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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 \$ 111,597
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶		
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation M State of legal domicile KS

Part I Summary

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 2012 (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		0
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		0
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)			0
9	Program service revenue (Part VIII, line 2g)			0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,366		29,857
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)	21,366		29,857
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,216		16,486
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			0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,562		5,733
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,778		22,219
19	Revenue less expenses Subtract line 18 from line 12	-412		7,638
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)	479,727		487,463
21	Total liabilities (Part X, line 26)			0
22	Net assets or fund balances Subtract line 21 from line 20	479,727		487,463

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	2013-04-25 Date	
	COMMUNITY NATIONAL BANK TRUST TRUSTEE Type or print name and title		
Paid Preparer Use Only	Pnnt/Type preparer's name R ANDREW DUNLAP CPA	Preparer's signature	Date 2013-04-30
	Firm's name ▶ JARRED GILMORE & PHILLIPS PA	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address ▶ 16 W JACKSON AVE IOLA, KS 66749	Firm's 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 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 \$ 20,309 including grants of \$ 16,486) (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 20,309

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 for escrow or custodial account liability, 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 and XII.</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 and XII 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, Parts I and IV.</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions).</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 hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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 account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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, Other (explain in Schedule O)
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 during the tax year
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 (620) 365-7603

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)						5,033			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

		(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) ▶	21,642			21,642	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	89,955			
		(ii) Other				
		b Less cost or other basis and sales expenses	81,740			
		c Gain or (loss)	8,215			
	d Net gain or (loss) ▶	8,215	8,215			
	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 ▶		29,857	8,215		21,642	

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)

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	16,486	16,486		
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	5,033	3,356	1,677	
b	Legal				
c	Accounting	700	467	233	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,219	20,309	1,910	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	5,756	2	28,975
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	473,971	11	458,488
	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)	479,727	16	487,463	
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 Loans and other 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 (ASC 958), 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 (ASC 958), 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	479,727	32	487,463
33 Total net assets or fund balances	479,727	33	487,463	
34 Total liabilities and net assets/fund balances	479,727	34	487,463	

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	29,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,219
3	Revenue less expenses Subtract line 2 from line 1	3	7,638
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	479,727
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	98
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	487,463

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 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		
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

2012

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) WESLEY UNITED METHODIST CHURCH - IOLA KANSAS	486113726	5	Yes			No		No	16,486
Total									16,486

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

(Complete only if you checked 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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.

Part III can be duplicated 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, Part III, column (b), 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

2012

**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
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	PRIOR PERIOD ADJUSTMENT 98

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2012 to 12/31/2012

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 01/30/2013

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 Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377CG52	0.050000	04/21/2011	01/23/2012	277	0.00	0.05	-0.05	0.00	0.00	Paydown received of 0.05
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	917.740000	12/30/2011	01/23/2012	24	0.00	917.74	-917.74	0.00	0.00	Paydown received of 917.74 pay down on cusip 38378AXN6 GOVXN6
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377CG52	0.060000	04/21/2011	02/22/2012	307	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377CG52 GNGG52
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	885.290000	12/30/2011	02/22/2012	54	0.00	885.29	-885.29	0.00	0.00	Paydown received of 885.29 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377CG52	0.050000	04/21/2011	03/21/2012	335	0.00	0.05	-0.05	0.00	0.00	Paydown received of 0.05 GNMA Principal and Interest Payment Cusip 38377CG52 per PrimeVest
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	1,513.760000	12/30/2011	03/21/2012	82	0.00	1,513.76	-1,513.76	0.00	0.00	Paydown received of 1,513.76 GNMA Principal and Interest Payment Cusip 38378AXN6 per PrimeVest
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	1,665.170000	12/30/2011	04/23/2012	115	0.00	1,665.17	-1,665.17	0.00	0.00	Paydown received of 1,665.17 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	1,455.740000	12/30/2011	05/22/2012	144	0.00	1,455.74	-1,455.74	0.00	0.00	Paydown received of 1,455.74 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	1,236.360000	12/30/2011	06/25/2012	178	0.00	1,236.36	-1,236.36	0.00	0.00	Paydown received of 1,236.36 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	38378AXN6	1,710.980000	12/30/2011	07/23/2012	206	0.00	1,710.98	-1,710.98	0.00	0.00	Paydown received of 1,710.98 pay down per PrimeVest on cusip 38378AXN6 GOVXN6

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2012 to 12/31/2012

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 01/30/2013

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

Capital Gains and Losses

Individual Transactions

Short-Term		Long-Term								
Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	2,534.47	12/30/2011	08/21/2012	235	0.00	2,534.47	-2,534.47	0.00	0.00	Paydown received of 2,534.47 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	3,047.11	12/30/2011	09/21/2012	266	0.00	3,047.11	-3,047.11	0.00	0.00	Paydown received of 3,047.11 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	3,533.30	12/30/2011	10/23/2012	298	0.00	3,533.30	-3,533.30	0.00	0.00	Paydown received of 3,533.30 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	4,413.83	12/30/2011	11/21/2012	327	0.00	4,413.83	-4,413.83	0.00	0.00	Paydown received of 4,413.83 pay down per PrimeVest on cusip 38378AXN6 GOVXN6
GNMA Series #2011-157 Class HW Callable Mortgage Assn @ 3.0% due 10/20/2041 GOVXN6	4,611.62	12/30/2011	12/21/2012	357	0.00	4,611.62	-4,611.62	0.00	0.00	Paydown received of 4,611.62 pay down on cusip 38378AXN6 GOVXN6
Short-Term Total					0.00	27,525.53	-27,525.53	0.00	0.00	
GNMA GTD Remic Passthru 2010 153 CTF CL JD 4 % due 11/16/2040 GNM3N4		1,034.68	12/29/2010	01/18/2012	385	1,034.68	-1,034.68	0.00	0.00	Paydown received of 1,034.68
GNMA REMIC Pool # 689418 @ 5.00% due 02/15/2038 Q689418		729.75	08/20/2008	01/18/2012	1,246	729.75	-729.75	0.00	0.00	Paydown received of 729.75
GNMA Remic Trust 2002-20 @ 6% due 03/16/2032 GNWLX4		254.91	10/15/2008	01/18/2012	1,190	254.91	-254.91	0.00	0.00	Paydown received of 254.91
GNMA Remic Ser 2004-26 CL DA @ 5.25% due 04/16/2034 GNF3G7		362.99	04/07/2004	01/19/2012	2,843	362.99	-362.99	0.00	0.00	Paydown received of 362.99 per final payment
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99		1,756.26	04/05/2010	01/23/2012	658	1,756.26	-1,756.26	0.00	0.00	Paydown received of 1,756.26 pay down cusip 38376YD99 GOVD99

Ralph L Armstrong Irrevocable Trust

Account #: 21

Tax Worksheet: From 1/1/2012 to 12/31/2012

Trust Category: Irrevocable Trust
 Dates Open: 6/7/2010 to Present
 Trust Year End: December
 Date Printed: 01/30/2013

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 Q689418	36296E4B9	367.310000	08/20/2008	02/16/2012	1,275	0.00	367.31	-367.31	0.00	0.00	Paydown received of 367.31 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,087.540000	12/29/2010	02/17/2012	415	0.00	1,087.54	-1,087.54	0.00	0.00	Paydown received of 1,087.54 Paydown per PrimeVest Cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	203.490000	10/15/2008	02/17/2012	1,220	0.00	203.49	-203.49	0.00	0.00	Paydown received of 203.49 Paydown per PrimeVest Cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust 10047 2010-047 @ 4.5% due 11/20/2039 GOVD99	38376YD99	2,035.100000	04/05/2010	02/22/2012	688	0.00	2,035.10	-2,035.10	0.00	0.00	Paydown received of 2,035.10 pay down cusip 38376YD99 GOVD99
Bank Amer Corp Common	060505104	125.000000	08/16/2005	02/27/2012	2,386	0.00	947.48	-5,509.04	0.00	-4,561.56	Sold 125 shares @ \$7,8200
Dominion Res Inc Va New Common	25746U109	100.000000	11/19/1997	02/27/2012	5,213	0.00	5,105.07	-1,922.88	0.00	3,182.19	Sold 100 shares @ \$51,3517
Federal Rlty Invst Tr Sh Ben Int New	31374Z206	100.000000	04/28/1999	02/27/2012	4,688	0.00	9,635.43	-2,360.20	0.00	7,275.23	Sold 100 shares @ \$96,6561
Frontier Communications Corp Common	35906A108	24.003971	07/02/2010	02/27/2012	605	0.00	101.31	-254.15	0.00	-152.84	Sold 24,004 shares @ \$4,6100
Frontier Communications Corp Common	35906A108	24.003971	07/02/2010	02/27/2012	605	0.00	101.31	-254.16	0.00	-152.85	Sold 24,004 shares @ \$4,6100
Frontier Communications Corp Common	35906A108	28.992058	07/02/2010	02/27/2012	605	0.00	122.34	-306.97	0.00	-184.63	Sold 28,992 shares @ \$4,6100
Pfizer Inc Common	717081103	165.000000	05/20/2003	02/27/2012	3,205	0.00	3,477.55	-5,137.90	0.00	-1,660.35	Sold 165 shares @ \$21,1717
Pfizer Inc Common	717081103	150.000000	12/04/2000	02/27/2012	4,102	0.00	3,161.41	-6,919.73	0.00	-3,758.32	Sold 150 shares @ \$21,1717
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	13.820000	08/20/2008	03/16/2012	1,304	0.00	13.82	-13.82	0.00	0.00	Paydown received of 13.82 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,139.030000	12/29/2010	03/19/2012	446	0.00	1,139.03	-1,139.03	0.00	0.00	Paydown received of 1,139.03 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4

Ralph L Armstrong Irrevocable Trust

Account #: 21

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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	38373WLX4	252 950000	10/15/2008	03/19/2012	1,251	0.00	252 95	-252 95	0 00	0 00	Paydown received of 232 95 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust 10047 2010-047 @ 4 5% due 11/20/2039 GOVD99	38376YD99	2,328 720000	04/05/2010	03/21/2012	716	0 00	2,328 72	-2,328 72	0 00	0 00	Paydown received of 2,328 72 GNMA Principal and Interest Payment Cusip 38376YD99 per PrimeVest
GNMA GTD Remic Pass thru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,189 080000	12/29/2010	04/17/2012	475	0 00	1,189 08	-1,189 08	0 00	0 00	Paydown received of 1,189 08 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA REMIC Pool # 689418 @5 00% due 02/15/2038 Q689418	36296E4B9	405 320000	08/20/2008	04/17/2012	1,336	0 00	405 32	-405 32	0 00	0 00	Paydown received of 405 32 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	240 760000	10/15/2008	04/17/2012	1 280	0 00	240 76	-240 76	0 00	0 00	Paydown received of 240 76 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust 10047 2010-047 @ 4 5% due 11/20/2039 GOVD99	38376YD99	126 720000	04/05/2010	04/23/2012	749	0 00	126 72	-126 72	0 00	0 00	Paydown received of 126 72 final payment cusip 38376YD99 GOVD99
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 050000	04/21/2011	04/23/2012	368	0 00	0 05	-0 05	0 00	0 00	Paydown received of 0 05 pay down cusip 38377GG52 GNGG52
GNMA REMIC Pool # 689418 @5 00% due 02/15/2038 Q689418	36296E4B9	13 430000	08/20/2008	05/16/2012	1,355	0 00	13 43	-13 43	0 00	0 00	Paydown received of 13 43 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Pass thru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	0 190000	12/29/2010	05/17/2012	505	0 00	0 19	-0 19	0 00	0 00	Paydown received of 0 19 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	318 220000	10/15/2008	05/17/2012	1,310	0 00	318 22	-318 22	0 00	0 00	Paydown received of 318 22 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4 25% due 01/20/2040 GNGG52	38377GG52	0 060000	04/21/2011	05/22/2012	397	0 00	0 06	-0 06	0 00	0 00	Paydown received of 0 06 pay down cusip 38377GG52 GNGG52

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Individual Transactions

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GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	14.940000	08/20/2008	06/18/2012	1,398	0.00	14.94	-14.94	0.00	0.00	Paydown received of 14.94 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	2,522.030000	12/29/2010	06/19/2012	538	0.00	2,522.03	-2,522.03	0.00	0.00	Paydown received of 2,522.03 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	282.520000	10/15/2008	06/19/2012	1,343	0.00	282.52	-282.52	0.00	0.00	Paydown received of 282.52 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.060000	04/21/2011	06/25/2012	431	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377GG52 GNGG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	0.190000	12/29/2010	07/17/2012	566	0.00	0.19	-0.19	0.00	0.00	Paydown received of 0.19 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	269.430000	08/20/2008	07/17/2012	1,427	0.00	269.43	-269.43	0.00	0.00	Paydown received of 269.43 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	383.540000	10/15/2008	07/17/2012	1,371	0.00	383.54	-383.54	0.00	0.00	Paydown received of 383.54 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
Duke Energy Holding Corp DUK	26441C204	0.083000	11/19/1997	07/18/2012	5,355	0.00	5.47	-3.47	0.00	2.00	Sold 0.083 shares @ \$65.9788 per CIL fractional shares
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.060000	04/21/2011	07/23/2012	459	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377GG52 GNGG52
Federal Rity Invnt Tr Sh Ben Int New	313747206	82.000000	04/28/1999	07/23/2012	4,835	0.00	8,681.14	-1,935.37	0.00	6,745.77	Sold 82 shares @ \$106.1700
Federal Rity Invnt Tr Sh Ben Int New	313747206	18.000000	04/28/1999	07/23/2012	4,835	0.00	1,905.65	-424.84	0.00	1,480.81	Sold 18 shares @ \$106.1720
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	552.190000	08/20/2008	08/16/2012	1,457	0.00	552.19	-552.19	0.00	0.00	Paydown received of 552.19 paydown per PrimeVest cusip 36296E4B9 TKR Q689418

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Individual Transactions

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GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	2,703.290000	12/29/2010	08/17/2012	597	0.00	2,703.29	-2,703.29	0.00	0.00	Paydown received of 2,703.29 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	360.380000	10/15/2008	08/17/2012	1,402	0.00	360.38	-360.38	0.00	0.00	Paydown received of 360.38 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.060000	04/21/2011	08/21/2012	488	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377GG52 GNGG52
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,415.430000	12/29/2010	09/18/2012	629	0.00	1,415.43	-1,415.43	0.00	0.00	Paydown received of 1,415.43 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	638.250000	08/20/2008	09/18/2012	1,490	0.00	638.25	-638.25	0.00	0.00	Paydown received of 638.25 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	593.550000	10/15/2008	09/18/2012	1,434	0.00	593.55	-593.55	0.00	0.00	Paydown received of 593.55 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.050000	04/21/2011	09/21/2012	519	0.00	0.05	-0.05	0.00	0.00	Paydown received of 0.05 pay down cusip 38377GG52 GNGG52
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	11.290000	08/20/2008	10/16/2012	1,518	0.00	11.29	-11.29	0.00	0.00	Paydown received of 11.29 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Passthru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,455.500000	12/29/2010	10/17/2012	658	0.00	1,455.50	-1,455.50	0.00	0.00	Paydown received of 1,455.50 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	432.090000	10/15/2008	10/17/2012	1,463	0.00	432.09	-432.09	0.00	0.00	Paydown received of 432.09 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.060000	04/21/2011	10/23/2012	551	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377GG52 GNGG52

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GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	203.830000	08/20/2008	11/16/2012	1,549	0.00	203.83	-203.83	0.00	0.00	Paydown received of 203.83 paydown per PrimeVest cusip 36296E4B9 TKR Q689418
GNMA GTD Remic Pass thru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,493.700000	12/29/2010	11/19/2012	691	0.00	1,493.70	-1,493.70	0.00	0.00	Paydown received of 1.49 } 70 pay down per PrimeVest cusip 38377M3N4 TKR GNM3N4
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	134.660000	10/15/2008	11/19/2012	1,496	0.00	134.66	-134.66	0.00	0.00	Paydown received of 134.66 pay down per PrimeVest cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.060000	04/21/2011	11/21/2012	580	0.00	0.06	-0.06	0.00	0.00	Paydown received of 0.06 pay down cusip 38377GG52 GNGG52
GNMA GTD Remic Pass thru 2010-153 CTF CL JD 4 % due 11/16/2040 GNM3N4	38377M3N4	1,529.990000	12/29/2010	12/18/2012	720	0.00	1,529.99	-1,529.99	0.00	0.00	Paydown received of 1.529.99 pay down cusip 38377M3N4 TKR GNM3N4
GNMA REMIC Pool # 689418 @5.00% due 02/15/2038 Q689418	36296E4B9	12.890000	08/20/2008	12/18/2012	1,581	0.00	12.89	-12.89	0.00	0.00	Paydown received of 12.89 paydown cusip 36296E4B9 TKR Q689418
GNMA Remic Trust 2002-20 @ 6 % due 03/16/2032 GNWLX4	38373WLX4	315.040000	10/15/2008	12/18/2012	1,525	0.00	315.04	-315.04	0.00	0.00	Paydown received of 315.04 paydown cusip 38373WLX4 TKR GNWLX4
GNMA Remic Trust Series 2010-76 HC @ 4.25% due 01/20/2040 GNGG52	38377GG52	0.050000	04/21/2011	12/21/2012	610	0.00	0.05	-0.05	0.00	0.00	Paydown received of 0.05 pay down cusip 38377GG52 GNGG52
					Long-Term Total	0.00	62,429.67	-54,214.22	0.00	0.00	8,215.45
					Individual Transactions Total	0.00	89,955.20	-81,739.75	0.00	0.00	8,215.45