

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)

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08**

- B Check if applicable:
  - Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1309 COFFEEN AVENUE**

City or town, state or country, and ZIP + 4  
**SHERIDAN WY 82801**

**D Employer identification number**  
**83-0280532**

**E Telephone number**  
**307-672-0475**

**F Accounting method:**  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** WWW.VOAWYMT.ORG

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

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

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates  Yes  No
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I Group Exemption Number**
- M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **8,851,015**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b		601,095	
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		3,769,066	
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 4,080,314 noncash \$ 289,847 )	1e			4,370,161
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			4,257,677
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5			48,555
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe )	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	174,522	(B) Other	100
		8a			
	<b>b</b> Less: cost or other basis and sales expenses	8b	167,745		2,977
	<b>c</b> Gain or (loss) (attach schedule)	8c	6,777		-2,877
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1 SEE STMT 2	8d			3,900	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here	<b>a</b> Gross revenue (not including contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances		10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,680,293	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		6,545,201	
	<b>14</b> Management and general (from line 44, column (C))	14		1,218,242	
	<b>15</b> Fundraising (from line 44, column (D))	15		190,207	
	<b>16</b> Payments to affiliates (attach schedule) SEE STATEMENT 3	16		93,159	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17			8,046,809
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		633,484	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,849,230	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-3,639	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,479,075

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No

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

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

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a SEE STATEMENT 8**

(Grants and allocations \$ )

If this amount includes foreign grants, check here

**1,256,153**

**b SEE STATEMENT 9**

(Grants and allocations \$ )

If this amount includes foreign grants, check here

**5,289,048**

**c**

(Grants and allocations \$ )

If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here

**e Other program services (attach schedule)**

(Grants and allocations \$ )

If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

**6,545,201**

**Part IV Balance Sheets** (See the instructions.)

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	45 Cash—non-interest-bearing	1,800	45	1,800
	46 Savings and temporary cash investments	1,179,385	46	1,284,134
	47a Accounts receivable	870,769		
	b Less: allowance for doubtful accounts	161,277	47c	709,492
	48a Pledges receivable	11,550		
	b Less: allowance for doubtful accounts		48c	11,550
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule) <b>SEE WORKSHEET</b>			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	20,636	53	52,157
	54a Investments—publicly-traded securities <b>SEE STATEMENT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	57,352	54a	53,415
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule) <b>SEE STMT 11</b>	269,296	56	279,160
	57a Land, buildings, and equipment: basis	9,558,538		
	b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 12</b>	1,525,859	57c	8,032,679
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 13</b> )	240,400	58	388,577	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	9,084,463	59	10,812,964	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	695,769	60	574,530
	61 Grants payable	51,725	61	60,787
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	3,278,172	64b	4,370,114
	65 Other liabilities (describe <b>SEE STATEMENT 14</b> )	209,567	65	328,458
66 <b>Total liabilities.</b> Add lines 60 through 65	4,235,233	66	5,333,889	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,737,987	67	5,357,249
	68 Temporarily restricted	111,243	68	121,826
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,849,230	73	5,479,075	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	9,084,463	74	10,812,964	





<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>X</b>	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>SEE STMT 18</b>   <b>82b</b>   <b>9,600</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <b>N/A</b>		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>N/A</b>		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? <b>N/A</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>N/A</b>	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <b>N/A</b>	<b>85h</b>	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders <b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0</b>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? <b>89e</b>		<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? <b>89f</b>		<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>89g</b>		<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) <b>90b</b>   <b>110</b>		
<b>91a</b>	The books are in care of <b>VOLUNTEERS OF AMERICA OF WYOMING</b> Telephone no. <b>307-672-0475</b> <b>1309 COFFEEN</b>		
	Located at <b>SHERIDAN, WY</b> ZIP + 4 <b>82801</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>91b</b>	Yes	No
	If "Yes," enter the name of the foreign country		<b>X</b>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM SERVICE REVENUE</b>					<b>4,257,677</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			<b>14</b>	<b>48,555</b>	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>6,777</b>	<b>-2,877</b>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>55,332</b>	<b>4,254,800</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>4,310,132</b>

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	<b>CLIENT FEES FOR SERVICES THAT ARE PART OF A CLIENTS' REHABILITATION. FEES CHARGED TO FEDERAL, STATE, AND LOCAL GOVERNMENTAL ENTITIES FOR THE EXEMPT SERVICES PROVIDED.</b>

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

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

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

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

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

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

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

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

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

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

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

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

Yes	No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen. Instr. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **PRADERE, MOHATT & RINALDO LLP**  
**PO BOX 603**  
**SHERIDAN, WY 82801-0603**

EIN: \_\_\_\_\_ Phone no.: **307-672-6494**

**SCHEDULE A  
(Form 990 or 990-EZ)**

**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

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA**

Employer identification number

**83-0280532**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
MARIA KENNAH SHERIDAN WY 82801	CONTROLLER 40	75,242	13,615	0
BETH MARTY SHERIDAN WY 82801	PROGRAM DIR. 40	66,275	5,236	0
MARK WILSON SHERIDAN WY 82801	PROGRAM DIR. 40	63,124	3,952	0
ELIZABETH KRAMER-LEE SHERIDAN WY 82801	PROGRAM DIR. 40	52,535	12,525	0
N. MARK ROBERTSON SHERIDAN WY 82801	PROGRAM DIR. 40	60,787	3,263	0
Total number of other employees paid over \$50,000 ▶		2		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>1</b>	<b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year			
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			<b>0</b>

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

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

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

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

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

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

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26b: Prepare a list for your records to show the name of and amount contributed by each person. 26c: Total support for section 509(a)(1) test. 26d: Add: Amounts from column (e) for lines: 18 80,177 19 22 26b. 26e: Public support (line 26c minus line 26d total). 26f: Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27a-27h. 27a: Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) (2005) (2004) (2003) N/A. 27b: For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003) N/A. 27c: Add: Amounts from column (e) for lines: 15 16 17 20 21. 27d: Add: Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

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

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

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
<b>30</b>	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		
<b>31</b>	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.)				
.....				
.....				
.....				
<b>32</b>	Does the organization maintain the following:	32a		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges? .....	33a		
<b>b</b>	Admissions policies? .....	33b		
<b>c</b>	Employment of faculty or administrative staff? .....	33c		
<b>d</b>	Scholarships or other financial assistance? .....	33d		
<b>e</b>	Educational policies? .....	33e		
<b>f</b>	Use of facilities? .....	33f		
<b>g</b>	Athletic programs? .....	33g		
<b>h</b>	Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
<b>b</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.				
.....				
.....				
<b>35</b>	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 .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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

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



**Schedule B****(Form 990, 990-EZ,  
or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007****Name of organization****VOLUNTEERS OF AMERICA OF WYOMING  
AND MONTANA****Employer identification number****83-0280532****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)**General Rule—**

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

**Special Rules—**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

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

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

Name of organization <b>VOLUNTEERS OF AMERICA OF WYOMING</b>	Employer identification number <b>83-0280532</b>
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>1</b>	<b>SCHOLASTIC CORPORATION</b> <b>557 BROADWAY</b>  <b>NEW YORK NY 10012</b>	\$ <b>220,000</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>VOLUNTEERS OF AMERICA OF WYOMING</b>	Employer identification number <b>83-0280532</b>
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**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>16 GAYLORDS OF CHILDRENS BOOKS</u> <u>AND 1 GAYLORD OF TOYS.</u>	\$ <u>220,000</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA** Identifying number **83-0280532**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>125,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>280,172</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	<b>280,172</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .....										25	
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....										28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....										29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) .....	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	31 Total commuting miles driven during the year .....											
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

		Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?			
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....			
39 Do you treat all use of vehicles by employees as personal use? .....			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....			
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....			

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
<b>SEE STATEMENT 19</b>		<b>18,421</b>			<b>411</b>
43 Amortization of costs that began before your 2007 tax year .....					<b>43</b>
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>
					<b>2,651</b>
					<b>3,062</b>

Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2007</b>
For calendar year 2007, or tax year beginning <b>7/01/07</b> , and ending <b>6/30/08</b>		

Name <b>VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA</b>	Employer Identification Number <b>83-0280532</b>
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**FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Name of borrower	Relationship to disqualified person
										<b>RED GRADE CONSTRUCTION SERVICES</b>	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
										<b>34,205</b>	<b>6/30/06</b>	<b>6/30/10</b>		<b>5.000</b>

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Security provided by borrower	Purpose of loan
										<b>NONE</b>	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
											<b>24,122</b>		
<b>Totals</b>											<b>24,122</b>		

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2007**For calendar year 2007, or tax year beginning **7/01/07**, and ending **6/30/08**Name  
**VOLUNTEERS OF AMERICA OF WYOMING  
AND MONTANA**Employer Identification Number  
**83-0280532****FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>FIRST INTERSTATE BANK</b>	
(2) <b>FIRST INTERSTATE BANK</b>	
(3) <b>FIRST INTERSTATE BANK</b>	
(4) <b>FIRST INTERSTATE BANK</b>	
(5) <b>FIRST INTERSTATE BANK</b>	
(6) <b>FIRST INTERSTATE BANK</b>	
(7) <b>BANK OF THE WEST</b>	
(8) <b>BANK OF THE WEST</b>	
(9) <b>BANK OF THE WEST</b>	
(10) <b>BANK OF THE WEST</b>	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>15,577</b>	<b>8/17/05</b>	<b>8/16/07</b>	<b>MONTHLY PAYMENTS</b>	<b>5.350</b>
(2) <b>15,988</b>	<b>10/21/05</b>	<b>10/20/07</b>	<b>MONTHLY PAYMENTS</b>	<b>5.800</b>
(3) <b>171,900</b>	<b>1/23/04</b>	<b>5/01/19</b>	<b>MONTHLY PAYMENTS</b>	<b>6.750</b>
(4) <b>65,000</b>	<b>3/24/05</b>	<b>3/01/10</b>	<b>MONTHLY PAYMENTS</b>	<b>5.500</b>
(5) <b>2,250,000</b>	<b>6/06/07</b>	<b>4/10/13</b>	<b>MONTHLY PAYMENTS</b>	<b>7.000</b>
(6) <b>80,389</b>	<b>6/01/03</b>	<b>5/01/10</b>	<b>MONTHLY PAYMENTS</b>	<b>7.500</b>
(7) <b>213,835</b>	<b>6/15/03</b>	<b>9/15/09</b>	<b>MONTHLY PAYMENTS</b>	<b>9.750</b>
(8) <b>47,321</b>	<b>6/15/03</b>	<b>1/15/08</b>	<b>MONTHLY PAYMENTS</b>	<b>6.250</b>
(9) <b>679,799</b>	<b>1/11/07</b>	<b>5/11/14</b>	<b>MONTHLY PAYMENTS</b>	<b>7.800</b>
(10) <b>19,850</b>	<b>8/25/05</b>	<b>9/10/10</b>	<b>MONTHLY PAYMENTS</b>	<b>7.750</b>

Security provided by borrower	Purpose of loan
(1) <b>VEHICLE</b>	
(2) <b>VEHICLE</b>	
(3) <b>REAL ESTATE</b>	
(4) <b>REAL ESTATE</b>	
(5) <b>REAL ESTATE</b>	
(6) <b>REAL ESTATE</b>	
(7) <b>REAL ESTATE</b>	
(8) <b>REAL ESTATE</b>	
(9) <b>REAL ESTATE</b>	
(10) <b>VEHICLE</b>	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>1,359</b>	
(2)	<b>2,727</b>	
(3)	<b>146,139</b>	<b>137,027</b>
(4)	<b>37,943</b>	<b>24,735</b>
(5)	<b>2,250,000</b>	<b>2,199,546</b>
(6)	<b>37,976</b>	<b>25,295</b>
(7)	<b>81,879</b>	<b>45,593</b>
(8)	<b>6,740</b>	
(9)	<b>679,799</b>	<b>867,230</b>
(10)	<b>11,950</b>	<b>899</b>
Totals	<b>3,256,512</b>	<b>3,300,325</b>

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2007**For calendar year 2007, or tax year beginning **7/01/07**, and ending **6/30/08**Name  
**VOLUNTEERS OF AMERICA OF WYOMING  
AND MONTANA**Employer Identification Number  
**83-0280532****FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>FIRST INTERSTATE BANK</b>	
(2) <b>FIRST INTERSTATE BANK</b>	
(3) <b>FIRST INTERSTATE BANK</b>	
(4) <b>FIRST INTERSTATE BANK</b>	
(5) <b>FIRST INTERSTATE BANK</b>	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>22,219</b>	<b>5/16/07</b>	<b>5/16/10</b>	<b>MONTHLY PAYMENTS</b>	<b>6.950</b>
(2) <b>651,285</b>	<b>12/17/07</b>	<b>1/04/13</b>	<b>MONTHLY PAYMENTS</b>	<b>5.875</b>
(3) <b>380,695</b>	<b>12/17/07</b>	<b>1/04/13</b>	<b>MONTHLY PAYMENTS</b>	<b>5.875</b>
(4) <b>13,519</b>	<b>7/11/07</b>	<b>7/11/10</b>	<b>MONTHLY PAYMENTS</b>	<b>6.950</b>
(5) <b>14,044</b>	<b>5/16/08</b>	<b>5/16/10</b>	<b>MONTHLY PAYMENTS</b>	<b>5.875</b>
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>VEHICLE</b>	
(2) <b>REAL ESTATE</b>	
(3) <b>REAL ESTATE</b>	
(4) <b>VEHICLE</b>	
(5) <b>VEHICLE</b>	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>21,660</b>	<b>14,680</b>
(2)		<b>651,285</b>
(3)		<b>380,695</b>
(4)		<b>9,669</b>
(5)		<b>13,460</b>
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>21,660</b>	<b>1,069,789</b>

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost &amp; Expense</u>	<u>Depr</u>	<u>Gain/-Loss</u>
PUBLICLY TRADED SECURITIES								
					\$ 174,522	\$ 167,745		\$ 6,777
TOTAL					<u>\$ 174,522</u>	<u>\$ 167,745</u>	<u>\$ 0</u>	<u>\$ 6,777</u>

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost &amp; Expense</u>	<u>Depr</u>	<u>Gain/-Loss</u>
4 DRAWER FILE CABINET								
	PURCHASE		4/10/86	12/31/07	\$	\$ 150	\$ 150	\$
SECRETARY'S DESK								
	PURCHASE		4/10/86	12/31/07		150	150	
DESK								
	PURCHASE		11/15/86	12/31/07		362	362	
HON 4 DRWR FILE CABINET								
	PURCHASE		5/16/88	12/31/07		165	165	
CREDENZA								
	PURCHASE		3/01/91	12/31/07		350	350	
CALCULATOR - SHARP 92008807								
	PURCHASE		3/15/92	12/31/07		76	76	
1 REFRIGERATOR								
	PURCHASE		3/05/93	12/31/07		300	300	
(2) 30X60 DESKS - BLACK/TEAK								
	PURCHASE		5/25/94	12/31/07		160	160	
(2) JR EXEC CHAIRS - 1 BLUE & 1 TAN								
	PURCHASE		5/25/94	12/31/07		90	90	
(1) OAK DESK								
	PURCHASE		5/25/94	12/31/07		150	150	
CHEST OF DRAWERS								
	PURCHASE		12/01/94	12/31/07		880	880	
TV								
	PURCHASE		12/01/94	12/31/07		150	150	

## Federal Statements

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**  
**(continued)**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
GARAGE DOOR OPENER	PURCHASE		3/11/95	12/31/07	\$	\$ 130	\$ 130	\$
PAPER SHREDDER	PURCHASE		3/13/95	12/31/07		116	116	
RANGE	PURCHASE		9/30/95	12/31/07		399	399	
MISC EQUIPMENT	PURCHASE		2/29/96	12/31/07		530	530	
BUNK BEDS	PURCHASE		4/28/97	12/31/07		355	355	
FAX	PURCHASE		6/30/97	12/31/07		559	559	
OAK GUEST CHAIR, CORNER TABLE, CENTER TABLE	PURCHASE		5/11/99	12/31/07		800	800	
RECEPTION AREA DESK	PURCHASE		6/10/99	12/31/07		523	523	
OBSERVATION SYSTEM	PURCHASE		7/26/99	12/31/07		1,510	1,510	
1997 GRAND VOYAGER	PURCHASE		5/24/00	4/02/08	100	16,225	14,225	-1,900
TRASH RECEPTICLE	PURCHASE		8/01/00	12/31/07		250	250	
ATX MINI TOWER COMPUTER	PURCHASE		11/01/00	12/31/07		1,279	1,279	
APOLLO OVERHEAD PROJECTOR	PURCHASE		2/08/01	12/31/07		335	331	-4
DESK MATS	PURCHASE		2/20/01	12/31/07		170	166	-4
DRY ERASE BOARD	PURCHASE		2/26/01	12/31/07		25	25	
COMPUTER	PURCHASE		4/04/02	12/31/07		895	895	
COMPUTER EQUIPMENT	PURCHASE		1/22/03	12/31/07		506	506	

## Federal Statements

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**  
**(continued)**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
COMPUTER - BRUCE BACILE								
	PURCHASE		2/05/03	12/31/07	\$	\$ 455	\$ 455	\$
DELL COMPUTER								
	PURCHASE		4/01/03	12/31/07		399	399	
COMPUTER - BRUCE BACILE								
	PURCHASE		4/11/03	12/31/07		260	260	
AIR CONDITIONERS								
	PURCHASE		5/28/03	12/31/07		484	444	-40
PAPER SHREDDER								
	PURCHASE		11/03/03	12/31/07		370	309	-61
2 KENMORE DRYERS								
	PURCHASE		1/31/04	12/31/07		845	775	-70
2 KENMORE WASHERS								
	PURCHASE		1/31/04	12/31/07		1,285	1,178	-107
2 KENMORE WASHERS								
	PURCHASE		5/01/04	12/31/07		1,360	1,179	-181
2 KENMORE DRYERS								
	PURCHASE		5/01/04	12/31/07		924	801	-123
PENTIUM 4 3.00 GHZ COMPUTER								
	PURCHASE		5/15/04	12/31/07		968	968	
PENTIUM 4 2.8 GHZ COMPUTER								
	PURCHASE		6/24/04	12/31/07		1,045	1,045	
POWER POINT SOFTWARE								
	PURCHASE		8/31/04	12/31/07		1,499	1,499	
PDA								
	PURCHASE		8/02/05	12/31/07		560	560	
NOTEBOOK COMPUTER FOR ROD (1/3 MEN, WOM, OP)								
	PURCHASE		4/13/06	12/31/07		1,033	904	-129
NOTEBOOK COMPUTER FOR ROD (1/3 MEN, WOM, OP)								
	PURCHASE		4/13/06	12/31/07		1,033	904	-129
NOTEBOOK COMPUTER FOR ROD (1/3 MEN, WOM, OP)								
	PURCHASE		4/13/06	12/31/07		1,033	904	-129

**Federal Statements**

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**  
**(continued)**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/-Loss
TOTAL					\$ 100	\$ 41,143	\$ 38,166	\$ -2,877

**Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates**

Bus Name Address	Purpose	Amount
VOLUNTEERS OF AMERICA 1660 DUKE STREET 22314	NATIONAL FEES	\$ 93,159
TOTAL		\$ 93,159

**Federal Statements****Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
DONATED SERVICES AND USE OF FACILITIES	\$ 9,600
NET UNREALIZED LOSS ON INVESTMENTS	<u>-13,239</u>
TOTAL	<u>\$ -3,639</u>

**Federal Statements****Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
HEATH STEEL COMPENSATION		82,243	
JEFF HOLSINGER COMPENSATION		151,653	
JULIE BETTCHER COMPENSATION		95,312	
TOTAL	\$ <u>0</u>	\$ <u>329,208</u>	\$ <u>0</u>

**Federal Statements****Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
BAD DEBT	143,304	143,304		
INSURANCE	72,359	63,917	8,442	
OTHER	10,301	8,633	1,423	245
PROFESSIONAL FEES	70,389	43,855	23,871	2,663
PROGRAM EXPENSES	848,596	844,762	3,620	214
TOTAL	<u>\$ 1,144,949</u>	<u>\$ 1,104,471</u>	<u>\$ 37,356</u>	<u>\$ 3,122</u>

**Federal Statements****Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**Description

VOLUNTEERS OF AMERICA IS A NATIONAL, NONPROFIT, FAITH-BASED ORGANIZATION DEDICATED TO HELPING THOSE IN NEED REBUILD THEIR LIVES AND REACH THEIR FULL POTENTIAL. OUR MINISTRY OF SERVICE HAS SUPPORTED AND EMPOWERED AMERICA'S MOST VULNERABLE GROUPS, INCLUDING AT-RISK YOUTH, THE FRAIL ELDERLY, MEN AND WOMEN RETURNING FROM PRISON, HOMELESS INDIVIDUALS AND FAMILIES, PEOPLE WITH DISABILITIES, AND THOSE RECOVERING FROM ADDICTIONS. OUR WORK TOUCHES THE MIND, BODY, HEART - AND ULTIMATELY THE SPIRIT - OF THOSE WE SERVE, INTEGRATING OUR DEEP COMPASSION WITH HIGHLY EFFECTIVE PROGRAMS AND SERVICES.

**Statement 8 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description

ENCOURAGING POSITIVE DEVELOPMENT:  
CHILDREN AND YOUTH - SHORT TERM SHELTER AND CRISIS INTERVENTION AND LONGER-TERM GROUP CARE FOR YOUTH WITH GOAL OF FACILITATING TRANSITION TO A MORE PERMANENT PLACEMENT. VOA ALSO PROVIDES AN EARLY CHILDHOOD DEVELOPMENT CHILD CARE FACILITY THAT PROMOTES THE DEVELOPMENT, HEALTH AND WELL BEING OF THE CHILDREN IN A SAFE ENVIRONMENT OUTSIDE OF THE HOME.  
COMMUNITY ENHANCEMENT - PROGRAMS THAT PROVIDE A SAFETY NET FOR INDIVIDUALS AND FAMILIES WHO ARE AT RISK OF HOMELESSNESS, HUNGER, AND OTHER LIFE CRISES. THESE SERVICES INCLUDE SEASONAL GIVING AND COMMUNITY EVENTS, THE SCHOLASTIC BOOK GRANTS PROGRAM AND CAMP  
P.O.S.T.C.A.R.D..

**Statement 9 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**Description

PROMOTING SELF-SUFFICIENCY:  
COMMUNITY ENHANCEMENT - PROVIDE NUTRITIONAL FOOD SERVICES TO THOSE INCARCERATED AT THE COUTY HOLDING FACILITY.  
CORRECTIONAL SERVICES - VOLUNTEERS OF AMERICA IS COMMITTED TO DEMONSTRATING POSITIVE OUTCOMES OF CORRECTIONS PROGRAMS AND EDUCATING AND INFORMING THE PUBLIC ABOUT COMMUNITY-BASED ALTERNATIVE TO INCARCERATION AND FACTORS THAT LEAD TO SUCCESSFUL REHABILITATION. WE STRIVE TO CHANGE THE LIVES OF PRISONERS WITH PROFESSIONAL REHABILITATION SERVICES AND PROGRAMS THAT PROVIDE THE SOCIAL, SPIRITUAL AND VOCATIONAL TOOLS NEEDED TO HELP PERSONS RETURN SUCCESSFULLY TO MAINSTREAM SOCIETY AND MAKE POSITIVE CONTRIBUTIONS.  
HOMELESS SERVICES - THE SHERIDAN COMMUNITY SHELTER IS LOCATED ON THE GROUNDS OF THE VETERAN'S ADMINISTRATION MEDICAL CENTER, AND HAS BEEN PROVIDING SERVICE TO HOMELESS INDIVIDUALS SINCE 1998. THE BUILDING CAN ACCOMMODATE UP TO 50 INDIVIDUALS PER NIGHT, WITH

**Statement 9 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**  
**(continued)**

Description

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SEPARATE MEN'S, WOMEN'S AND FAMILY DORMS.  
SUBSTANCE ABUSE - WYOMING SUBSTANCE ABUSE TREATMENT &  
RECOVERY CENTER (WYSTAR), IS DEDICATED TO SERVING  
INDIVIDUALS, FAMILIES AND COMMUNITIES OF WYOMING AND THE  
SURROUNDING REGION BY PROVIDING COMPREHENSIVE ALCOHOL AND  
DRUG TREATMENT SERVICES. WE OFFER A FULL CONTINUUM OF  
CARE INCLUDING ASSESSMENT SERVICES, OUTPATIENT SERVICES  
AND RESIDENTIAL CARE. WYSTAR'S OUTPATIENT PROGRAM SERVES  
BOTH ADULTS AND ADOLESCENTS WHILE THE GENDER SPECIFIC  
RESIDENTIAL PROGRAMS SERVE ADULTS ONLY (18).

**Federal Statements****Statement 10 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
INVESTMENT COMPANY OF AMERICA CL B	17,800		MARKET
GROWTH FUND OF AMERICA CL F	14,162		MARKET
THRONBURG CORE GROWTH CL A	2,965		MARKET
THRONBURG INTL VALUE CL A	6,665		MARKET
AIM TRIMARK SMALL COMP CL A	6,083		MARKET
CAPITAL WORLD BOND CL F		2,219	MARKET
COLUMBIA MARSICO INTL OPP CL A		5,044	MARKET
DWS DREMAN S/C VALUE A		3,282	MARKET
DAVIS NY VENTURE FD INC CL A		10,308	MARKET
DELEWARE US GROWTH CL A		6,049	MARKET
JP MORGAN CORE BOND FUND A		9,744	MARKET
LOOMIS SAYLES S/C GROWTH RET		3,340	MARKET
T ROWE PRICE BLUE CHIP GR		8,287	MARKET
TEMPLETON FOREIGN A		5,142	MARKET
CORPORATE BONDS			
PIMCO REAL RETURN BOND CL A	9,677		MARKET
TOTAL	<u>\$ 57,352</u>	<u>\$ 53,415</u>	

**Statement 11 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
FIB - CD	\$ 165,296	\$ 175,160	MARKET
STONEGATE BANK - CD	52,000		MARKET
NCB FSB - CD	52,000		MARKET
OMNI NATL BK - CD		52,000	MARKET
WASHINGTON MUT BANK - CD		52,000	MARKET
TOTAL	<u>\$ 269,296</u>	<u>\$ 279,160</u>	

**Statement 12 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS	\$ 5,883,157	\$ 763,058	\$ 7,311,410	\$ 890,661
FURNISHINGS AND EQUIPMENT	950,331	521,548	1,090,701	635,198
LAND	1,028,304		1,156,427	
TOTAL	<u>\$ 7,861,792</u>	<u>\$ 1,284,606</u>	<u>\$ 9,558,538</u>	<u>\$ 1,525,859</u>

**Federal Statements****Statement 13 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED INTEREST RECEIVABLE	\$ 63	\$
DEPOSITS	27,870	39,001
CLIENT FUNDS	209,567	328,458
LOAN ORIGINATION FEES (NET)	2,900	20,055
OTHER CURRENT ASSETS		1,063
TOTAL	<u>\$ 240,400</u>	<u>\$ 388,577</u>

**Statement 14 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CLIENT FUNDS LIABILITY	\$ 209,567	\$ 328,458
TOTAL	<u>\$ 209,567</u>	<u>\$ 328,458</u>

**Federal Statements****Statement 15 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED LOSS ON INVESTMENTS	\$ <u>13,239</u>
TOTAL	\$ <u><u>13,239</u></u>

## Federal Statements

### Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
BOB LEIBRICH 1309 COFFEEN SHERIDAN WY 82801	BOARD CHAIR	1	0	0	0
RIC PAUL 1309 COFFEEN SHERIDAN WY 82801	TREASURER	1	0	0	0
BARB DAUGHERTY 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
BOB DEFRIES 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
PETE ELIASON 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
ROSS LANGHORNE 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
PETER PELISSIER 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
JULIE SCOTT 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
GINGER STOUT 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0

## Federal Statements

### Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
HILLARY SUMMERS 1309 COFFEEN SHERIDAN WY 82801	SECRETARY	1	0	0	0
LIZ SWANSON 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
CHARLES WHITON 1309 COFFEEN SHERIDAN WY 82801	VICE CHAIR	1	0	0	0
JEFF HOLSINGER 1309 COFFEEN SHERIDAN WY 82801	EXEC DIRECTO	40	151,653	11,048	0
JULIE BETTCHER 1309 COFFEEN SHERIDAN WY 82801	EXEC V.P.	40	95,312	9,910	0
HEATH STEEL 1309 COFFEEN SHERIDAN WY 82801	VP OF OPER.	40	82,243	5,220	0
TIM MCKENNA 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
ROBERT MILLER 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0
JIM NELSON 1309 COFFEEN SHERIDAN WY 82801	MEMBER	1	0	0	0

## Federal Statements

**Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PAMELA PELDO 1309 COFFEEN SHERIDAN WY 82801	VP OF OPER.	40	101,811	16,580	0

# Federal Statements

## Statement 17 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

<u>Name of related organization(s)</u>	<u>Type</u>
WYOMING SUBSTANCE ABUSE TREATMENT AND RECOVERY CENTER	EXEMPT

**Federal Statements****Statement 18 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
IN-KIND RENT DONATION FOR HOMELESS SHELTER	\$ <u>9,600</u>
TOTAL	\$ <u><u>9,600</u></u>

**Federal Statements****Statement 19 - Form 4562, Line 42 - Amortization**

<u>Description</u>	<u>Amort Beg Date</u>	<u>Amortizable Amount</u>	<u>Code Sec</u>	<u>Period/ Percent</u>	<u>Current Yr Amortization</u>
LOAN #200008315	5/16/08	\$ 174	461	2.0	\$ 15
LOAN #200008148	6/24/08	5,754	461	5.0	96
LOAN #105110418	5/16/08	5,499	461	5.0	183
LOAN #200008146	6/24/08	6,994	461	5.0	117
TOTAL		\$ <u>18,421</u>			\$ <u>411</u>

**Federal Statements****Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
CONTRIBUTIONS FROM SCHEDULE B	\$ 196,131	\$ 220,000	\$ 416,131
TOTAL	\$ 196,131	\$ 220,000	\$ 416,131