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Sche	iule /	(Form 9	90 or 990-E	Z) 2007					Page 3	
Pa	rt IV	Re	eason fo	r Non-Private	Foundation S	status (See pages 4	through 8 of	the instruct	ions.)	
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	0	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	0	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 331/4% 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 331/4% 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	Ø	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets requirements of section 509(a)(3) Check the box that describes the type of supporting organization:								
☐ Type II ☐ Type III-Functionally Integrated							ed C	I ☐Type III-Other		
		- 1	Provide t	he following infor	metion about th	e supported organizati	ions. (See pag	e 8 of the inst		
(e) Name(s) of supported organization(s)				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		
Natrona County Meals on Wheels, Inc						118		✓	44,188	
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14		An org	anization	organized and op	erated to test for	public safety Section 5	609(a)(4). (See	page 8 of the	instructions.)	

Schedule A (Form 990 or 990-EZ) 2007