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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under Section 501©, 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

> Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1 000 000 and total assets less than $2 500 000 at the end of the year may use this form

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

OMB No 1545-1150

2008

OPEN TO PUBLIC INSPECTION

Department of the Treasury
Internal Revenue Service

For the 2008 calendar year, OR tax year beginning October 1 ,2008, and ending September 30, 2009

Check if
- Address Change
- Name Change
- (X) Initial return
- Final return
- Amended return
- Application Pending

Please use IRS label or print or type See Specific Instructions

C Name of Organization
Wyoming Farm Bureau Federation (Sheridan County)

Number & street (or p o box, if mail is not delivered to street address) Room/suite
P O. Box 1348

City, town, or post office, state and ZIP code
Laramie, WY 82073-1348

D Employer identification number
83-0175722

E Telephone number
(307) 745-4835

F Group Exemption Number
1852

Section 501c(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method { X } Cash { } Accrual { } Other Specify

H Check { X } if the organization is not required to Attach Schedule B (Form 990, 990-EZ, or 990-PF)

Web Site: _____

Organization Type (check only one) - { X } 501c (5) <(insert no) { } 4947 (a)(1) or { } 527

K Check > ( ) if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if **$1,000,000 or more, file Form 990 instead of Form 990-EZ** $ 180,582

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.)**

Revenue	1 Contributions, gift, grants, and similar amounts received		1	
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	23,129
	4 Investment income		4	632
	5a Gross amount from sale of assets other than inventory	5a		
	5b Less. cost or other basis and sales expenses.	5b		
	5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	
	6 Special events and activities (attach schedule): If any amount is from **gaming**, check here > ____			
	6a Gross revenue (not including $_____ of contributions reported on line 1)	6a		
	6b Less· direct expenses other than fundraising expenses.	6b		
	6c Net income or (loss) from special events and activities Subtract line 6b from line 6a.		6c	
	7a Gross sales of inventory, less returns and allowances	7a		
	7b Less cost of goods sold	7b		
	7c Gross profit or (loss) from sale of inventory. Subtract line 7b from line 7a		7c	
	8 Other revenue (describe > _____)		8	156,821
	9 **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) >		9	180,582
Expenses	10 Grants and similar amount paid (attach schedule)		10	
	11 Benefits paid to or for members		11	15,591
	12 Salaries, other compensation, and employee benefits.		12	
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe > _____)		16	159,014
	17 **Total expenses** (add lines 10 through 16) >		17	174,605
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 9		18	5,977
	19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)		19	33,067
	20 Other changes in net assets or fund balances (attach explanation)		20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20) >		21	39,044

Part II **Balance Sheets** - - If total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See instructions for Part II)

	(A) Begin of year		(B) End of year
22 Cash, savings, and investments	33,067	22	39,043
23 Land and buildings		23	
24 Other assets (describe > _____)		24	
25 **Total assets**	33,067	25	39,043
26 **Total Liabilities** (describe > _____)		26	
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	33,067	27	39,043

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2008)

gk 25

Part III **Statement of Program Service Accomplishments** - - (See page 60 of the instructions)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited or other relevant information for each program title

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts optional for others)

28 Membership - Wyoming Farm Bureau Federation, American Farm Bureau Federation

(Grants $) **28a**

29

(Grants $) **29b**

30

(Grants $) **30a**

31 Other program services (attach schedule) (Grants $) **31a**

32 **Total program service expenses (add lines 28a through 31a)** . . . . . > **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated See page 61 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans & def comp	(E) Expense account and other allowances
Dave Garber **Big Horn, WY 82833**	**President (Part-Time)**	**-0-**	**-0-**	**-0-**
Sue Martin **Sheridan, WY 82801**	**Secretary (Part-Time)**	**-0-**	**-0-**	**-0-**

Part V **Other Information (Note** the Attachment requirement in General Instruction V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed statement of each change		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes, " attach a conformed copy of the changes.		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6 & 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*		
35a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct/indirect, as described in the instructions . 37a		
37b	Did the organization file **Form 1120-POL** for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," attach the schedule specified in the line 38 instructions & enter the amount involved 38b		
39a	501(c)(7) organizations Enter a Initiation fees & capital contributions included on line 9. 39a		
39b	Gross receipts, included on line 9, for public use of club facilities . . . 39b		
40a	501(c)(3) organizations --Enter Amount of tax imposed on the organization during the year under section 4911 > _____ , section 4912 > _____ , section 4955 > _____		
40b	501(c)(3) and (4) organizations --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 an explanation		X
40c	Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Enter Amount of tax on line 40c, above, reimbursed by the organization >		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
41	List the state with which a copy of this return is filed. >		
42a	The books are in care of > JoAnn Tardif Telephone no. > (307) 674-7600 Located at > Sheridan, WY Zip + 4 > 82801		
42b	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? If "Yes," enter the name of the foreign country > _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country > _____		X
43	*Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of* ***Form 1041***, - Check here > { } and enter the amount of tax-exempt interest received or accrued during the tax year > 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		

Part III **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

			Yes	No
46	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 1	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related orgainzation(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated emplyoees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribututions to employees benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over $100,000>

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors each receiving over $100,000 >

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

Please Sign Here

KEN HAMILTON — 12-9-09

Signature of officer — Date

KEN HAMILTON ASSISTANT TREASURER

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 Inst X)
	Firm's name (or yours, if self-employed) and address, and ZIP + 4 > **Mountain West Farm Bureau Mutual Insurance Co** **P.O. Box 1348 Laramie, WY 82073**		EIN	83-0181634
			Phone no	(307) 745-4835

May the IRS discuss this return with the preparer shown above? See instructions > [ ] Yes [ ] No