounts .		0	49	
	49	Grants receivable	· · · · · · · · · · · · · · · · · · ·		73	
	50a	Receivables from current and former officers, direct		0	50a	0
	1	key employees (attach schedule)			Jua	
	b	Receivables from other disqualified persons (as defi		•	EAL	o
	[4958(f)(1)) and persons described in section 4958(c)(3)(6)	B) (attach schedule)	<u> </u>	50b	<u> </u>
	51a	Other notes and loans receivable (attach				
əta		schedule)		_		
Assets	b	Less: allowance for doubtful accounts . 51b			51c	0
⋖	52	Inventories for sale or use		5,287	52	4,765
	53	Prepaid expenses and deferred charges	. <u>.</u> <u>.</u> .	0		0
	54a	Investments—publicly-traded securities	☐ Cost ☐ FMV	0	54a	0
	ь	Investments—other securities (attach schedule)	☐ Cost ☐ FMV	0	54b	0
	55a	Investments-land, buildings, and				
		equipment: basis	454,510			
	ь	Less: accumulated depreciation (attach				
	İ	schedule)	0	452,560		454,510
	56	Investments—other (attach schedule)		0	56	<u> </u>
	57a	Land, buildings, and equipment: basis . 57a				
	ь	Less: accumulated depreciation (attach				
		schedule)			57c	
	58	Other assets, including program-related investment	s			
		(describe ▶)		58	
	59	Total assets (must equal line 74). Add lines 45 thro	ough 58	889,549	59	910,621
	60	Accounts payable and accrued expenses		3,256	60	2,946
	61	Grants payable		0	61	0
	62	Deferred revenue		0	62	0
9	63	Loans from officers, directors, trustees, and key e	mployees (attach			_
abilities		schedule)		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
7	b	Mortgages and other notes payable (attach schedu	le)	0	64b	0
	65	Other liabilities (describe ►)	0	65	0
	66	Total liabilities. Add lines 60 through 65	• • • • • • • • • • • • • • • • • • • •	3,256	66	2,946
	Orga	inizations that follow SFAS 117, check here $lacktriangle$ $lacktriangle$ $lacktriangle$	nd complete lines			
S	}	67 through 69 and lines 73 and 74.				
ĕ	67	Unrestricted			67	
<u> </u>	68	Temporarily restricted			68	
ã	69	Permanently restricted			69	· · · · · · · · · · · · · · · · · · ·
Ĕ	Orga	inizations that do not follow SFAS 117, check here	▶ 🗹 and			
or Fund Balances		complete lines 70 through 74.		404 700		404 646
ō	70	Capital stock, trust principal, or current funds		431,702	-	451,346
Net Assets	71	Paid-in or capital surplus, or land, building, and equ		454,591	71	456,329
88	72	Retained earnings, endowment, accumulated incom	· ·		72	
ř.	73	Total net assets or fund balances. Add lines 67 th	•			
ž	l	70 through 72. (Column (A) must equal line 19 and		000 000		
	74	equal line 21)		886,293	73	907,675
	74	Total liabilities and net assets/fund balances. Add	ines of and /3	889,549	74	910,621

Pa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	nents With Rev	enue pe	er Ref	turn (See the	
	Total reve	enue, gains, and other support per audi	ted financial statements			а			NA
b		included on line a but not on Part I, lin							
1		dized gains on investments		b1					
2		services and use of facilities		b2		1			
3		es of prior year grants		b3		_	ł		
4		ecify):]			
				b4		1			
		b1 through b4				Ь	<u> </u>		
C	Subtract	line b from line a				C	<u> </u>		
d	Amounts	included on Part I, line 12, but not on I	ine a:						
1	Investme	nt expenses not included on Part I, line	6b	d1		4			
2	Other (sp	ecify):		1			}		
				d2		┨.	1		
_	Add lines	d1 and d2				<u>d</u>	 -		
e Pa	rt IV-B	enue (Part I, line 12). Add lines c and c Reconciliation of Expenses per Au	dited Financial State	ments With Ex	penses	<u>e</u> per R	etur	1	 -
а	Total exp	enses and losses per audited financial				а			
b	Amounts	included on line a but not on Part I, lin	e 17:						
1	Donated:	services and use of facilities		b1		4			
2	•	adjustments reported on Part I, line 20		b2		4			
3		eported on Part I, line 20		b3		-			
4		ecify):							
				b4		1	1		
		b1 through b4				b C	 		
C					• • •	-د	 		
ď		included on Part I, line 17, but not on I		1 d1 1		ļ			
1		nt expenses not included on Part I, line		 		1			
2	• •	ecify):		d2		1			
		d1 and d2		<u> </u>		d	1		
е	Total exp	enses (Part I, line 17). Add lines c and	d	<u> </u>	▶	е			
Pa		Current Officers, Directors, Trustee or key employee at any time during the year						, director,	trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pl		erred	(E) Expens and other a	
Ch	arles Este	S	JrPWP						
240	80 So. 23	d St., Leavenworth, KS 66048	I	o	L			_	
Dai	niel McClu	rg	President				_		_
131	2 2nd ave	., Leavenworth, KS 66048	<u> </u>	0	<u> </u>			<u> </u>	
	stin Metz		Vice President		}				
		St., Leavenworth, KS 66048		0	L			L	
	ry Matzed		Chaplain		ļ				
		Leavenworth, KS 66048	 	0					
		k McEvoy	Secretary		ļ			ļ	
$\overline{}$		Rd, Leavenworth, KS 66048	<u> </u>	3,150				_	
	ry Hundle		Treasurer					l	
		eavenworth, KS 66048	0	480	 		—	ļ <u> </u>	
	nes Berry	in Lagranuarth Va ccara	Conductor	_				-	
		ia, Leavenworth, KS 66048	Trustoo	0	 			 	
	Wacker	Fo Trail Loavenumeth Mc 6600	Trustee	400	ļ			1	
	arles Este	Fe Trail, Leavenworth, KS 6608	Truston	480	 			 -	
		d St., Leavenworth, KS 66048	Trustee						
240	30. 23	u ot, Leavenworth, No 00046		480	 				
CO	NTINUED	***************************************	-		}			}	

Pana	f
raye	•

Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No				
75a	75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board							
٠.	meetings							
D	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent							
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business							
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		6				
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest							
	compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other							
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for							
	the definition of "related organization."	75c		V				
	If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy?	754		~				
	t V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene	75d	any f					
	officer, director, trustee, or key employee received compensation or other benefits (described below) during	the y	ear, lis	st that				
	person below and enter the amount of compensation or other benefits in the appropriate column. See the ins	truction	ons.)					
	(A) Name and address (B) Loans and Advances (C) Compensation (if not paid, enter -0-) (ompensation plans & deferred compensation plans	accou	Expen nt and owance	other				
NOI	NE							
			_					
		-						
•								
		-						
Par	t VI Other Information (See the instructions.)		Yes	No				
	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a							
	detailed statement of each change	76		<u>~</u>				
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		4				
70-	If "Yes," attach a conformed copy of the changes.							
/68	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		/				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		~				
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach							
	a statement	79						
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt							
		80a	~					
b	organization?							
04 -	and check whether it is exempt or nonexempt Enter direct and indirect political expenditures. (See line 81 instructions.)		- 4					
oıa b	Enter direct and indirect political expenditures. (See line 81 instructions.)	81Ь		/				

Form	990 (2007)		P	age 7
Pai	t VI Other Information (continued)		Yes	No
82a •	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?	82a		~
b	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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	4	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	V	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	Dues, assessments, and similar amounts from members	{		
	Section 162(e) lobbying and political expenditures	·	'	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	ł		}
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05-		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	 	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities	↓ i		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			1
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		V
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		4
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization >			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		~
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		6
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		~
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
91a	instructions.) The books are in care of ▶ J. Patrick McEvoy, Secretary Located at ▶ 300 So. 20th St., Leavenworth Telephone no. ▶ (913) ZIP + 4 ▶ 660		2-445	3
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ا	Yes	No
	account)?	91b		
	If "Yes," enter the name of the foreign country ▶			
	and Financial Accounts.		ĺ	l i

Form 99	90 (2007)	•					ı	Page 8
Part	VI Other Information (continued)						Yes	
92	At any time during the calendar year, did the or if "Yes," enter the name of the foreign country in Section 4947(a)(1) nonexempt charitable trusts from and enter the amount of tax-exempt interest recommendation.	► iling Form 990	in lieu of Form	1041—Check	here			. ▶ □
Part	VII Analysis of Income-Producing Activ	r ities (See th	e instructions.)					
Note:	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	on 512, 513, or 514		(E) elated	l or
indica	ted.	(A)	(B)	(C)	(D) Amount	exen	npt fui	nction
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	\vdash	incom	
а	REAC		 					1,713
b	Auxiliary			+		}		<u>,561></u> ,735>
C	Pool		-			 		,1352
d			 	-		 		
e	Madianra Madianid normanta	- "	+	1				
f	Medicare/Medicaid payments		 					
9 94	Membership dues and assessments						1/	8,496
95	Interest on savings and temporary cash investments							1,322
96	Dividends and interest from securities						2	0,047
97	Net rental income or (loss) from real estate:							
а	debt-financed property			 		<u> </u>		
b	not debt-financed property			+		<u> </u>		
98	Net rental income or (loss) from personal property		-	+		-		
99	Other investment income		 	1		 		
100	Gain or (loss) from sales of assets other than inventory		+	 		 		2,245
101 102	Net income or (loss) from special events . Gross profit or (loss) from sales of inventory		 	+	·- · · · · - · · · · · · · · · · · · ·	 		6,274
103	Other revenue: a	<u> </u>		†			<u>-</u> -	-,
ь.	Other revenue. a					-		
c								
d								
e			<u> </u>		,	<u> </u>		
104	Subtotal (add columns (B), (D), and (E)) .		<u> </u>			<u></u>		
105 Notes	Total (add line 104, columns (B), (D), and (E)).		10 Dont I		>		10	1,801
Part	Line 105 plus line 1e, Part I, should equal the a VIII Relationship of Activities to the Acco			nanan (San th	a instructions)			
Line								
une					importantly to the	acco	mpusi	ment
	NA			·				
Part	Information Regarding Taxable Subside		isregarded Enti	ties (See the i	nstructions.)			
		(B) ercentage of	(C) Nature of a	cthétics	(D) Total income	Er	(E) id-of-y	/ear
	partnership, or disregarded entity own	ership interest	Nature of a	Cuvines	- Total income	 	assets	5
		<u>%</u>			 	├──		
		7 6			- · · ·	 		
		%				 		
Part	X Information Regarding Transfers Associ		sonal Benefit Co	ntracts (See ti	ne instructions.)	L		
(a) (b)	Did the organization, during the year, receive any funds, dire Did the organization, during the year, pay prem	ectly or indirectly, t	to pay premiums on	a personal benefit	contract?		es 🗹	
	e: If "Yes" to (b), file Form 8870 and Form 4720			a bersonai ne	nont contract?	T(53 K	ONL

Dame	
raue	

Totals Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (a) Name, address, of each controlled entity (b) Employer identification Number Description of transfer Totals Totals Totals Yes No. (C) Description of transfer Yes," complete the schedule dentity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (c) Name, address, of each controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (d) Name, address, of each controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (d) Name, address, of each controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (d) Name, address, of each controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (e) (f) (g) (g) (g) (h) Amount of transfer Totals	Par		Transfers To and From to tion as defined in section 5		Entities.	Comp	lete only if the oi	ganiz	atior
Name, address, of each controlled entity Employer Identification Description of transfer Amount of transfer	106	Did the reporting organization m	nake any transfers to a contro	olled entity a		n secti	on 512(b)(13) of	Yes	No
Totals Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Name, address, of each controlled entity Paper Identification Poscription of transfer		(A) Name, address, of each	(B) Employer Identification	Des	(C) cription of				fer
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Name, address, of each controlled entity Name, address, of each controlled entity Name Replayer Identification Re	107						section		~
Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of pergup, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowleds and belief; it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of wheth preparer has firty knowleds. Signature of officer J. Patrick MicEvoy, Secretary Type or print name and title Preparer's signature Preparer's signature Preparer's signature Prim's name (or yours it self-employed). EIN Proposition of prepager's signature Prim's name (or yours it self-employed). EIN Phone no. • ()		Name, address, of each	Employer Identification		Description of				fer
Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of perjup, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledd and belight is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledd and belight is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledd statements, and to the best of my knowledd and belight is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledd statements, and to the best of my knowledd and belight is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledd and belight is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledd and belight is true, correct, and correct in the preparer's SSN or PTIN (See Gen Inst. Self-employed). Paid Preparer's SSN or PTIN (See Gen Inst. Self-employed), address, and ZIP + 4	a								
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Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of perjunt, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. Signature of officer J. Patrick McEvoy, Secretary Type or print name and title Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), eddress, and ZIP + 4 Phone no. I have examined this return, including accompanying schedules and statements, and to the best of my knowledge of the preparer has any knowledge. Check if Self-employed EIN Phone no. I have examined this return, including accompanying schedules and statements, and to the best of my knowledge of the preparer has any knowledge. Check if Self-employed EIN Phone no. I have examined this return, including accompanying schedules and statements, and to the best of my knowledge of the preparer has any knowledge. Check if Self-employed Preparer's SSN or PTIN (See Gen Inst. Self-employed). EIN Phone no. I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Preparer's SIN or PTIN (See Gen Inst. Self-employed). Phone no. I have examined this return, including accompanying schedules and statements. Preparer's SIN or PTIN (See Gen Inst. Self-employed). Preparer's SIN or PTIN (See Gen Inst. Self-employed). Proparer's SIN or PTIN (See Gen Inst. Self-employed).		Totals							
Please Sign Here Under penalties of perjunt, I declare that I have examined this returm, including accompanying schedules and statements, and to the best 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. Signature of officer J. Patrick McEvoy, Secretary Type or print name and title Preparer's Signature Preparer's Signature Firm's name (or yours it self-employed), address, and ZIP + 4 Phone no. ▶ () Phone no. ▶ ()	108				7, 2006, co	overing	the interest,	Yes	No
Paid Preparer's Use Only Firm's name (or yours if self-employed) EIN Phone no. ▶ ()	Sign	Under penalties of perjun, I declare that and belief, it is true, correct, and composite in the second seco	t I have examined this return, including lete. Declaration of prepager (other the	accompanying	schedules and sed on all info	mation	of which preparer has a		
Use Only If self-employed), eddress, and ZIP + 4 Phone no. > ()		mer's signature		Date	self- employed		Preparer's SSN or PTIN (See Gen	Inst. X)
		if self-employed),					o. ▶ ()		

CONTIUNATION – PART V-A 2007

Roy Metz Trustee \$480 00 2400 So. 14th St., Leavenworth, KS 66048

Melvin Lynn Trustee \$480 00

927 Columbia, Leavenworth, KS 66048

Patrick McEvoy Trustee/Secretary 0 17974 Logan Rd., Leavenworth, KS 66048

Robert Steven Wagner, CPA Auditor \$480.00 307 So. 5th St., Leavenworth KS 66048