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DLN: 93493137002420

Form **990**

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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

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

							Inspection		
		lendar yea	r, or tax year beginning 10 C Name of organization	0-01-2008 and ending 09-30	0-2009	D Employer ide	ntification number		
Check if a Address of		Please use IRS	United Way of Natrona Cour	83-0181315					
_	_	label or	Doing Business As			E Telephone number			
Name ch	-	type. See				(307) 237-9367			
Initial ret —		Specific Instruc-	Number and street (or P O 400 East 1st Street Suite 20	box if mail is not delivered to street	address) Room/suite	G Gross receipt			
Termınat _	ion	tions.	400 Last 1st Street Suite 20	,					
Amended	l return		City or town, state or counti Casper, WY 826012560	y, and ZIP + 4					
- Applicatio	n pending		Cusper, W1 020012300						
		F Nar	ne and address of Principa	al Officer	H(a) Is thi	s a group return	for		
			NA HARRIS ast 1st Street Suite 205		affilia		ΓYes Γ Nο		
			, WY 826012560		H(h) Are all	affiliates include	ed?		
Tax-exe	mpt status	⋝ 501(c)(3) ◄ (insert no)	7(a)(1) or 527	' '		See instructions)		
Web si	te: ► www	w unitedwa	vnc com			p Exemption Nu			
			•						
(Type of o	rganızatıon	Corporat	ion trust association	other 🕨	L Year of Fo	mation 1960 M	State of legal domicile		
Part I	Sum	mary							
1			e organization's mission o	r most significant activities					
ا پ	TO PRO	VIDE CO	MMUNITY SUPPORT						
€									
2 2 3		,		tinued its operations or dispo					
				body (Part VI, line 1a) .		_	25		
, 4 , 1				ne governing body (Part VI, I	ine 1b)		23		
5			nployees (Part V , line 2a)			5 _	4		
6 4 5 6 7a			olunteers (estimate if nece	6)	6 _	<u> </u>			
· /4			ted business revenue from	C)	7a _ 7b	<u>0</u>			
В	Netuni	erated bus	mess taxable income non	Form 990-T, line 34	Deia	or Year			
	Contri	hutions on	d grants (Part VIII, line 1	h)	Pile	1,350,796	1,360,424		
<u>9</u> 9				n)		1,350,796	1,360,424		
Beyenue 10	_			y)		13,644	6,880		
Æ 11				5, 6d, 8c, 9c, 10c, and 11e		13,044	-27		
12		-		st equal Part VIII, column (A	•				
	12)					1,364,440	1,367,277		
13	Grants	and simila	ar amounts paid (Part IX,	column (A), lines 1-3)		970,901	966,243		
14	Benefi	ts paid to d	or for members (Part IX, c	olumn (A), line 4)			0		
დ 15		es, other co	ompensation, employee be	nefits (Part IX, column (A), l	ines 5-	164,662	176,825		
⊕ 	10)	cional fund	raising fees (Part IX, colu	ımn (Λ.) line 11e)		104,002	0		
<u>*</u>									
I	•	-	penses, Part IX, column (D), lin	<u> </u>		150 300	122 262		
17 18			(Part IX, column (A), lines	11a-11d, 11f-24f) qual Part IX, line 25, column	(4))	159,280	133,262		
19			enses Subtract line 18 f			69,597	1,276,330		
	Vevell	ac 1633 EX	Jonath Subtract line 10 l	om mic 12	Reginni	ng of Year	End of Year		
9 e	Tabel	accota /De	rt V line 15\		Degiiili				
se special part of the part of		·	rt X, line 16)			1,210,546	1,314,632		
で 21 音 21			Part X, line 26)			160,605	173,744		
	_		d balances Subtract line		1,049,941	1,140,888			
Part II		enalties of ne		mined this return, including accomp	anving schedules and s	tatements and to t	he hest of my knowledge		
				on of preparer (other than officer)					
Please	****					05-13			
Sign Here	Sign	ature of office	er		Date				
1016		NNA HARRIS e or print nam	EXECUTIVE DIRECTOR						
	 	or print half	ic and tide	T _n .			Con Con T. I.		
	Preparer signature		ıllmer	Date	Check if self-				
Paid	_	F		<u> </u>					
Preparer's		ame (or your nployed),	s KILLMER & ASSOCIATES P	C		EIN Þ			
Jse Only		and ZIP + 4	302 S DAVID ST STE 100						
			CASPER, WY 82601			Phone no 🕨 (3	07) 577-1200		

May the IRS discuss this return with the preparer shown above? (See instructions)

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

1	Briefly describe the organization's	mission					
	The United Way of Natrona Count wide variety of needs at the local		that are then o	distributed to charitable org	anızatıons throughout Natrona Co	unty These organizations	serve a
2	Did the organization undert the prior Form 990 or 990-		program se	ervices during the year	r which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these ne	w services on Sche	dule O				
3	Did the organization cease services?	conducting or mak	e sıgnıfıcan	t changes in how it coi	nducts any program	┌ Yes ┌ No	
	If "Yes," describe these ch	anges on Schedule	0				
4		organizations and 4	1947(a)(1)	trusts are required to i	largest program services b report the amount of grants ed		
4a	(Code)	(Expenses \$	63,476	ıncludıng grants of \$) (Revenue \$)	
	,		•		SUPPORT CONCERNING COMMUN	•	
	IN ON MION & REPERIOR SE	KVES FORECTH BIKOL		LET HONE 7 MID COIN OTER	Sorrow Concentiate Cornier		
4b	(Code)	(Expenses \$	998,102	including grants of \$) (Revenue \$)	
	ADMISSIONS AND ALLOCATIONS	OF UNITED WAY FUND	OS INCLUDING	AGENCY ALLOCATIONS AND	D RELATED EXPENSES		
	, 151125326115 7 1175 7 1225 67 11 13115	OF ORLINED WITH FORE	70 11102001110	TIGET TIEE OF THE TIME	D KEB WED EXPENSES		
4c	(Code)	(Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedi	ule O)				
-	(Expenses \$		ing grants o	f ¢) (Revenue \$)	
4e	Total program service exp	enses \$	1,061,57	8 Must equal Part IX	', Line 25, column (B).		

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
	complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		l No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		l No
140	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		I NO
15	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		No
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	The rule hamber of Forms w-29 included in fine 1a Enter -o- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
y a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	Body and Management

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	25				
Ь	Enter the number of voting members that are independent	1b	23				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	Are any decisions of the governing body subject to approval by members, stockholder	ers, o	rother persons?	7b		Νο	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the				
а	the governing body?			8a	Yes		
Ь	b each committee with authority to act on behalf of the governing body?						
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο	
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it values to describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes		
11	11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization UNITED WAY OF NATRONA COUNTY

400 E 1ST STREETSUITE 205 CASPER, WY 82601 (307) 237-9367

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trust on or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amo cor orga	estimat ount of mpensa from th inizatio relate ganizat	other ation ie in and d
		1								I .			
1b	Total							 	63,00	0	0		9,432
1b 2	Total	ıg those ın 1									0		9,432
	Total number of individuals (includin	ıg those ın 1									<u>1</u>	Yes	9,432 No
	Total number of individuals (includir compensation from the organization Did the organization list any former	ng those in 1 ►0 officer, direc	a) who	recei	ved e, k	mor	e thar	n \$1	00,000 in reportab	le	1	Yes	No
2	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedu	ng those in 1 ▶0 officer, direc	a) who	recei ruste	e, k	mor	e thar	n \$1 /ee,	or highest compens	sated employee	<u>1</u>	Yes	
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization	officer, directle J for such	a) who	ruste	e, k	ey e	e than	n \$1 /ee, •	or highest compens	sated employee	3	Yes	No No
3 4	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who tor or t individu reporta nan \$15	ruste ual ble c	e, k	ey e	employ ation	ee,	or highest compensor or highest compensor other compensation lete Schedule J for second	sated employee n from the	1	Yes	No
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00	e, k omp 0? 1	ey e ens fror	employ ation 'es," co	ee,	or highest compensation	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who	ruste ual ble c 0,00	e, k omp 0? 1	ey e ens fror	employ ation 'es," co	ee,	or highest compensation	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	e, k ompp 0? 1	ey e ens f "Y fror	employ ation (es," cc many erson	yee, and omp	or highest compensation of the compensation of	sated employee in from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	e, k ompp 0? 1	ey e ens f "Y fror	employ ation (es," cc many erson	yee, and omp	or highest compensation or highest compensation lete Schedule J for such a selated organization or that received mo	sated employee in from the uch for services	3 4 5	Yes (C)	No No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	e, k ompp 0? 1	ey e ens f "Y fror	employ ation (es," cc many erson	yee, and omp	or highest compensation or highest compensation lete Schedule J for such a selated organization or that received mo	sated employee n from the uch for services	3 4 5	(c)	No No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	e, k ompp 0? 1	ey e ens f "Y fror	employ ation (es," cc many erson	yee, and omp	or highest compensation or highest compensation lete Schedule J for such a selated organization or that received mo	sated employee n from the uch for services	3 4 5	(c)	No No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	e, k ompp 0? 1	ey e ens f "Y fror	employ ation (es," cc many erson	yee, and omp	or highest compensation or highest compensation lete Schedule J for such a selated organization or that received mo	sated employee n from the uch for services	3 4 5	(c)	No No No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a	1				51.
gifts, grants ilar amounts	ь	Membership du	es 1 b					
g,g ∰	c	Fundraising eve	ents 1 c					
無無	d	Related organiz	ations 1d					
E, S	e	Government grants	s (contributions) 1e					
Contributions, and other simil	f	All other contribution	ons, gifts, grants, and 1f	1,360,424	İ			İ
章套	g		butions included in					
늍								
<u>ರಹ</u>	h	Total (Add line	s 1a-1f)	•	1,360,424			
<u>a</u>				Business Code				
e H	2a							
æ	b							
935	C							
<u>.</u>	d							
Ē	e							
Program Serwce Revenue	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a-2f	\$				
	3		ome (including dividen					
			mounts)		9,338	9,338		
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨 🕨				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	_	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and		2,458				
	 	sales expenses Gain or (loss)		-2,458				
	d		<u>l</u>		-2,458	-2,458		
	8a		rom fundraising		·	·		
		events (not inc						
<u>ω</u>		\$ of contributions	 s reported on line 1c)					
듄		See Part IV , lın	ie 18					
ě			G if total exceeds					
<u>.</u>	Ь		penses b					
Other Revenue	c		(loss) from fundraising					
0	9a		rom gaming activities					
		See part IV, lin Complete Schedi	e 19 ule G ıf total exceeds					
		\$15,000						
	١.		а					
	b		penses b					
	10a	Gross sales of	(loss) from gaming acti	villes				
		returns and allo						
			а					
	Ь		oods sold b					
	С		(loss) from sales of inv					
	11-	Miscellaneous		Business Code 211,110	1	1		
	l .	NUSTAR ENER		211,110	-2	-2		
	b	NUSTAR ENER		211,110		-26		
	°	NUSTAR ENER		211,110	-20	-20		
	d	All other revenu						
	12		s 11a-11d		1,367,277	6,853	0	0
	12	Fotal Revenue.	Add lines 1h, 2g, 3, 4,	, 5, 6d, 7d, 8c, ▶	1,307,277	0,853	U	

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not reference.).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	966,243	966,243		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	72,431	23,902	6,519	42,010
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83,132	27,433		48,217
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	1,060	350	95	615
9	Other employee benefits	7,645	1,294	434	5,917
10	Payroll taxes	12,557	4,144	1,130	7,283
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	7,133	1,326	1	5,806
14	Information technology	5,925	1,896	419	3,610
15	Royalties				
16	Occupancy	7,955	2,704	236	5,015
17	Travel	4,966	1,111		3,855
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	8,813	4,033	7	4,773
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,633		1,556	3,077
23	Insurance	942	46		896
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROFESSIONAL FEES	21,360	6,374	1,850	13,136
b	UNITED WAY OF AMERICA D	14,622	·	14,622	-
c	CAMPAIGN SUPPLIES	12,711			12,711
d	Grant Expense	12,500	12,500		
e	MAINTENANCE OF EQUIPMEN	9,695	4,266		5,429
	All other expenses	22,007	3,956	797	17,254
25	Total functional expenses. Add lines 1 through 24f	1,276,330	1,061,578	35,148	179,604
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Part X	Balance	Sheet
<u> </u>	<u> </u>	<u> </u>

					(A) Beginning of year			3) fyear
	1	Cash—non-interest-bearing			689,297	1		375,088
	2	Savings and temporary cash investments			118,904	2		406,365
	3	Pledges and grants receivable, net			390,297	3		521,272
	4	Accounts receivable, net			140	4		3,874
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges			1,915	9		1,915
Assets	10a	Land, buildings, and equipment cost basis	10a	42,879				
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	36,761	9,993	10c		6,118
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII o	f		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,210,546	16		1,314,632
	17	Accounts payable and accrued expenses .			12,348	17		28,048
	18	Grants payable		18				
	19	Deferred revenue			19			
_	20	Tax-exempt bond liabilities				20		
- Š	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			148,257	25		145,696
	26	Total liabilities. Add lines 17 through 25	160,605	26		173,744		
s do		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27				
Balance	27	Unrestricted net assets			535,196	27		525,510
Ba	28	Temporarily restricted net assets			514,745	28		615,378
몯	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	compl	ete				
ō		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32		
Ŋet	33	Total net assets or fund balances			1,049,941	33		1,140,888
	34	Total liabilities and net assets/fund balances			1,210,546	34		1,314,632
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Chatamanta and Banautine	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493137002420

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizat i						Em	ployer ide	nt if icat io	n number
Jnited	way o	f Natrona Cour	nty					0.2	-0181315	=	
Рa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio				
				ation because it is (Please	•				moduce	10113)	_
1	Γ			nurches, or association of ch					A)(i).		
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				(-) (-) (/(-/-		
3	,			e hospital service organizati			tion 170/h	o)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	<u></u>	•	•	zation operated in conjunction			-				•
•	,		name, city, and		on men a i	iospital a			_, _(_,(_,	(,(,.	meer eme
5	\sqcap	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6		A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in Se	ct ion 170((b)(1)(A)	(v).		
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	upport fro	om a govei	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Pari	tII)						
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	om activities rel	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10		=	=	and operated exclusively to	-		-				
11	Г	•	•	and operated exclusively for		, ,			,	•	
				orted organizations describe type of supporting organizat						Section 5	09(a)(3). Check
		a Γ T		· · · · · · · · · · · · · · · · · · ·			nally Integ	_	'' d	Гтуре	III - Other
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or indi	rectly by o	ne or mor	e disquali	fied persons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın section	1509(a)(1) or
f		section 50		d a written determination fro	m the IDC	that it is	n Tuna I	Type II e	r Tuna III	cupportin	a organization
•		check this		d a written determination fro	III tile IKS	illat It IS	a Type I,	Type II o	i Type III	Supportin	ig organization,
g				as the organization accepted	d any gift o	or contrib	utıon from	any of the	!		,
		following pe									
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No
			· -	ng body of the the supported	_	tion7				11g	
			•	erson described in (i) above						11g(
				ty of a person described in (11g(···)
h		Provide the	tollowing inform	mation about the organizatio	ns the org	anization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
							support?				
	O rgan	ıızatıon		above or IRC section	col (i) l			i) of your		rganızed	
				(See Instructions))	your go	_	supp	ort?	ın the	US?	
document?			1								
					Yes	No	Yes	No	Yes	No	
								-			

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	kea the box of	n line 5, 7, or	8 of Part I.)				
	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,202,162	1,081,193	1,231,048	1,350,796		1,360,424	6,225,623
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,202,162	1,081,193	1,231,048	1,350,796		1,360,424	6,225,623
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							6 225 622
	4							6,225,623
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,202,162	11,410	1,231,048	1,350,796		1,360,424	6,225,623
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	6,511	11,410	21,312	13,644		6,853	59,730
-	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							6,285,353
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 5	01(c)(▶ Г
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.050 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		99.080 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances meets and c	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Expl	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. Imore, and if the organization meets the "facts and circumstances the "facts and circumstances" and in the organization meets the "facts and circumstances" and circumstances are supported by the organization meets the "facts and circumstances" and circumstances are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" and circumstances are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization meets the "facts and circumstances" are supported by the organization of the organization organization are supported by the organization organizati	If the organizations: ts and circumst	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or : stop here. Exp	17a an Iain in	d line 15 i Part IV ho	s 10% or
18	Private Foundation. If the organization did							F-1 ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization United Way of Natrona County 83-0181315

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (durıng year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor addunds are the organization's property, subject to the		or advised Yes No
	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		
Par	t III Conservation Easements. Complete	e if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	tion or pleasure) Γ Preservation of an	historically importantly land area rtified historic structure
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
c	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c)) acquired after 8/17/06	2d
	Number of conservation easements modified, transitive taxable year \blacktriangleright	ferred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserv	vation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial ements	statements that describes
	Organizations Maintaining Collecti Complete if the organization answered	l "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or researd	ch in furtherance of public service,
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ii	•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		▶- \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA	·	'
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ -\$

Part	Organizations Maintaining Co	llections of Art, I	Histo	ric	<u>al Treasur</u>	es, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	rrecords, check any o	fthe	follo	owing that are	a significant u	se of its collection		
а	Public exhibition		d [Loan or excha	ange programs			
Ь	Scholarly research		e [_	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	how t	hey	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t						ılar 🔽 🕆	es (┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	Arrangements. C	ompl	ete	ıf the organ		ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedı	ary fo	rcc	ontributions or	other assets r	not	es (Г No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				Γ,	es (┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete								
4 -	Barrana africantialana	(a)Current Year	(b) Pr	ior Y	ear (c)Two	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organizati	on tha	at a	re held and ad	ministered for	the [Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(11), are the related organization	•					3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	s, and Equipment	:. See			,	T		
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4- 1	and								
ıa ı			-				1		
	Buildings								
b E	Buildings		. [
b E			. [. [42,879		36,761		6,118
b 6 c 1 d 6 e 0	easehold improvements				·		36,761		

	Investments—Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
	erivatives and other financial products			
	ld equity interests			
Other				
Total (Colum	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Total. (Colui	IIII (b) Siloulu equal Form 990, Part X, Coi (b) line 12)			
Part VIII	Investments—Program Related. Se	e Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value		d of valuation
	71	,	Cost or end-of-	year market value
	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
	(a) Descri	ption		(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line	15.)		
	Other Liabilities. See Form 990, Part			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
ALLOCATI	IONS AND DESIGNATIONS PAYABLE	14,569,572		
_				
			1	
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 25)	145,696		
	· · · · · · · · · · · · · · · · · · ·	1 13,000	J	

Par	t XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	<u>m 99</u> 0	<u>to</u> F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	1,367,277
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	1,276,330
3	Excess or (deficit) for the year	3	90,947				
4	Net unrealized gains (losses) o					4	
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lir	205 4 8				9	0
10			. 2	٠,		10	90,947
		per financial statements Combine line evenue per Audited Financial			ts With Revenue		<u> </u>
1		r support per audited financial	<u> </u>		to with Revenue		1,391,433
	statements					1	, , , , , , , , , , , , , , , , , , ,
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a			
b	Donated services and use of f		.	2b	21,698	_	
c	Recoveries of prior year grants	5	.	2c			
d	Other (Describe in Part XIV)		[2d	2,458	1	
e	Add lines 2a through 2d .					2e	24,156
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	1,367,277
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a		1	
b	Other (Describe in Part XIV)			4b		1	
c	Add lines 4a and 4b					4c	0
5		d 4c. (This should equal Form 990, Par				5	1,367,277
		xpenses per Audited Financia		eme	nts With Expense	Τ -	
1	·	audited financial statements				1	1,300,486
2	Donated services and use of fa	t not on Form 990, Part IX, line 25	ı	3-	1 24.600		
a L		icilities		2a	21,698	-	
Ь	Prior year adjustments	Down IV line 25		2b		-	
C	Other (Describe in Part XIV)	Part IX, line 25		2c	2,458	-	
d	Add lines 2a through 2d		•	2d	2,450	=	24,156
e 2	-					2e 3	,
3 4		O, Part IX, line 25, but not on line 1:	•			3	1,276,330
		uded on Form 990, Part VIII, line 7b	ı	4a			
a b				4a 4b			
c	Add lines 4a and 4b		•	40		4c	0
5		nd 4c. (This should equal Form 990, Pa	rt I lın	 a 18 '		5	1,276,330
	t XIV Supplemental Inf		1 . 1, 1111	e 10 ,			1,270,330
Con	nplete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Ret urn Reference			Explanat	ion	
				_		_	

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DLN: 93493137002420

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Name of the organization						Employer Identi	iication number
United Way of Natrona County						83-0181315	
Part I General Inform	nation on Gra	nts and Assistance	e			1	
	d to award the grad ganization's proce ner Assistance	nts or assistance? edures for monitoring the to Governments		he United States in the United Sta	tes. Complete if the o	rganization answere	d "Yes" on
Part IV and Schen	edule I-1 if addi	tional space is	eived more than \$5,0		If no one recipient rec	eived more than \$5,	000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect	tion 501(c)(3) and	d government	•	•			•
organizations					•		

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

EIN: 83-0181315

Name: United Way of Natrona County

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
A merican Red Cross318 West B Street Casper, WY 82601			50,000			ASSIST VICTIMS OF DISASTER
Arc of Natrona CountyPO Box 393 Casper, WY 82602			31,500			TO HELP FAMILIES WITH INDIVIDUALS THAT HAVE DEVELOPEMENTAL DISABILITIESTO HELP FAMILIES WITH INDIVIDUALS THAT HAVE DISABILITIES
Boy Scouts of AmericaPO Box 1506 Casper, WY 82602			30,000			CHARACTER BUILDING PROGRAMS
CASA of Natrona County 1701 East E Street Casper, WY 82601			36,000			CHILD ADVOCATES
Casper Family YMCA315 East 15th Street Casper, WY 82601			49,000			TO PROVIDE FINANCIAL ASSISTANCE TOWARDS GYM MEMBERSHIPS
Casper Youth Crises Center 915 South McKinley Casper, WY 82601			45,000			PROVIDES EMERGENCY SHELTER FOR TROUBLED YOUTH
Children's Advocacy Project 1522 East A Street Casper, WY 82601			30,000			COORDINATES RESPONSE TO CHILD ABUSE SITUATIONS
Community Based in Home Care1831 East 4th Street Casper, WY 82601			5,500			HELPS ELEDERLY PEOPLE REMAIN IN THEIR HOMES
Five Trails Adult Day Center 1514 East 12th Casper, WY 82601			25,000			PROVIDES ASSISTANCE TO INDIVIDUALS WITH DISABILITIES
Girl Scouts WyomingPO Box 50307 Casper, WY 82605			12,000			CHARACTER BUILDING PROGRAMS FOR GIRLS IN THE COMMUNITY

Form 990, Schedule I, F	Part II, Gra	nts and Other A	<u>Așsistance to Gov</u>	ernments and (Organizations in	<u>the United State</u>	S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Head StartPo Box 100 Guernsey, WY 82214			40,500				PRE-SCHOOL PROGRAM FOR LOW INCOME FAMILIES
CHILD DEVELOPMENT CENTER2020 EAST 12TH Casper, WY 82601			45,000				PROVIDES SPECIAL EDUCATION & THERAPY FOR CHILDREN WITH SPECIAL NEEDS
Meals on Wheels of Casper 1760 East 12th Street Casper, WY 82601			65,000				DELIVERS MEALS TO SHUT INS OF ALL AGES
Mercer House425 CY Avenue Casper, WY 82601			30,000				PREVENTION OF DRUG AND ALCOHOL ABUSE
Retired and Senior Volunteer Program1831 East 4th Street Casper, WY 82601			20,000				MATCHES VOLUNTEERS OVER THE AGE OF 55 WITH NON-PROFIT AGENCIES
Salt Creek Community RecreationPO Box 262 Midwest, WY 82643			22,150				PROVIDES RECREATIONAL & EDUCATIONAL ACTIVITIES FOR YOUTH
Self Help Center441 South Center Ste 300 Casper, WY 82601			60,000				SEEKS TO END DOMESTIC VIOLENCE
Seton HousePO Box 1557 Casper, WY 82602			67,000				PROVIDES HOMELESS FAMILIES WITH TRANSITIONAL HOUSING
United Service OrganizationPO Box 96860 Washington, DC 20090			7,000				SERVICES FOR MILITARY MEMBERS
Wyoming Senior Citizens Inc951 Werner Court Ste 295 Casper, WY 82601			4,500				PROVIDES LOW INCOME SENIORS OPPORTUNITY TO VOLUNTEER THEIR TIME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (f) Method of (a) Description of (h) Purpose of grant non-cash assistance organization section grant cash valuation (book, or assistance FMV, appraisal, ıf applıcable or government assistance other) 27.593 TO HELP NON SPECIAL RESPONSE PROFIT **GRANTSVARious** Casper, WY 82601 ORGANIZATIONS IN NEED 50,000 Community Health Center **PROVIDES** 907 N Poplar 250 **AFFORDABLE** Casper, WY 82601 HEALTH CARE Reach 4 A Star Riding 23,000 PROVIDE Academy4250 N Six Mile **OPPORTUNITIES** Road FOR DIFFERENTLY Casper, WY 82604 ABELED CHILDREN AND ADULTS NAMI133 W 6th Street 5,000 FOR THE MENTALLY Casper, WY 82601 CHALLENGED **BOYS & GIRLS CLUB** 71,000 PERSONAL AND 1701 East K Street EDUCATIONAL Casper, WY 82601 DEVELOPMENT FOR YOUTH HEALTH CARE FOR THE 10,000 HEALTH CARE FOR HOMELESS1514 East THE HOMELESS 12th Casper, WY 82601 50,000 **PROVIDES** INTERFAITH441 South CenteR Ste 300 **EMERGENCY** ASSISTANCE FOR Casper, WY 82601 LOWINCOME **FAMILIES** NALC MAIL CARRIERS 2,000 COLLECTS FOOD 411 N FOREST DRIVE FOR THE CASper, WY 82609 COMMUNITY 5,000 **PROVIDES** RENEWED HOPE FOUNDATIONPO Box **EDUCATIONAL** 616 ASSISTANCE FOR

47,500

CASPER, WY 82602

SALVATION ARMYPO

Casper, WY 82602

BOX 2948

SPECIAL NEEDS CHILDREN

PROVIDES

SURVIVAL

NECESSITIES

DLN: 93493137002420

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Transactions with Interested Persons

or Form 990-EZ, Part V lines 38b or 40b. Name of the organization

United Way of Natrona County 83-0181315 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes Nο 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or lagreement? organization? purpose amount committee? From Yes Yes Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
KARL KILLMER	TREASURER AND OWNER OF ACCOUNTING FIRM WHICH PROVIDES BOOKKEEPING SERVICES	,	ACCOUNTING & BOOKKEEPING SERVICES RENDERED		No

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As Filed Data -

DLN: 93493137002420

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

2008

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organizati	on	Employer identification number
United Way of Natrona Cou	nty	
		83-0181315

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		YES - COPY OF 990 PROVIDED TO THE EXECUTIVE DIRECTOR AND TREASURER FOR REVIEW BEFORE FINAL FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		As part of their normal procedures, the board monitors on an anual basis

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The personnel committee of the governing board review's and approves the executive director's salary and benefits

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, MONTHLY FINANCIAL STATEMENTS, AND ANNUAL AUDITED FINANCIALS ARE KEPT ON HAND AT LOCAL OFFICE AT 400 EAST 1ST ST, STE 205, CASPER, WY 82601

ldentifier	Return Reference	Explanation
		NO CHANGE IN PROCESS

Software ID: Software Version:

EIN: 83-0181315

Name: United Way of Natrona County

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
	(B) Average hours per week	(C) Position (check all								
(A) Name and Title		that apply)								(F)
		Individe or Dire	Institu	_	Ke)	Highest employe		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
SHANNA Harris , EXECUTIVE DIRECTOR	40 00	X				х		63,000	0	9,432
Pete Van Houten , PRESIDENT		X		Х				0	0	0
Jesse Helm , VICE PRESIDENT		Х		Х				0	0	0
LINDA WITKO , SECRETARY		Х		Х				0	0	0
KARL KILLMER , TREASURER		Х		Х				0	0	0
Nathan Bekke , CAMPAIGN CHAIR		Х		Х				0	0	0
John Kupko , A & A Chairman		X		Х				0	0	0
Nicole Kramer , A & A Vice - Chairman		X		Х				0	0	0
Cathy Carson , DIRECTOR		X						0	0	0
Tom Crull , DIRECTOR		X						0	0	0
Jean Davies , DIRECTOR		Х						0	0	0
Bill DeGraeve , DIRECTOR		Х						0	0	0
Vickie Diamond , DIRECTOR		Х						0	0	0
Brad Diller , DIRECTOR		Х						0	0	0
Karın East , DIRECTOR		X						0	0	0
MIke Houston , DIRECTOR		X						0	0	0
DAN CHRISTENSEN , DIRECTOR		Х						0	0	0
Susie McMurry , DIRECTOR		Х						0	0	0
Mike Moody , DIRECTOR		Х						0	0	0
Walt Nolte , DIRECTOR		Х						0	0	0
Rich Roberts , DIRECTOR		Х						0	0	0
Kevın Sadler , Dırector		Х						0	0	0
Todd Sandberg , DIRECTOR		Х						0	0	0
John Starnes , DIRECTOR		Х						0	0	0
Bucky Walker , Campaign Vice-Chair		Х						0	0	0