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2007 Tax Return(s)

Prepared for WAMEGO COMMUNITY FOUNDATION
CLIENT CODE: 27854

Account Number 755562
Release Number 2007.06050

Prepared by VARNEY & ASSOCIATES, CPAS, LLC
120 NORTH JULIETTE
MANHATTAN, KS
66502-6092

785-537-2202

Processing Date: 11/10/2008
Time: 11:17:57

**Special
Instructions**

Messages

Return Information

INFORMATIONAL

Form: 9 Sheet: 1 Box: 50

- Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)

Form: A-4 Sheet: 1 Box: 90

- Schedule A. Page 4, Part IV. The entries to identify excess contributions on Interview Form A-4, Boxes 90 through 119, contained 9 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30002)
- Schedule A. ** PROJECTION FOR YEAR 2008 **
Page 4, Part IV. The entries to identify excess contributions on Interview Form A-4, Boxes 90 through 119, contained 10 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30135)

Form: B-1 Sheet: 1 Box: 70

- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than 2% of Form 990, line 1e have been included on Schedule B, Part I. Consequently, 3 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, Interview Form B-1, Box 70, may be used to force or prevent the inclusion of contributors on an individual contributor basis or Interview Form 9, Box 55, may be used to force the inclusion of all contributors. (30139)

Form: 990 Pg 7

- Form 990. Page 7, Part VI, line 90a. No information has been entered on Interview Form 8, to complete line 90a regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 90a. If this is not correct, use Interview Form 8, Boxes 30 through 43, to enter the appropriate information. (30080)

Return Information

Form: 990 A Pg 4

- Schedule A. Page 4, Part IV. The confidential large donor supporting statements have been produced in the accountant's and taxpayer's copy of the return. These are collated directly behind Schedule A and can be identified by the notation "Do Not File - Not Open to Public Inspection" that prints in the heading of each statement. Be sure that these confidential statements are not inadvertently included in any copy of the return that is being made available for public inspection. (30146)

2007 Return Summary

WAMEGO COMMUNITY FOUNDATION

48-1195964

FORM 990:

TOTAL REVENUE	154,211.
TOTAL EXPENSES	55,484.
EXCESS <DEFICIT>	98,727.
BEGINNING NET ASSETS	458,590.
CHANGES IN NET ASSETS	<8,681.>
ENDING NET ASSETS (PAGE 1)	548,636.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	548,636.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	548,636.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.

VARNEY & ASSOCIATES, CPAS, LLC

120 N. JULIETTE, MANHATTAN, KS 66502-6092
VOICE (785)537-2202 FAX (785)537-1877

CLIENT: 27854
NOVEMBER 10, 2008

WAMEGO COMMUNITY FOUNDATION
P.O. BOX 25
WAMEGO, KS 66547

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2007
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, EXEMPT ORGANIZATION TAX RETURN
SCHEDULE A, SUPPLEMENTARY INFORMATION
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
RECORD CHARGE AT \$0.05 EACH FOR 515 RECORDS

TOTAL FEE \$ 75.50

Varney & Associates, Cpas, LLC

120 N. Juliette, Manhattan, KS 66502-6092
Voice (785)537-2202 Fax (785)537-1877

November 10, 2008

Wamego Community Foundation
P.O. Box 25
Wamego, KS 66547

Enclosed are the original and one copy of the 2007 Exempt
Organization return, as follows...

2007 FORM 990

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

Sincerely,

Tonya K. Wilkerson
Certified Public Accountant

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2007

Prepared for	Wamego Community Foundation P.O. Box 25 Wamego, KS 66547
Prepared by	Varney & Associates, Cpas, LLC 120 North Juliette Manhattan, KS 66502-6092
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 17, 2008
Special Instructions	The return should be signed and dated.

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning

and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization WAMEGO COMMUNITY FOUNDATION</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 25</p> <p>City or town, state or country, and ZIP + 4 WAMEGO, KS 66547</p>	<p>D Employer identification number 48-1195964</p> <p>E Telephone number 785-456-8444</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.THEWCF.ORG**

J Organization type (check only one) 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **215,891.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	30,113.	
	b	Direct public support (not included on line 1a)	1b	93,173.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 93,173. noncash \$ 30,113.)	1e	123,286.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,252.	
	5	Dividends and interest from securities	5	9,419.	
Revenue	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7	Other investment income (describe ▶)	7		
	8 a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
				76,209.	8a
		b	Less: cost or other basis and sales expenses	59,210.	8b
		c	Gain or (loss) (attach schedule)	16,999.	8c
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	8d	16,999.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	1,725.		
b	Less: direct expenses other than fundraising expenses	9b	2,470.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 2		9c	<745.>
10 a	Gross sales of inventory, less returns and allowances		10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	154,211.	
Expenses	13	Program services (from line 44, column (B))	13	40,400.	
	14	Management and general (from line 44, column (C))	14	15,084.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	55,484.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	98,727.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	458,590.	
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	548,636.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>30,200.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30,200.	30,200.	STATEMENT 4	
22b Other grants and allocations (attach schedule) (cash \$ <u>10,200.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	10,200.	10,200.	STATEMENT 5	STATEMENT 6
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	695.		695.	
32 Legal fees				
33 Supplies	660.		660.	
34 Telephone	731.		731.	
35 Postage and shipping	690.		690.	
36 Occupancy	66.		66.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	1,260.		1,260.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a KS ANNUAL REPORT				
b FILING FEE	42.		42.	
c PROFESSIONAL FEES	6,397.		6,397.	
d WEBSITE EXPENSES	121.		121.	
e INVESTMENT FEES	2,600.		2,600.	
f DUES AND MEMBERSHIPS	347.		347.	
g PROMOTIONAL MATERIALS	1,475.		1,475.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	55,484.	40,400.	15,084.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a DISBURSEMENT OF FUNDS IN ACCORDANCE WITH VARIOUS SCHOLARSHIP FUNDS.	
(Grants and allocations \$ 12,700.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,700.
b DISBURSEMENT OF FUNDS TO THE WAMEGO HOSPITAL FOUNDATION/AUXILLARY IN FOR THE FURTHERING OF THEIR EXEMPT PURPOSE.	
(Grants and allocations \$ 5,600.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,600.
c DISBURSEMENT OF FUNDS TO LOCAL AND NATIONAL NONPROFIT ORGANIZATIONS FOR THE FURTHERING OF THEIR EXEMPT PURPOSE.	
(Grants and allocations \$ 17,100.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	17,100.
d DISBURSEMENT OF FUNDS TO THE COLUMBIAN THEATRE FOR THE FURTHERING OF THEIR EXEMPT PURPOSE.	
(Grants and allocations \$ 5,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,000.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	40,400.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	756.	45	1,034.
	46 Savings and temporary cash investments	154,776.	46	267,760.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	303,058.	54a	279,842.
	b Investments - other securities		54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/>		58		
59 Total assets (must equal line 74). Add lines 45 through 58	458,590.	59	548,636.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	110,888.	67	123,699.
	68 Temporarily restricted	347,702.	68	424,937.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	458,590.	73	548,636.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	458,590.	74	548,636.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 b	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed \blacktriangleright NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2007		0
91 a	The books are in care of \blacktriangleright LISA DIEDERICH Telephone no. \blacktriangleright 785-456-2455 Located at \blacktriangleright 15130 LAKE CROSSING RD, WAMEGO, KS ZIP + 4 \blacktriangleright 66547		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	5,252.	
96 Dividends and interest from securities			14	9,419.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	16,999.	
101 Net income or (loss) from special events			01	<745.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		30,925.	0.
105 Total (add line 104, columns (B), (D), and (E))					30,925.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	Signature of officer _____ LISA DIEDERICH, TREASURER Type or print name and title	Date _____	
Paid Preparer's Use Only	Preparer's signature TONYA K. WILKERSON Firm's name (or yours if self-employed), address, and ZIP + 4 VARNEY & ASSOCIATES, CPAS, LLC 120 NORTH JULIETTE MANHATTAN, KS 66502-6092	Date _____ Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. 785-537-2202

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization WAMEGO COMMUNITY FOUNDATION	Employer identification number 48 1195964
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 10	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year	1	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	41,744.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	118,334.	41,606.	56,793.	49,408.	266,141.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,008.	5,861.	3,474.	3,681.	24,024.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,447.	97.	SEE STATEMENT 11 <2,306.>	1,506.	744.
23 Total of lines 15 through 22	130,789.	47,564.	57,961.	54,595.	290,909.
24 Line 23 minus line 17	130,789.	47,564.	57,961.	54,595.	290,909.
25 Enter 1% of line 23	1,308.	476.	580.	546.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 5,818.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 105,712.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 290,909.
d Add: Amounts from column (e) for lines: 18 <u>24,024.</u> 19 _____ 22 <u>744.</u> 26b <u>105,712.</u>					26d 130,480.
e Public support (line 26c minus line 26d total)					26e 160,429.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 55.1475%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule A Identification of Excess Contributions Included on Part IV-A, Line 26b 2007

** Do Not File **
*** Not Open to Public Inspection ***

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include WAMEGO TELEPHONE/TELECOMMUNICATIONS, CHARLIE/LANCE WHITE/FNB WAMEGO GROUP, and BILL BAXTER.

Total Excess Contributions to Schedule A, Line 26b 105,712.

723171/04-27-07

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

WAMEGO COMMUNITY FOUNDATION

Employer identification number

48-1195964

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization WAMEGO COMMUNITY FOUNDATION	Employer identification number 48-1195964
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WAMEGO TELEPHONE COMPANY, INC. 1009 LINCOLN ST. WAMEGO, KS 66547	\$ 30,113.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CATERPILLAR FOUNDATION 100 NE ADAMS STREET PEORIA, IL 61629	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ESTATE OF PATRICK & ESTELLA FARRELL 127 OAK HILL CIRCLE WAMEGO, KS 66547	\$ 7,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HILLIARD FAMILY SCHOLARSHIP 700 CHESTNUT WAMEGO, KS 66547	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	POTT COUNTY ECON. DEV. CORP 1004 LINCOLN WAMEGO, KS 66547	\$ 8,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WAMEGO COMMUNITY FOUNDATION	Employer identification number 48-1195964
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	445 SH ALLTEL CORPORATION	\$ 30,113.	08/27/07

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	66,880.	59,210.	0.	7,670.
LT CAP GAIN DISTRIBUTION	9,329.	0.	0.	9,329.
TO FORM 990, PART I, LINE 8	76,209.	59,210.	0.	16,999.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
MESSIAH PERFORMANCE	1,401.		1,401.	2,470.	<1,069.>
SCHOLARSHIP LUNCHEON	324.		324.		324.
TO FM 990, PART I, LINE 9	1,725.		1,725.	2,470.	<745.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED APPRECIATION(DEPRECIATION) ON INVESTMENTS CARRIED AT MARKET VALUE	<8,681.>
TOTAL TO FORM 990, PART I, LINE 20	<8,681.>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT 4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANTS & SCHOLARSHIPS COLUMBIAN THEATRE FOUNDATION WAMEGO, KS 66547	5,000.
GRANTS & SCHOLARSHIPS WAMEGO COUNCIL OF CHURCHES WAMEGO, KS 66547	500.
GRANTS & SCHOLARSHIPS AMERICAN CANCER SOCIETY OKLAHOMA CITY, OK 73123	500.
GRANTS & SCHOLARSHIPS AMERICAN HEART ASSOCIATION DALLAS, TX 75231	200.
GRANTS & SCHOLARSHIPS BIG BROTHERS/BIG SISTERS OF MANHATTAN MANHATTAN, KS 66502	300.
GRANTS & SCHOLARSHIPS BOY SCOUTS OF AMERICA WAMEGO, KS 66547	250.
GRANTS & SCHOLARSHIPS CATTS GYMNASTICS WAMEGO, KS 66547	250.
GRANTS & SCHOLARSHIPS COMMUNITY HEALTH MINISTRY WAMEGO, KS 66547	500.
GRANTS & SCHOLARSHIPS FLINT HILLS FOUNDATION FOR OLDER KANSAS MANHATTAN, KS 66502	300.

GRANTS & SCHOLARSHIPS FRIENDS OF KTWU TOPEKA, KS 66621	300.
GRANTS & SCHOLARSHIPS HIGHLAND COMMUNITY COLLEGE HIGHLAND, KS 66035	500.
GRANTS & SCHOLARSHIPS KANSAS RURAL COMMUNITIES FOUNDATION WAMEGO, KS 66547	3,500.
GRANTS & SCHOLARSHIPS OZ MUSEUM WAMEGO, KS 66547	3,000.
GRANTS & SCHOLARSHIPS ST. GEORGE PARKS & ECONOMIC DEVELOPMENT SAINT GEORGE, KS 66535	1,000.
GRANTS & SCHOLARSHIPS ST. MARYS COLLEGE WAMEGO, KS 66547	500.
GRANTS & SCHOLARSHIPS ST. MARYS MANOR ST. MARYS, KS 66536	500.
GRANTS & SCHOLARSHIPS WAMEGO HISTORICAL SOCIETY WAMEGO, KS 66547	500.
GRANTS & SCHOLARSHIPS WAMEGO HOSPITAL WAMEGO, KS 66547	5,600.
GRANTS & SCHOLARSHIPS WAMEGO SCIENCE FAIR WAMEGO, KS 66547	500.

GRANTS & SCHOLARSHIPS
WASHBURN UNIVERSITY

6,500.

TOPEKA, KS 66621

TOTAL INCLUDED ON FORM 990, PART II, LINE 22A

30,200.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANTS & SCHOLARSHIPS WAMEGO PUBLIC LIBRARY WAMEGO, KS 66547	5,000.
GRANTS & SCHOLARSHIPS BAKER UNIVERSITY BALDWIN CITY, KS 66006	250.
GRANTS & SCHOLARSHIPS CLOUD COUNTY COMMUNITY COLLEGE CONCORDIA, KS 66901	500.
GRANTS & SCHOLARSHIPS EMPORIA STATE UNIVERSITY EMPORIA, KS 66801	250.
GRANTS & SCHOLARSHIPS JOHNSON COUNTY COMMUNITY COLLEGE OVERLAND PARK, KS 66210	100.
GRANTS & SCHOLARSHIPS KANSAS STATE UNIVERSITY MANHATTAN, KS 66502	3,050.
GRANTS & SCHOLARSHIPS WICHITA STATE UNIVERSITY WICHITA, KS 67260	250.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	9,400.

FORM 990 CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS & SCHOLARSHIPS AUBREY COOK WAMEGO, KS 66547	NONE	200.
GRANTS & SCHOLARSHIPS JEROD MASON WAMEGO, KS 66547	NONE	500.
GRANTS & SCHOLARSHIPS SHANNON STROH WAMEGO, KS 66547	NONE	100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		800.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

TO SOLICIT, MAINTAIN AND DISBURSE FUNDS FOR COMMUNITY CHARITABLE PURPOSES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
TRUST CO. OF MANHATTAN	FMV			279,842.	279,842.
TO FORM 990, LINE 54A, COL B				279,842.	279,842.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN SYMONS PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
LISA DIEDERICH PO BOX 25 WAMEGO, KS 66547	TREASURER 2.00	0.	0.	0.
BILL DITTO PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
ADAM TYNER PO BOX 25 WAMEGO, KS 66547	VICE-PRESIDENT 0.00	0.	0.	0.
JAQUE EICHMAN PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
DOUG SPRINGER PO BOX 25 WAMEGO, KS 66547	PRESIDENT 5.00	0.	0.	0.
PAM FULMER PO BOX 25 WAMEGO, KS 66547	SECRETARY 0.00	0.	0.	0.
MATT BULK PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
DONNA JOHNSON PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
BECKY RINIKER PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
MARY KAYE SIEBERT PO BOX 25 WAMEGO, KS 66547	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10
PART III, LINE 3A

EDUCATIONAL SCHOLARSHIPS: COMMITTEES ARE USED IN THE SELECTION OF SCHOLARSHIP RECIPIENTS TO ENSURE AN UNBIASED SELECTION PROCESS. SUCH COMMITTEES INCLUDE A SCHOOL OFFICIAL, WHEN POSSIBLE, TO ENSURE THE AUTHENTICITY OF THE STUDENTS MAKING APPLICATION FOR SUCH SCHOLARSHIPS. IN ADDITION, ALL PAYMENTS TO SCHOLARSHIP RECIPIENTS ARE PAID TO THE COLLEGE OR UNIVERSITY TO ENSURE THAT THE FUNDS ARE UTILIZED FOR THE EDUCATIONAL PURPOSE INTENDED.

ADVISED FUND GRANTS: IF AN ORGANIZATION IS SELECTED TO RECEIVE A GRANT, THE FOUNDATION FIRST DETERMINES IF SUCH ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER THE LAWS OF THE INTERNAL REVENUE SERVICE AND A LETTER VERIFYING SUCH STATUS IS OBTAINED. IF SUCH LETTER IS NOT AVAILABLE, THEN FURTHER RESEARCH IS DONE TO DETERMINE THAT THE PURPOSE FOR WHICH THE FUNDS WILL BE USED BY SUCH ORGANIZATION IS IN FURTHERANCE OF THE CHARITABLE PURPOSES OF THE FOUNDATION PRIOR TO DISBURSEMENT.

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
NET INCOME(LOSS) FROM SPECIAL EVENTS	1,447.	97.	<2,306.>	1,506.
TOTAL TO SCHEDULE A, LINE 22	1,447.	97.	<2,306.>	1,506.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number		
	WAMEGO COMMUNITY FOUNDATION		48-1195964		
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only		
P.O. BOX 25					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
WAMEGO, KS 66547					

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LISA DIEDERICH**
 Telephone No. **785-456-2455** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
5 For calendar year **2007**, or other tax year beginning _____, and ending _____.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date