



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

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

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
 RALPH L ARMSTRONG IRREV TRUST

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 COMMUNITY NATIONAL BANK PO BOX 447

City or town, state or country, and ZIP + 4
 IOLA, KS 66749

D Employer identification number
 48-6258541

E Telephone number
 (913) 294-3811

G Gross receipts \$ 147,058

F Name and address of principal officer
 COMMUNITY NATIONAL BANK TRUST
 120 E MADISON PO BOX 447
 IOLA, KS 66749

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation **M State of legal domicile** KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE QUARTERLY CONTRIBUTION SUPPORT TO LOCAL CHURCH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,032	21,366
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,032	21,366
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,323	16,216
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,797	5,562
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,120	21,778	
19 Revenue less expenses Subtract line 18 from line 12	912	-412	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	494,515	479,727
	22 Net assets or fund balances Subtract line 21 from line 20	494,515	479,727

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: ***** Date: 2012-07-31

Type or print name and title: COMMUNITY NATIONAL BANK TRUST TRUSTEE

Paid Preparer's Use Only

Preparer's signature: R ANDREW DUNLAP CPA Date: 2012-08-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JARRED GILMORE & PHILLIPS PA, 16 W JACKSON AVE, IOLA, KS 66749

Preparer's taxpayer identification number (see instructions): EIN: Phone no: (620) 365-3125

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
PROVIDE QUARTERLY CONTRIBUTION SUPPORT TO LOCAL CHURCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 20,019 including grants of \$ 16,216) (Revenue \$)
SUPPORT THE WESLEY UNITED METHODIST CHURCH IOLA KS - FOR CARE/ MAINTENANCE/ ORGANIZATION/ & PERPETUATION OF THE CHURCH

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 20,019

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a-14a regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 0		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 COMMUNITY NATIONAL BANK & TRUST
 P O BOX 447
 IOLA, KS 66749
 (620) 365-7603

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▼					
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▼					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▼	22,279			22,279	
	4	Income from investment of tax-exempt bond proceeds ▼					
	5	Royalties ▼					
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents				
		c	Less rental expenses				
	d	Net rental income or (loss) ▼					
	7a		(i) Securities	124,779			
			(ii) Other				
		b	Less cost or other basis and sales expenses	125,692			
		c	Gain or (loss)	-913			
	d	Net gain or (loss) ▼	-913	-913			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events ▼						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▼						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▼						
	Miscellaneous Revenue	Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▼						
12	Total revenue. See Instructions ▼		21,366	-913		22,279	

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	16,216	16,216		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	4,857	3,328	1,529	
b	Legal				
c	Accounting	705	475	230	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	21,778	20,019	1,759	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	23,789	2	5,756
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	470,726	11	473,971
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	494,515	16	479,727	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	494,515	32	479,727
33 Total net assets or fund balances	494,515	33	479,727	
34 Total liabilities and net assets/fund balances	494,515	34	479,727	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,778
3	Revenue less expenses Subtract line 2 from line 1	3	-412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	494,515
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14,376
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	479,727

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
RALPH L ARMSTRONG IRREV TRUST

Employer identification number
48-6258541

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) WESLEY UNITED METHODIST CHURCH - IOLA KANSAS	486113726	5	Yes			No		No	16,216
Total									16,216

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization RALPH L ARMSTRONG IRREV TRUST

Employer identification number 48-6258541

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data for WESLEY UNITED METHODIST.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
RALPH L ARMSTRONG IRREV TRUST

Employer identification number

48-6258541

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust

Admin Officer: James S Gilpin

Dates Open: 6/7/2010 to Present

Invest Officer: Dean Kennedy

Trust Year End: December

Tax State:

Date Printed: 02/01/2012

Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Short-Term	Cusip	Shares/Par	Acquired	Date Sold	Date Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA GTD Remic Passifru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	0.180000	12/29/2010	01/18/2011	20	0.00	0.18	-0.18	0.00	0.00	Paydown received of 0.18
GNMA Remic Trust 09096 2009-096 @ 4.5 % due 09/20/2039 CM7091	38376C5B1	3,686.580000	02/18/2010	01/20/2011	336	0.00	3,686.58	-3,686.58	0.00	0.00	Paydown received of 3,686.58 pay down per Fifth Third cusip 38376C5B1
GNMA Remic Trust 10047 2010-047 @ 4.5 % due 11/20/2039 GOVD99	38376YD99	3,321.140000	04/05/2010	01/20/2011	290	0.00	3,321.14	-3,321.14	0.00	0.00	Paydown received of 3,321.14 pay down per Fifth Third cusip 38376YD99
GNMA GTD Remic Passifru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	0.180000	12/29/2010	02/16/2011	49	0.00	0.18	-0.18	0.00	0.00	Paydown received of 0.18 paydown per Fifth Third
GNMA Remic Trust 10047 2010-047 @ 4.5 % due 11/20/2039 GOVD99	38376YD99	1,561.280000	04/05/2010	02/22/2011	323	0.00	1,561.28	-1,561.28	0.00	0.00	Paydown received of 1,561.28 pay down per Fifth Third cusip 38376YD99
GNMA GTD Remic Passifru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	0.180000	12/29/2010	03/16/2011	77	0.00	0.18	-0.18	0.00	0.00	Paydown received of 0.18
GNMA Remic Trust 10047 2010-047 @ 4.5 % due 11/20/2039 GOVD99	38376YD99	1,147.920000	04/05/2010	03/21/2011	350	0.00	1,147.92	-1,147.92	0.00	0.00	Paydown received of 1,147.92 pay down per Fifth Third cusip 38376YD99
GNMA GTD Remic Passifru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,918.130000	12/29/2010	04/18/2011	110	0.00	1,918.13	-1,918.13	0.00	0.00	Paydown received of 1,918.13 Paydown per Fifth Third Cusip #38377M3N4
GNMA GTD Remic Passifru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	571.320000	12/29/2010	05/16/2011	138	0.00	571.32	-571.32	0.00	0.00	Paydown received of 571.32 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.050000	04/21/2011	05/20/2011	29	0.00	0.05	-0.05	0.00	0.00	Paydown received of 0.05 paydown per Fifth Third cusip # 38377GG52

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Gilpin
 Invest Officer: Dean Kennedy
 Tax State:
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Short-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	632 450000	12/29/2010	06/16/2011	169	0.00	632 45	-632 45	0.00	0.00	Paydown received of 632 45 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	06/20/2011	60	0.00	0 05	-0 05	0.00	0.00	Paydown received of 0 05 paydown per Fifth Third cusip # 38377GG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	692 820000	12/29/2010	07/18/2011	201	0.00	692 82	-692 82	0.00	0.00	Paydown received of 692 82 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	07/20/2011	90	0.00	0 05	-0 05	0.00	0.00	Paydown received of 0 05 paydown per Fifth Third cusip # 38377GG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	752 360000	12/29/2010	08/16/2011	230	0.00	752 36	-752 36	0.00	0.00	Paydown received of 752 36 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	08/22/2011	123	0.00	0 05	-0 05	0.00	0.00	Paydown received of 0 05 paydown per Fifth Third cusip # 38377GG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	810 970000	12/29/2010	09/16/2011	261	0.00	810 97	-810 97	0.00	0.00	Paydown received of 810 97 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	09/20/2011	152	0.00	0 05	-0 05	0.00	0.00	Paydown received of 0 05 paydown per Fifth Third cusip # 38377GG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	868 590000	12/29/2010	10/17/2011	292	0.00	868 59	-868 59	0.00	0.00	Paydown received of 868 59 Paydown per Fifth Third Cusip #38377M3N4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 060000	04/21/2011	10/20/2011	182	0.00	0 06	-0 06	0.00	0.00	Paydown received of 0 06 paydown per Fifth Third cusip # 38377GG52

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Gilpin
 Invest Officer: Dean Kennedy
 Tax State:
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Short-Term	Cusip	Shares/Par	Acquired	Date Sold	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction		
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	925 130000	12/29/2010	11/16/2011	322	0 00	925 13	-925 13	0 00	0 00	0 00	Paydown received of 925 13 paydown per Fifth Third cusip 38377M3N4		
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0 060000	04/21/2011	11/21/2011	214	0 00	0 06	-0 06	0 00	0 00	0 00	Paydown received of 0 06 paydown per Fifth Third cusip # 38377GG52		
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	980 520000	12/29/2010	12/19/2011	355	0 00	980 52	-980 52	0 00	0 00	0 00	Paydown received of 980 52 Paydown per PrimeVest Cusip #38377M3N4		
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	12/21/2011	244	0 00	0 05	-0 05	0 00	0 00	0 00	Paydown received of 0 05 paydown per Fifth Third cusip # 38377GG52 lkr GNGG52		
Short-Term Total											0 00	17,870 17	-17,870 17	0 00

Long-Term

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA REMIC Pool # 689418 @ 5.00% due 02/15/2038 Q689418	36296E4B9	507 250000	08/20/2008	01/18/2011	881	0 00	507 25	-507 25	0 00	0 00	0 00	Paydown received of 507 25 per Fifth Third cusip 36296E4B9
GNMA Remic Ser 2004-26 CL DA @ 5.25% due 04/16/2034 GNF3G7	38374F3G7	696 150000	04/07/2004	01/18/2011	2,477	0 00	696 15	-696 15	0 00	0 00	0 00	Paydown received of 696 15 per Fifth Third cusip 38374F3G7
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	380 160000	10/15/2008	01/18/2011	825	0 00	380 16	-380 16	0 00	0 00	0 00	Paydown received of 380 16 pay down per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09103 2009-103 @ 4.5 % due 04/20/2039 CM7091	38376JRW6	5,667 520000	10/21/2009	01/20/2011	456	0 00	5,667 52	-5,667 52	0 00	0 00	0 00	Paydown received of 5,667 52 pay down per Fifth Third cusip 38376JRW6
GNMA REMIC Pool # 689418 @ 5.00% due 02/15/2038 Q689418	36296E4B9	16 580000	08/20/2008	02/15/2011	909	0 00	16 58	-16 58	0 00	0 00	0 00	Paydown received of 16 58 paydown per Fifth Third
GNMA Remic Ser 2004-26 CL DA @ 5.25% due 04/16/2034 GNF3G7	38374F3G7	307 800000	04/07/2004	02/16/2011	2,506	0 00	307 80	-307 80	0 00	0 00	0 00	Paydown received of 307 80 per Fifth Third cusip 38374F3G7

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Gilpin
 Invest Officer: Dean Kennedy
 Tax State:
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4 CM7091	38373WLX4	218 340000	10/15/2008	02/16/2011	854	0 00	218 34	-218 34	0 00	0 00	Paydown received of 218 34 per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09096 2009-096 @ 4 5 % due 09/20/2039 CM7091	38376CSB1	1,630 880000	02/18/2010	02/22/2011	369	0 00	1,630 88	-1,630 88	0 00	0 00	Paydown received of 1,630 88 per Fifth Third cusip 38376CSB1
GNMA Remic Trust 09103 2009-103 @ 4 5 % due 04/20/2039 CM7091	38376JRW6	2,632 240000	10/21/2009	02/22/2011	489	0 00	2,632 24	-2,632 24	0 00	0 00	Paydown received of 2,632 24 pay down per Fifth Third cusip 38376JRW6
GNMA REMIC Pool # 689418 @5 00% due 02/15/2038 Q689418	36296E4B9	15 910000	08/20/2008	03/15/2011	937	0 00	15 91	-15 91	0 00	0 00	Paydown received of 15 91 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Ser 2004-26 CL DA @ 5 25% due 04/16/2034 GNF3G7	38374F3G7	75 960000	04/07/2004	03/16/2011	2,534	0 00	75 96	-75 96	0 00	0 00	Paydown received of 75 96 paydown per Fifth Third cusip 38374F3G7
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4 CM7091	38373WLX4	435 150000	10/15/2008	03/16/2011	882	0 00	435 15	-435 15	0 00	0 00	Paydown received of 435 15 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09096 2009-096 @ 4 5 % due 09/20/2039 CM7091	38376CSB1	1,229 000000	02/18/2010	03/21/2011	396	0 00	1,229 00	-1,229 00	0 00	0 00	Paydown received of 1,229 00 paydown per Fifth Third cusip 38376CSB1
GNMA Remic Trust 09103 2009-103 @ 4 5 % due 04/20/2039 CM7091	38376JRW6	1,890 150000	10/21/2009	03/21/2011	516	0 00	1 890 15	-1,890 15	0 00	0 00	Paydown received of 1,890 15 pay down per Fifth Third cusip 38376JRW6
GNMA REMIC Pool # 689418 @5 00% due 02/15/2038 Q689418	36296E4B9	16 290000	08/20/2008	04/15/2011	968	0 00	16 29	-16 29	0 00	0 00	Paydown received of 16 29 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Ser 2004-26 CL DA @ 5 25% due 04/16/2034 GNF3G7	38374F3G7	304 100000	04/07/2004	04/18/2011	2,567	0 00	304 10	-304 10	0 00	0 00	Paydown received of 304 10 paydown per Fifth Third cusip 38374F3G7
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4 CM7091	38373WLX4	313 380000	10/15/2008	04/18/2011	915	0 00	313 38	-313 38	0 00	0 00	Paydown received of 313 38 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09096 2009-096 @ 4 5 % due 09/20/2039 CM7091	38376CSB1	779 820000	02/18/2010	04/20/2011	426	0 00	779 82	-779 82	0 00	0 00	Paydown received of 779 82 paydown per Fifth Third cusip 38376CSB1

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Galpin
 Invest Officer: Dean Kennedy
 Tax State:
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	977 990000	10/21/2009	04/20/2011	546	0.00	977 99	-977 99	0.00	0.00	Paydown received of 977.99 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	772 720000	04/05/2010	04/20/2011	380	0.00	772 72	-772 72	0.00	0.00	Paydown received of 772.72 pay down per Fifth Third cusip 38376YD99
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	16 390000	08/20/2008	05/16/2011	999	0.00	16 39	-16 39	0.00	0.00	Paydown received of 16.39 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4	38373WLX4	526 210000	10/15/2008	05/16/2011	943	0.00	526 21	-526 21	0.00	0.00	Paydown received of 526.21 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09096 2009-096 @ 4.5% due 09/20/2039 CM7091	38376C5B1	313 850000	02/18/2010	05/20/2011	456	0.00	313 85	-313 85	0.00	0.00	Paydown received of 313.85 paydown per Fifth Third cusip 38376C5B1
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	418 930000	10/21/2009	05/20/2011	576	0.00	418 93	-418 93	0.00	0.00	Paydown received of 418.93 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	761 160000	04/05/2010	05/20/2011	410	0.00	761 16	-761 16	0.00	0.00	Paydown received of 761.16 pay down per Fifth Third cusip 38376YD99
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	17 100000	08/20/2008	06/15/2011	1,029	0.00	17 10	-17 10	0.00	0.00	Paydown received of 17.10 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4	38373WLX4	179 170000	10/15/2008	06/16/2011	974	0.00	179 17	-179 17	0.00	0.00	Paydown received of 179.17 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09096 2009-096 @ 4.5% due 09/20/2039 CM7091	38376C5B1	72 400000	02/18/2010	06/20/2011	487	0.00	72 40	-72 40	0.00	0.00	Paydown received of 72.40 paydown per Fifth Third cusip 38376C5B1
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	322 920000	10/21/2009	06/20/2011	607	0.00	322 92	-322 92	0.00	0.00	Paydown received of 322.92 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	465 670000	04/05/2010	06/20/2011	441	0.00	465 67	-465 67	0.00	0.00	Paydown received of 465.67 pay down per Fifth Third cusip 38376YD99

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Gilpin
 Invest Officer: Dean Kennedy
 Tax State:
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 C689418	362996E4B9	261.170000	08/20/2008	07/15/2011	1,059	0.00	261.17	-261.17	0.00	0.00	Paydown received of 261.17 paydown per Fifth Third cusip 362996E4B9
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4	38373WXLX4	185.360000	10/15/2008	07/18/2011	1,006	0.00	185.36	-185.36	0.00	0.00	Paydown received of 185.36 paydown per Fifth Third cusip 38373WXLX4
GNMA Remic Trust 09096 2009-096 @ 4.5% due 09/20/2039 CM7091	38376C5B1	321.200000	02/18/2010	07/20/2011	517	0.00	321.20	-321.20	0.00	0.00	Paydown received of 321.20 paydown per Fifth Third cusip 38376C5B1
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	747.010000	10/21/2009	07/20/2011	637	0.00	747.01	-747.01	0.00	0.00	Paydown received of 747.01 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	732.020000	04/05/2010	07/20/2011	471	0.00	732.02	-732.02	0.00	0.00	Paydown received of 732.02 pay down per Fifth Third cusip 38376YD99
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4	38373WXLX4	315.530000	10/15/2008	08/16/2011	1,035	0.00	315.53	-315.53	0.00	0.00	Paydown received of 315.53 paydown per Fifth Third cusip 38373WXLX4
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 C689418	362996E4B9	15.810000	08/20/2008	08/17/2011	1,092	0.00	15.81	-15.81	0.00	0.00	Paydown received of 15.81 pay down per Fifth Third cusip 362996E4B9 (after Fed unit correction)
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	606.270000	10/21/2009	08/22/2011	670	0.00	606.27	-606.27	0.00	0.00	Paydown received of 606.27 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	755.240000	04/05/2010	08/22/2011	504	0.00	755.24	-755.24	0.00	0.00	Paydown received of 755.24 pay down per Fifth Third cusip 38376YD99
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 C689418	362996E4B9	16.770000	08/20/2008	09/15/2011	1,121	0.00	16.77	-16.77	0.00	0.00	Paydown received of 16.77 paydown per Fifth Third cusip 362996E4B9
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4	38373WXLX4	264.150000	10/15/2008	09/16/2011	1,066	0.00	264.15	-264.15	0.00	0.00	Paydown received of 264.15 paydown per Fifth Third cusip 38373WXLX4
GNMA Remic Trust 09103 2009-103 @ 4.5% due 04/20/2039 CM7091	38376JRW6	1,284.680000	10/21/2009	09/20/2011	699	0.00	1,284.68	-1,284.68	0.00	0.00	Paydown received of 1,284.68 pay down per Fifth Third cusip 38376JRW6

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 02/01/2012

Admin Officer: James S Gilpin
 Invest Officer: Dean Kennedy
 Tax State
 Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	1,083.88	04/05/2010	09/20/2011	533	0.00	1,083.88	-1,083.88	0.00	0.00	Paydown received of 1,083.88 pay down per Fifth Third cusip 38376YD99
Kansas Area United Methodist Foundation, Inc. Certificate of Participation CP#052 @ 2 % Due 09/29/2013	CP#052000	20,000.00	09/29/2009	09/30/2011	731	0.00	20,000.00	-20,000.00	0.00	0.00	Matured
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	16.17	08/20/2008	10/17/2011	1,153	0.00	16.17	-16.17	0.00	0.00	Paydown received of 16.17 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	111.99	10/15/2008	10/17/2011	1,097	0.00	111.99	-111.99	0.00	0.00	Paydown received of 111.99 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 09103 2009-103 @ 4.5 % due 04/20/2039 CM7091	38376JRW6	1,052.78	10/21/2009	10/20/2011	729	0.00	1,052.78	-1,052.78	0.00	0.00	Paydown received of 1,052.78 pay down per Fifth Third cusip 38376JRW6
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	1,497.43	04/05/2010	10/20/2011	563	0.00	1,497.43	-1,497.43	0.00	0.00	Paydown received of 1,497.43 pay down per Fifth Third cusip 38376YD99
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	389.81	08/20/2008	11/15/2011	1,182	0.00	389.81	-389.81	0.00	0.00	Paydown received of 389.81 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	266.39	10/15/2008	11/16/2011	1,127	0.00	266.39	-266.39	0.00	0.00	Paydown received of 266.39 paydown per Fifth Third cusip 38373WLX4
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	2,119.49	04/05/2010	11/21/2011	595	0.00	2,119.49	-2,119.49	0.00	0.00	Paydown received of 2,119.49 pay down per Fifth Third cusip 38376YD99
Federal Home Ln Mtg Corp @ 4.25% due 12/12/2018 FH77G3	3128X77G3	50,000.00	11/20/2009	12/14/2011	754	0.00	50,000.00	-50,913.30	0.00	-913.30	Bond Called
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	296.04	08/20/2008	12/16/2011	1,213	0.00	296.04	-296.04	0.00	0.00	Paydown received of 296.04 paydown per Fifth Third cusip 36296E4B9
GNMA Remic Ser 2004-26 CL DA @ 5.25% due 04/16/2034 GNF3G7	38374F3G7	47.27	04/07/2004	12/19/2011	2,812	0.00	47.27	-47.27	0.00	0.00	Paydown received of 47.27 paydown per Fifth Third cusip 38374F3G7

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust

Admin Officer: James S Gilpin

Dates Open: 6/7/2010 to Present

Invest Officer: Dean Kennedy

Trust Year End: December

Tax State:

Date Printed: 02/01/2012

Tax ID: 48-6113726

Capital Gains and Losses

Individual Transactions

Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	391 020000	10/15/2008	12/19/2011	1,160	0.00	391 02	-391 02	0 00	0 00	Paydown received of 391 02 Paydown per PrimeVest Cusip #38373WLX4
GNMA Remic Trust 10047 2010-047 @ 4 5% due 11/20/2039 GOVD99	38376YD99	2,169 910000	04/05/2010	12/21/2011	625	0.00	2,169 91	-2,169 91	0 00	0 00	Paydown received of 2,169 91 pay down per Fifth Third cusip 38376YD99 tkr GOVD99
				Long-Term Total		0 00	106,908 58	-107,821 88	0 00	-913 30	
				Individual Transactions Total		0 00	124,778 75	-125,692 05	0 00	-913 30	

Additional Data

Software ID:

Software Version:

EIN: 48-6258541

Name: RALPH L ARMSTRONG IRREV TRUST

Form 990, Special Condition Description:

Special Condition Description