

LUSE GORMAN POMERENK & SCHICK

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

5335 WISCONSIN AVENUE, N.W., SUITE 400
WASHINGTON, D.C. 20015

TELEPHONE (202) 274-2000
FACSIMILE (202) 362-2902
www.luselaw.com

2520080800076

WRITER'S DIRECT DIAL NUMBER

WRITER'S E-MAIL

202 274-2003

jeffb@lusclaw.com

March 2, 2007

Via CMRRR

Top Hat Plan Exemption
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room N-1513
Washington, D.C. 20210

**Re: Notice of Adoption of Executive Incentive Defined
Contribution Agreement**

Dear Sir or Madam:

Enclosed please find a notice of adoption of an Executive Incentive Defined Contribution Agreement by Dickinson Financial Corporation (the "Company"). This notice is being filed pursuant to Department of Labor Regulations 29 C.F.R. §2520.104-23, and is filed under the Department of Labor's Delinquent Filer Voluntary Compliance Program ("DFVCP"). The Company has filed separately a Form 5500 in compliance with DFVCP regulations and has paid the applicable penalty amount. If you have any questions with respect to the notice, please contact the undersigned.

Very truly yours,



Jeffrey W. Bryson

RECEIVED
DIVISION OF
ACCOUNTING SERVICES
2007 MAR -3 PM 12: 05

Enclosure

cc: Jane A. Dickinson, Senior Vice President
and Senior Counsel (w/encl.)
Beverly J. White (w/o encl.)

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS**

To the Secretary of Labor:

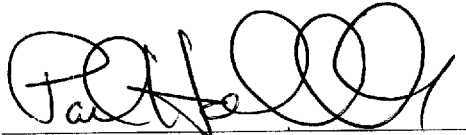
In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. § 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Dickinson Financial Corporation
- (2) The mailing address of the employer is: 1100 Main Street, Suite 310
Kansas City, MO 64105
- (3) The Employer Identification Number is: 43-1487933
- (4) The above-named employer maintains one plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Name of Plan and Number of Participants: The Plan is known as the Executive Incentive Defined Contribution Agreement and covers three (3) executive officers.
- (6) The employer will provide copies of the plan to the Secretary of Labor upon request.

DICKINSON FINANCIAL CORPORATION

2/28/07

Date

By: 
Paul Holewinski
Executive Vice President

LUSE GORMAN POMERENK & SCHICK

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

5335 WISCONSIN AVENUE, N.W., SUITE 400
WASHINGTON, D.C. 20015

TELEPHONE (202) 274-2000
FACSIMILE (202) 362-2902
www.luselaw.com

WRITER'S DIRECT DIAL NUMBER

WRITER'S E-MAIL

202 274-2003

jeffb@luselaw.com

March 2, 2007

Via CMRRR

Top Hat Plan Exemption
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room N-1513
Washington, D.C. 20210

07 MAR - 7 PM 1:33

**Re: Notice of Adoption of Executive Incentive Defined
Contribution Agreement**

Dear Sir or Madam:

Enclosed please find a notice of adoption of an Executive Incentive Defined Contribution Agreement by Dickinson Financial Corporation (the "Company"). This notice is being filed pursuant to Department of Labor Regulations 29 C.F.R. §2520.104-23, and is filed under the Department of Labor's Delinquent Filer Voluntary Compliance Program ("DFVCP"). The Company has filed separately a Form 5500 in compliance with DFVCP regulations and has paid the applicable penalty amount. If you have any questions with respect to the notice, please contact the undersigned.

Very truly yours,



Jeffrey W. Bryson

Enclosure

cc: Jane A. Dickinson, Senior Vice President
and Senior Counsel (w/encl.)
Beverly J. White (w/o encl.)

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS**

To the Secretary of Labor:


In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. § 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Dickinson Financial Corporation
- (2) The mailing address of the employer is: 1100 Main Street, Suite 310
Kansas City, MO 64105
- (3) The Employer Identification Number is: 43-1487933
- (4) The above-named employer maintains one plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Name of Plan and Number of Participants: The Plan is known as the Executive Incentive Defined Contribution Agreement and covers three (3) executive officers.
- (6) The employer will provide copies of the plan to the Secretary of Labor upon request.

DICKINSON FINANCIAL CORPORATION

2/28/07

Date

By: 
Paul Holewinski
Executive Vice President

**Power of Attorney
 and Declaration of Representative**

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

▶ Type or print. ▶ See the separate instructions.

Part I Power of Attorney
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address Dickinson Financial Corporation 1100 Main Street, Suite 350 Kansas City, MO 64105	Social security number(s) _____	Employer identification number 43-1487933
	Daytime telephone number (816) 472-5244	Plan number (if applicable) 888

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Beverly J. White, Esq. 5335 Wisconsin Avenue, NW, Suite 400 Washington, DC 20015-2035	CAF No. none Telephone No. (202) 274-2005 Fax No. (202) 362-2902 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Norma M. Sharara, Esq. 5335 Wisconsin Avenue, NW, Suite 400 Washington, DC 20015-2035	CAF No. 0303-18964R Telephone No. (202) 274-2035 Fax No. (202) 362-2902 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Jeffrey W. Bryson, Esq. 5335 Wisconsin Avenue, NW, Suite 400 Washington, DC 20015-2035	CAF No. none Telephone No. (202) 274-2003 Fax No. (202) 362-2902 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
income	5500	

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.** ▶

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

.....

.....

.....

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
 - b** If you do not want any notices or communications sent to your representative(s), check this box
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here.
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Jane A. Dickinson <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Print Name PIN Number	Print name of taxpayer from line 1 if other than individual	
	03/01/2007	Senior Vice President.
Signature Date Title (if applicable)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Print Name PIN Number		

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

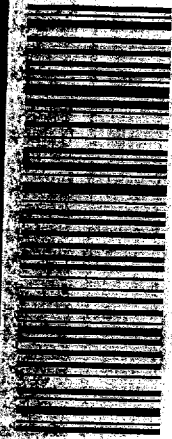
Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
a	DC		2/27/07
a	DC; MD		2/27/07
a	TX		2/27/07

LUSE GORMAN POMERENK & SCHICK
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
5335 WISCONSIN AVENUE, N.W., SUITE 400
WASHINGTON, D.C. 20015



7002 2410 8001 6554 3660



Top Hat Plan Exemption
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room N-1513
Washington, D.C. 20210

RECEIVED
DIVISION OF
ACCOUNTING SERVICES
2007 MAR -8 AM 11:54