

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



Department of the Treasury

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 Open to Public

A F	or the 2	2007 calendar year, or tax year beginning JUL 1, 2007	and er	dina	JUN 30	21	008		mspeca	UII
_	Check If	C Name of organization			don!!!					
	pplicable	Please use IRS				n cuibi	ioyer i	uentitica	ation numb	er
	Addres	s label or	v			۰ ۵	2. ^	2050	07	
F	Name change	type Number and street (or P.O. how if mail is not delivered to street address)			Room/suite			<u> 2058</u>		<del></del>
F	Initial	See Specific 200 WEST 17TH STREET			number					
F	return ☐Termin	Instruc-		-	210				9291	
F	⊒ation ⊒Amend	tions City or town, state or country, and ZIP + 4 CHEYENNE, WY 82001				FACCOU	inting me Other specify)		Cash	Accrual
<b>-</b>	_lreturn  Applica	estion • Section 501(c)(3) organizations and 4047(c)(1) popeyampt charitable true	ete							
L	_lpendin	must attach a completed Schedule A (Form 990 or 990-EZ).	J.W.	1	d I are not appl					
G V	Vaheita	.▶N/A			Is this a group re					X No
		ation type (check only one) ► X 501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or	527		If "Yes," enter nu Are all affiliates i			_	N/A	
_		ere if the organization is not a 509(a)(3) supporting organization and its gross		''(')	(If "No," attach a		۱۰ .	N/A	Yes	L No
		are normally <b>not</b> more than \$25,000. A return is not required, but if the organization	55	H(d)	Is this a separate ganization cover	e return	filed b	y an or-		X No
		to file a return, be sure to file a complete return.		├ <u>;</u> —	Group Exemption			runnyr	N/A	NO LA
				M	Check   Check			tion in m		d to ottoob
L G	Gross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	6	141	Sch. B (Form 99	11 LITE OF 10 990-	yanıza F7 or	QQN-DEY	ot required	i to attach
	art I	Revenue, Expenses, and Changes in Net Assets or Fund		nces		70, 330	LZ, 01	00011)	<u>•</u>	
تنا	1	Contributions, gifts, grants, and similar amounts received:			<del></del>		Ţ	<del></del>		
	a	Contributions to donor advised funds	1a	l			1			
	ь	Direct public support (not included on line 1a)	1b	<del>                                     </del>	34,1	75	1			
	C	Indirect public support (not included on line 1a)	1c		<u> </u>	15.				
	d	Government contributions (grants) (not included on line 1a)	1d		3,149,1	95				
	e	Total (add lines 1a through 1d) (cash \$ 3,159,160 . noncash \$		1	24,210.		1e	3	,183,	370
	2	Program service revenue including government fees and contracts (from Part VII, lir			24,210.	·	2			635.
	3	Membership dues and assessments	10 30)			-	3		100,	033.
	4	Interest on savings and temporary cash investments				1	4		1 4	216.
	5	Dividends and interest from securities				ŀ	5			210.
	6 a	Gross rents	6a	]		-				<del></del>
	Ь	Less: rental expenses	6b							
•	C	Net rental income or (loss). Subtract line 6b from line 6a		L			6c			
ž	7	Other investment income (describe				,	7			
Revenue	8 a	Gross amount from sales of assets other (A) Securities			(B) Other					
œ		than inventory	8a							
	Ь	Less: cost or other basis and sales expenses	8b				ŀ			
	C	Gain or (loss) (attach schedule)	8c							
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)					8d			
	RF	Special/events and activities (attach schedule). If any amount is from gaming, check	here ]							
	a	Gross revenue (not including § of contributions reported on line 1b)	9a							
E1-134	, , , b,	Less; direct expenses other than fundraising expenses	9ь							
	MAR	Net income or (loss) from special events. Subtract line 9b from line 9a	,	,		Į	9с			
ш <u>Г</u>	10 a	Gross sales of invettory, less returns and allowances	10a							
(	DG!	<u>) fesşi þosi foljabods solid</u>	10b							
<b>⋥</b> `	7 0. 5	-Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fro	om line	10a		].	10c			
<b>2010</b>	11	Other revenue (from Part VII, line 103)				1	11			765.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12		3,397,	
S v	13	Program services (from line 44, column (B))				1	13	3	<u>,172,</u>	
	14	Management and general (from line 44, column (C))					14		<u> 199,</u>	<u>591.</u>
/ APR ∄ Expenses	15	Fundraising (from line 44, column (D))					15			
<u>,</u> 0	16	Payments to affiliates (attach schedule)				1	16			
] 	17_	Total expenses Add lines 16 and 44, column (A)			-		17	3	3,372,	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12				-	18			586.
Net Ssets	19	Net assets or fund balances at beginning of year (from line 73, column (A))				-	19	1	.,362,	899.
As - S		Other changes in net assets or fund balances (attach explanation)				ļ	20			0.
7230	21 01	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21	1	<u>.,388</u> ,	
7230 12-2	7-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate inst	truction	S.					Form 9	90 (2007)

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$\_ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) (cash \$ O • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 0. 0 0 0. 25a **b** Compensation of former officers, directors, key 0 0 employees, etc. listed in Part V-B 25b 0 0. c 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) 25c 26 Salaries and wages of employees not 1,716,496. 1,660,581. 55,915. included on lines 25a, b, and c 26 27 Pension plan contributions not included on 2,275 69,794. 67,519. 27 lines 25a, b, and c 28 Employee benefits not included on lines 270,082. 6,941 263,141. 25a · 27 28 7,476 229,328. 221,852. 29 29 Payroll taxes Professional fundraising fees 30 31 31 Accounting fees 32 Legal fees 32 18,890. Supplies 33 18,890. 66,479. 34 75,889. 9,410. Telephone 7,803. 968. 6,835. Postage and shipping 35 167,194. 20,732. 146,462. 36 36 Occupancy Equipment rental and maintenance 37 Printing and publications 38 24,876. 24,876. 39 39 Travel 40 40 Conferences, conventions, and meetings 49,139. 49,139. Interest 41 41 105,076. 105,076. 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 170,637. 170,637 a CONTRACT SERVICES 43a 39,846. 34,905 4,941 **bREPAIRS & MAINTENANCE** 43b 46,008. 40,303. 5,705 c INSURANCE 43c 170,054 d EMERGENCY SERVICES 170,054. 43d eOTHER TAXES & LICENSES 43e 16,094. 16,094 1 ADMINISTRATIVE 43f 60,471 60,471 PROGRAM EXPENSES 134,723. 134,723 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D). 0. carry these totals to lines 13-15) 199,591 3,372,400 3,172,809. Joint Costs. Check Image of Jo ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 \$ ; and (iv) the amount allocated to Fundraising \$ Form **990** (2007) 723011 12-27-07

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

Wh	at is the organization's primary exempt purpose? ► <u>See Statement 2</u>	Program Service Expenses
che	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	HEAD START PROGRAM AND WYOMING EARLY ENRICHMENT PROGRAM-PROVIDES PRE-SCHOOL AND SOCIAL SERVICES FOR CHILDREN OF LOW INCOME FAMILIES.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ HEALTH CARE FOR THE HOMELESS - PROVIDES ADVOCACY AND TRANSPROTATION FOR HOMELESS INDIVIDUALS TO RECEIVE HEALTH CARE SERVICES	2,078,624.
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □  COMMUNITY SERVICES BLOCK GRANT - PROVIDES OUTREACH PROGRAMS  AND GENERAL OPERATING EXPENSES FOR THE ORGANIZATION	321,140.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ See Statement 1	474,466.
e	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	298,579.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,172,809.
		Form <b>990</b> (2007)

Pa	LIV	Dalatice Streets (See the instructions)				
Note	: Whe shou	ere required, attached schedules and amounts wurden be for end-of-year amounts only.	vithin the description column	(A) Beginning of year		(B) End of year
	45	Cook and who seed to see a				
	45 46	Cash - non-interest-bearing Savings and temporary cash investments	-	E 4 2 200	45	100 111
	40	Savings and temporary cash investments	-	542,299.	46	496,144.
	47 a	Accounts receivable	47a			
	ь	Less allowance for doubtful accounts	47b		47c	
				<del></del>		
		Pledges receivable	48a			
	b	Less allowance for doubtful accounts	486	<u>-</u>	48c	
	49	Grants receivable	_	20,720.	49	17,220.
	50 a	Receivables from current and former officers,	directors, trustees, and			
	١.	key employees			50a	
	D	Receivables from other disqualified persons (a				
Assets	61.0	4958(f)(1)) and persons described in section 4 Other notes and loans receivable			50b	<del></del>
As	b	Less: allowance for doubtful accounts	51a 1,617.	2,808.		1 617
	52	Inventories for sale or use	310	2,000.	51c	1,617.
	53	Prepaid expenses and deferred charges	·	48,159.	53	65,244.
		Investments - publicly-traded securities	Cost FMV	10/13/1	54a	03,244.
	b		Cost FMV		54b	
	55 a	Investments - land, buildings, and				
		equipment. basis	55a			
	1					
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other			56	
	l	Land, buildings, and equipment basis	57a 3,238,416.	4 055 440		
	1		57b 1,158,281.	1,955,112.	57c	2,080,135.
	58	Other assets, including program-related investments	,		_	
	59	(describe ►	5 through 59	2,569,098.	58 59	2,660,360.
	60	Accounts payable and accrued expenses	5 through 58	148,738.	60	260,097.
	61	Grants payable		140,730.	61	200,0376
	62	Deferred revenue			62	
ies	63	Loans from officers, directors, trustees, and ke	ey employees		63	
Liabilıtıes	64 a	a Tax-exempt bond liabilities			64a	
Lia	b	Mortgages and other notes payable		1,057,461.	64b	1,011,778.
	65	Other liabilities (describe	)		65	
	66	Total liabilities. Add lines 60 through 65	1-2-1	1,206,199.	66	1,271,875.
	Orga	anizations that follow SFAS 117, check here	► X and complete lines			
S		67 through 69 and lines 73 and 74.		1,353,748.		1 200 045
ĕ	67	Unrestricted	-	9,151.	67 68	1,380,945. 7,540.
3ala	68 69	Temporarily restricted  Permanently restricted	<u> </u>	3,131.	69	7,340.
P	1	anizations that do not follow SFAS 117, check	t here and		03	
Ī	o, ge	complete lines 70 through 74				
ō	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and	d equipment fund		71	
As	72	Retained earnings, endowment, accumulated			72	
Ne.	73	Total net assets or fund balances. Add lines 67 thr	ough 69 <b>or</b> lines 70 through 72.			
		(Column (A) must equal line 19 and column (B) must	· · · · · · · · · · · · · · · · · · ·	1,362,899.	73	1,388,485.
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73	2,569,098.	74	2,660,360.

	n 990 (2007) COMMUNITY ACTION OF L	ARAMIE COUNTY	· · ·	83-	02058	87 Page	5
Pé	rt'IV-A Reconciliation of Revenue per Audited Fina	nciai Statements W	ith Revenue p	er Re	turn (Se	e the	
		<u> </u>					_
a	Total revenue, gains, and other support per audited financial stateme	nts			a 4,	476,738	<u>.</u>
b	Amounts included on line a but not on Part I, line 12	ı	1		ŀ		
1	Net unrealized gains on investments	_	01				
2	Donated services and use of facilities		841,2	20.			
3	Recoveries of prior year grants	. 1	03				
4	Other (specify). INTERAGENCY CHARGES		237,5	32.			
	Add lines <b>b1</b> through <b>b4</b>				b 1,	078,752	<u>.</u>
C	Subtract line <b>b</b> from line <b>a</b>				<b>c</b> 3,	397,986	·
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b		11				
2	Other (specify)		12				
	Add lines d1 and d2				d	0	).
е	Total revenue (Part I, line 12) Add lines c and d			▶	e 3.	397,986	
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	incial Statements V	Vith Expenses	per F	Return	33.7300	÷
а	Total expenses and losses per audited financial statements	<u> </u>			a 4.	451,152	2.
b	Amounts included on line a but not on Part I, line 17						··
1	Donated services and use of facilities	1	841,2	20.	}		
2	Prior year adjustments reported on Part I, line 20		02	20.	İ		
3	Losses reported on Part I, line 20	F	03				
4	Other (specify) INTERAGENCY CHARGES		237,5	22	1		
7		L	14 437,3	34.	.   4	070 750	
_	Add lines b1 through b4			-		078,752	
C	Subtract line <b>b</b> from line <b>a</b>			-	c 3,	372,400	<u>.</u>
ď	Amounts included on Part I, line 17, but not on line a:	1	1		i		
1	Investment expenses not included on Part I, line 6b	_	31		ļ		
2	Other (specify)		12				
					1		
	Add lines d1 and d2			ļ	d		<u>.</u>
e	Total expenses (Part I, line 17) Add lines c and d				e 3,	372,400	<u> </u>
Pa	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke			s an off	e 3,	372,400	<u> </u>
Pa	Total expenses (Part I, line 17) Add lines c and d	re not compensated.) (Se	e the instructions)		e 3, ficer, dire	372,400 ctor, trustee,	) <u>.</u>
Pa	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation		e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and	) .
Pa	Total expenses (Part I, line 17) Add lines c and d  art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated.) (Se	e the instructions)	(D) Con emplo plans	e 3,	372,400 ctor, trustee, (E) Expense account and	) .
Pa	Total expenses (Part I, line 17) Add lines c and d  art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d  art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
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	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address	(B) Title and average hours per week devoted to	e the instructions ) (C) Compensation (If not paid, enter -0-)	(D) Con emplo plans	e 3, ficer, dire	372,400 ctor, trustee, (E) Expense account and other allowand	) .

Form **990** (2007)

	990 (2007) COMMUNITY ACTION OF L	ARAMIE COUNTY		83-0205	<u>887</u>		age 6	
	t V-A Current Officers, Directors, Trustees, and Ke		<del></del>			Yes	No	
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board								
meetings								
b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	ompensated emp	loyees			ı	
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)							
c	Do any officers, directors, trustees, or key employees listed in Form 9	990 Part V.A. or highest of	omneneated empl	ovees.	75b		<u> </u>	
	listed in Schedule A, Part I, or highest compensated professional and	d other independent contra	actors listed in Scl	nedule A,				
	Part II-A or II-B, receive compensation from any other organizations,	whether tax exempt or tax	able, that are relat	ed to the			,	
	organization? See the instructions for the definition of "related organ				75c		X	
	If "Yes," attach a statement that includes the information described in	n the instructions.					ı	
	Does the organization have a written conflict of interest policy?  t V-B   Former Officers, Directors, Trustees, and Ke	v Employees That B	eceived Com	nensation (	75d	X ber		
	Benefits (If any former officer, director, trustee, or key em	ployee received compens	ation or other ben	efits (describe	d belo	w) dur	ına	
	the year, list that person below and enter the amount of cor	npensation or other benef	its in the appropria	ate column. Se	e the in	structio	ons)	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benefi		E) Expe		
	None	(2) 200110 0110 710 101000	enter -0-)	plans & deferred compensation pla				
<b></b> -								
		·	<del></del>		-			
					+			
					İ			
			-		-			
					·			
					İ			
					+			
					1			
					+			
	- <b></b>							
Pa	t VI Other Information (See the instructions.)	I	I	1		Yes	No	
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Ye	s," attach a detaile	ed				
	statement of each change	÷			76		x	
77	Were any changes made in the organizing or governing documents is	out not reported to the IRS	<b>S?</b>		77		Х	
	If "Yes," attach a conformed copy of the changes							
78 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this re		78a_		_ X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b		37	
79	Was there a liquidation, dissolution, termination, or substantial contribution association with a estate with a state with	• •			79	-	Х	
80 a	is the organization related (other than by association with a statewid membership, governing bodies, trustees, officers, etc., to any other	*		ION	80a		х	
h	If "Yes," enter the name of the organization \( \bar{N}/A \)	evenibi or nonexembroid:	ai iiZQUVII !		ova_	_		
•		and check whether it is	exempt or	nonexempt			ĺ	
81 a	Enter direct and indirect political expenditures (See line 81 instruction	•	81a	0.				
<u>b</u>	Did the organization file Form 1120-POL for this year?				81b		X	
					Form	1990	(2007)	

Form	990 (2007) COMMUNITY ACTION OF LARAMIE COUNTY 83-020	<u>5887</u>	Р	age 7
Par	t VI Other Information (continued)			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?	82a	ļ	X
b	If "Yes," you may indicate the value of these items here. Do not include this			ĺ
	amount as revenue in Part I or as an expense in Part II			ĺ
	(See instructions in Part III.)  82b N/A		]	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  N/A	83b	<u> </u>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b>└</b>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			l
	tax deductible? N/A	84b	<u> </u>	<u> </u>
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	<del> </del>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b	<b>├</b> ──	<b> </b>
	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.			İ
C	Dues, assessments, and similar amounts from members  85c N/A			
đ	Section 162(e) lobbying and political expenditures  85d N/A	$\dashv$		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  Tayable amount of labburgs and political expenditures (line 85d leas 85e)		Į.	1
t -	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	-		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g	├	<del>                                     </del>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	1		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	056		
0.0		85h		
86	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12   86a   N/A			
			i	
		$\dashv$		
87	501(c)(12) organizations Enter, a Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources	-	İ	
b	against amounts due or received from them.)  87b  N/A			
99 2	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
00 a	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			}
	If "Yes," complete Part IX	88a	1	X
h	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	<b>▶</b> 88b		Х
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under.		<u> </u>	
	section 4911▶		İ	
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	-		ŀ
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		l	
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	_		1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<u> </u>	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<u> </u>	_X_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization	,		1
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<u> </u>	X
90 a	List the states with which a copy of this return is filed ▶None			
b	Number of employees employed in the pay period that includes March 12, 2007			61
91 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 307-6			<u> </u>
	Located at ► 200 WEST 17TH STREET, CHEYENNE, WY ZIP+4 ►	820	7	Ne
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	+
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country N/A	-	1	}
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts	F	, ooo	(2007)
		ruli	11 プラリ	(200/

Form 990 (2007) COMM	<u>UNITY ACI</u>	C NOL	<u>F LARAMIE C</u>	OUNTY	83-	0205887	Page 8
Part VI Other Information (c						Ye	s No
c At any time during the calendar ye	ar, did the organi	zation main	ntain an office outside o	of the Unite	ed States?	91c	X
If "Yes," enter the name of the fore			N/A				
92 Section 4947(a)(1) nonexempt cha	ntable trusts filing	Form 990	in lieu of Form 1041-	Check here	)		. []
and enter the amount of tax-exemp	ot interest receive	d or accrue	ed during the tax year		▶ 92	N/A	
Part VII Analysis of Income-	Producing A	ctivities (	(See the instructions )				
Note: Enter gross amounts unless other	wise		ed business income		by section 512, 513, or 514	(E)	
ındıcated		(A)	(B)	(C)	(D)	(E) Related or exe	·mnt
93 Program service revenue		Business code	Amount	sion	Amount	function inco	•
a HEAD START/EHS				- 0000			694.
b HEALTH CARE							234.
c FARMERS MARKET			.,,			17	322.
d SPECIAL PROJECTS				<del>                                     </del>	-	10	385.
e	-			<del></del>			303.
f Medicare/Medicaid payments						<del></del>	
g Fees and contracts from governmen	nt agencies					<del></del> _	
94 Membership dues and assessment			<u> </u>				
· • • • • • • • • • • • • • • • • • • •	-			14	14,216.		
	_			14	14,210.	<del></del>	
	-		· · · · · ·	<del></del>			
97 Net rental income or (loss) from real	estate:						
a debt-financed property	_						
b not debt-financed property			<del></del>				
98 Net rental income or (loss) from per	sonal property						
99 Other investment income	-						
100 Gain or (loss) from sales of assets							
other than inventory	_				<del></del>		
101 Net income or (loss) from special ev	ents _			01			
102 Gross profit or (loss) from sales of in	nventory						
103 Other revenue							
a <u>MISC</u>						11	765.
b							
C							
d							
e							
104 Subtotal (add columns (B), (D), and	(E))		0		14,216.	200	400.
105 Total (add line 104, columns (B), (D	), and (E))				<b>&gt;</b>	214	616.
Note: Line 105 plus line 1e, Part I, should	d equal the amou	nt on line 1	2, Part I		-		
Part VIII Relationship of Acti	vities to the	Accompl	ishment of Exem	pt Purpo	OSES (See the instruction	ons )	
Line No. Explain how each activity for wh	ich income is repor	ted in colum	n (E) of Part VII contribut	ed importan	tly to the accomplishment of	of the organization's	 s
exempt purposes (other than by					,	•	
93 SEE DESCRIPTION	S OF PRO	RAMS	IN PART III				
103 SEE DESCRIPTION			IN PART III		-		
						- 4	
		•	· · · ·				
Part IX Information Regard	ing Taxable S	Subsidiar	ries and Disregar	ded Enti	ties (See the instruction	ns.l	
(A)	(B)		(C)		(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	,	Nature of activities		Total income	End-of-yea assets	).L
parationally, or diorogal dod drikky	'	6		-			
N/A	9/						
	9/		-				
	9					<del></del>	
Part X Information Regard		-	ted with Persons	al Benefi	it Contracts (Soc 45)	instructions 1	
					· · · · · · · · · · · · · · · · · · ·		<b>7.</b> .
(a) Did the organization, during the year, ru		-			ii Denetit Contract?		X No
(b) Did the organization, during the year, p		-	• • •	contract?		L Yes	X No
Note: If "Yes" to (b), file Form 8870 an	a rom 4/20 (see	Instruction	15)				<b>30</b> (2007)
						F()[[11] \$955	#5# (/LIU/)

Form 990	(2007) COMMUNITY ACTION OF LAR	AMIE COUNTY	83-020	)5887 P	age 9
Part X		ontrolled Entitie	S. Complete only if the organ	ızatıon ıs a	
	controlling organization as defined in section 512(b)(13)	N/A			
				Yes	No
<b>106</b> Did	the reporting organization make any transfers to a controlled entity a	s defined in section 5	512(b)(13) of the Code? If "Yes	3,"	
	nplete the schedule below for each controlled entity.		, , ,	·	
	(A)	(B)	(C)	(D)	·
l	Name, address, of each	(B) Employer	Description of	Amount	of
1	controlled entity	Identification Number	transfer	transfer	
_		Mullipei		<del></del>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
a	~ <del>-</del>				
				<del> </del>	
	~				
p					
c					
	Totals				
				Yes	No
107 Dic	the reporting organization receive any transfers from a controlled en	tity as defined in sec	tion 512(b)(13) of the Code? If	"Yes,"	
COI	mplete the schedule below for each controlled entity				
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each		Description of	Amount	of
	controlled entity	Identification Number	transfer	transfer	r
				-	
a					
<b>"</b>					
			<del></del>		
_					
p					
				<del>                                     </del>	
c					
				<del>-</del>	<del></del>
	Totals				LNI
					No
108 Did	the organization have a binding written contract in effect on August	17, 2006, covering th	e interest, rents, royalties, and	<sup>†</sup>	
an	nuities described in question 107 above?		<del></del>		<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompany and complete Declaration of preparer office than officer) is based on all information of whi	ing schedules and statemer ch preparer has any knowle	nts, and to the best of my knowledge and dge	d belief, it is true, cor	rrect,
Diana			1		
Please	Yaula Vecksor			. <u> </u>	
Sign	Signature of officer		Date		
Here	PAULA DICKSON, EXECUTIVE DIRECT	OR			
	Type or print name and title				
	Preparer's	Date		SN or PTIN (See Gen	n Inst X)
Paid	signature Sammis E. Sans, CVA	2/3/10	self- employed ▶		
Preparer'	THE PLANTA CPA P.C.	• • •	EIN ▶		
Use Only	yours if self-employed), 3303 FOREST DRIVE				
	ZIP+4 CHEYENNE, WY 82001		Phone no. ► 307	-630-349	9

Form **990** (2007)

### 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

	COMMUNICATION OF TARRE			Employer identif	
Part I	COMMUNITY ACTION OF LARAN		Office and Division	83 02058	387
raiti	Compensation of the Five Highest Paid Emp (See page 1 of the instructions. List each one. If there are none, e	ployees Other Than nter "None")	Officers, Dire	ctors, and T	rustees
	(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					
_ <b></b>		-			
		-			
		-			
Total number over \$50,000	of other employees paid	0		•	<u> </u>
Part II-A	Compensation of the Five Highest Paid Inde		rs for Profess	ional Servic	es
	(See page 2 of the instructions. List each one (whether individuals	s or firms). If there are none,	enter "None.")		
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
					<del></del>
None					
<b>-</b>					
		· <b></b>			
				-	<del></del>
- <b></b>		- <b></b>			
Total number	of others receiving over				
	rofessional services	0			
Part II-B		-		ervices	-
	(List each contractor who performed services other than professi firms. If there are none, enter "None." See page 2 of the instruction		luals or		
	(a) Name and address of each independent contractor paid more th	nan \$50,000	<b>(b)</b> Type of	service	(c) Compensation
None					
				-	
Total number \$50,000 for or	of other contractors receiving over	0			

Schedule A (Form 990 or 990-EZ) 2007 COMMUNITY ACTION OF LARAMIE COUNTY	Y 83-020588	7 P	Page 2
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 atter	mpt to influence		
public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connec	tion with the		1
lobbying activities ▶ \$ \$ (Must equal ar	mounts on line 38, Part VI-A, or		
line i of Part VI-B.)	11		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	ganizations		
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activ	vities.		
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any si trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any attach a detailed statement explaining the transactions.)	on with which any such		
a Sale, exchange, or leasing of property?		<u> </u>	X
b Lending of money or other extension of credit?	_2b		X
c Furnishing of goods, services, or facilities?			X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u> </u>
e Transfer of any part of its income or assets?			X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation	on of how		
the organization determines that recipients qualify to receive payments.)	3a		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	_ 3b_	ļ	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve op	pen space,		1
the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<u> </u>	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	ļ <u>.</u>	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_		<u> </u>
b Did the organization make any taxable distributions under section 4966?	N/A 4b	ļ	<u> </u>
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A 4c		<u></u>
d Enter the total number of donor advised funds owned at the end of the tax year	<b>&gt;</b>	_ N/	<u>'A</u>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>&gt;</b>	N/	<u>'A</u>
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised fund	ds included on		
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such fund	ds 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	<b>.</b>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2007

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)	
Schedule A (Form 990 or 990-E	Z) 2007

Total

Sched	ule A (Form 990 or 990-EZ) 2007 C	OMMUNITY AC	TION OF LAR	AMIE COUNTY	83-	0205887 Page 4
Pai	Support Schedule (Con Note: You may use the	omplete only it you che e worksheet in the insti	ecked a box on line 10 ructions for converting	l, 11, or 12 ) Use cash from the accrual to the	method of accounting cash method of accounting	ng. Ounting
	dar year (or fiscal year ning in)					
15	Gifts grants and contributions	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
	received. (Do not include unusual grants. See line 28.)	2,758,493.	3,285,944.	3,139,492.	3,391,072.	12,575,001.
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	290,687.	299,761.	263,305.	215,187.	1,068,940.
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	12,279.	11,812.	4,763.	1,609.	30,463.
19	Net income from unrelated business					3071031
20	activities not included in line 18  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	13,158.	22,702.	See Stateme 97,497.	nt 5 29,904.	163,261.
23	Total of lines 15 through 22	3,074,617.			3,637,772.	
24	Line 23 minus line 17	2,783,930.			3,422,585.	
25	Enter 1% of line 23	30,746.	36,202.	35,051.	36,378.	
26	Organizations described on lines 16	0 or 11: a Enter 2% of	amount in column (e), lin	e 24	► 26a	255,375.
b	Prepare a list for your records to sho					ł
	unit or publicly supported organization	· ·	•	ded the amount shown in	line 26a.	
	Do not file this list with your return				► 26b	0.
	Total support for section 509(a)(1) t		• •		► <u>26c</u>	12,768,725.
đ	Add: Amounts from column (e) for la		30,463. 19 63,261. 26b			193,724.
е	Public support (line 26c minus line 2		03,201.		<u>26d</u> ≥ 26e	12,575,001.
f	Public support percentage (line 26	*	line 26c (denominator)	1	▶ 26f	98.4828%
27	Organizations described on line 12					
	records to show the name of, and to					•
	such amounts for each year:	N/A				
	(2006)	(2005)	(2	004)	(2003)	
b	For any amount included in line 17 th					
	and amount received for each year, t			•	-	
	described in lines 5 through 11b, as					e amount received and
	the larger amount described in (1) o (2006)	(2005)	•	is amounts) for each year (004)	: <b>N/A</b> (2003)	
C	Add Amounts from column (e) for le	, ,		•		
-				21	<b>▶</b> 27c	N/A
d	Add. Line 27a total		d line 27b total		▶ 27d	N/A
ę	Public support (line 27c total minus	line 27d total)			<b>▶</b> 27e	N/A
f	Total support for section 509(a)(2) t		, -		N/A	
g	Public support percentage (line 27		•		<b>≥</b> 27g	N/A %
h	Investment income percentage (lin	e 18. column (e) (numer	ator) divided by line 27f	(denominator))	▶   27h	N/A %

<sup>28</sup> 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

Schedule A (Form 990 or 990-EZ) 2007

Part V Private

Private School Questionnaire (See page 9 of the instructions.)

A/N

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	200		
	,, ,	32c		-
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.)	_32d		-
	n you answered no to any of the above, please explain. (If you need filler space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	_33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g	ļ	
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			

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

Schedule A (Form 990 or 990-EZ) 2007

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines c through h.)

Schedule Part V	/Ⅲ Information Reg	COMMUNITY ACTIO garding Transfers To and eations (See page 14 of the instri	d Transactions and	C COUNTY 83- d Relationships With Noncha	0205887 Iritable	Page 7
50 a Tra (i (ii) b Oth (ii) (iii) (iv) (v (vi c Sh d If t	I the reporting organization di 1(c) of the Code (other than some sers from the reporting orgonication). Other assets the transactions:  Sales or exchanges of asset from a some services of assets from a contraction of facilities, equipments, and performance of services or aring of facilities, equipment, the answer to any of the above ods, other assets, or services	rectly or indirectly engage in any of the ection 501(c)(3) organizations) or in panization to a noncharitable exempt its with a noncharitable exempt organization into order assets into membership or fundraising solicitate mailing lists, other assets, or paid engineers, complete the following school given by the reporting organization.	the following with any other in section 527, relating to policy organization of:  nization  ions inployees include. Column (b) should a if the organization received	always show the fair market value of the d less than fair market value of the	51a(i) a(ii) b(i) b(ii) b(iii) b(iv) b(v) c	X X X X X X X X
(a)	nsaction or sharing arrangem (b)	ent, show in column (d) the value of	f the goods, other assets, o	r services received: (d)	N/2	<u> </u>
Co	Amount involved  the organization directly or inde (other than section 501(c) Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org	Description of transfers, transactions, and transfers are selected in section 501(c) of t	he	X No
(a) Name of organization			(b) Type of organization	(c) Description of relation	onship	
723152 12-27-07				Schedule A (I	Form 990 or 990-E	Z) 200

					<del></del>		
Form 990 '	Sta	tement of	Program	Service	Accomplishments	Statement	1

### Description of Program Service Four

Total to Form 990, Part IV, ln 57

SPECIAL PROJECTS - PROVIDES HOUSING AND RELATED ASSISTANCE TO QUALIFIED INDIVIDUALS

FARMERS MARKET - SPONSORS THE SALE OF PRODUCE BY LOCAL GROWERS. THE ORGANIZATION RECEIVES A COMMISSION FROM THE GROWERS BASED ON SALES.

WYOMING KINSHIP ADVOCACY - PROVIDES INFORMATION AND SUPPORT FOR KINSHIP MEMBERS RAISING KIN.

		Grants	Expenses		
To Form 990, Part III, line d	orm 990, Part III, line d		298,579.		
Form 990 Statement of Organi	zation's Primary E Part III	Exempt Purpose	Statement	2	
Explanation					
COMMUNITY SERVICES TO ELIGIBLE WYOMING.	INDIVIDIUALS RESII	DING IN LARAMIE	COUNTY,		
Form 990 Depreciation of A	ssets Not Held for	Investment	Statement	3	
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	e	
OFFICE FURNITURE & EQUIPMENT	556,598.	0.	556,5	98.	
VEHICLES	240,961.	0.	240,9		
LEASEHOLD IMPROVEMENTS	46,821.	0.	46,8		
BUILDINGS	1,824,667.	1,158,281.	666,3		
LAND	569,369.	0.	0. 569,369		

2,080,135.

1,158,281.

3,238,416.

Form 990 Part V-A - List of Current Officers, Direc Trustees and Key Employees			tors, Statement		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
KIM MAES 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	CHAIR 1.00	0.	0.	0.	
SHARON WISROTH 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	VICE CHAIR 1.00	0.	0.	0.	
RICHARD LESLIE 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	DIRECTOR 1.00	0.	0.	0.	
JODENE ANDERSON 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	DIRECTOR 1.00	0.	0.	0.	
SCOTT ROYBAL 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	DIRECTOR 1.00	0.	0.	0.	
MIKE SHOONSEY 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	TREASURER 1.00	0.	0.	0.	
MARJANE BELOMYZY 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	SECRETARY 1.00	0.	0.	0.	
LINN ROUNDS 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	PRESIDENT 1.00	0.	0.	0.	
ERIN BENSKIN 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	DIRECTOR 1.00	0.	0.	0.	
LAWRENCE ANDERSON 200 W. 17TH ST, SUITE 210 CHEYENNE, WY 82001	DIRECTOR 1.00	0.	0.	0.	
Totals Included on Form 990, P	art V-A	0.	0.	0.	

Schedule A	Other Inc	ome	S	tatement 5
Description	2006 Amount	2005 Amount	2004 Amount	2003 Amount
MISCELLANEOUS	13,158.	22,702.	97,497.	29,904.
Total to Schedule A, line 22	13,158.	22,702.	97,497.	29,904.