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

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $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

2010

OPEN TO PUBLIC INSPECTION

Department of the Treasury
Internal Revenue Service

JAN 27 2012

GRYSELOPE POSTMARK DATE

A For the 2010 calendar year, OR tax year beginning October 1, 2010, and ending September 30, 2011

B Check if applicable
- Address change
- Name change
- (X) Initial return
- Terminated
- Amended return
- Application pending

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 or town, state or country, and ZIP +4
Laramie, WY 82073-1348

D Employer identification number
83-0175722

E Telephone number
(307) 745-4835

F Group Exemption Number
1852

G Accounting Method (X) Cash ( ) Accrual Other (specify) > _____

Web Site:> _____

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

J Tax-exempt status (check only one) - { } 501(c)(3) { X } 501 (c) (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 $50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If $200,000 or more, or if total assets are $500,000 or more, file Form 990 instead of Form 990-EZ $ 191,449

SCANNED FEB 06 2012

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

Check if the organization used Schedule O to respond to any questions in this Part I . { X }

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	22,163
	4	Investment income	4	284
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract Line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	169,002
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 >	9	191,449
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	17,271
	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 in Schedule O)	16	167,162
	17	**Total expenses.** Add lines 10 through 16 >	17	184,433
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,016
	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	41,986
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 >	21	49,002

RECEIVED
JAN 30 2012
OGDEN, UT
IRS-OSC

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . {X}

	(A) Begin of year		(B) End of year
22 Cash, savings, and investments	41,986	22	50,902
23 Land and buildings		23	
24 Other assets (describe **in Schedule O**)		24	
25 **Total assets**	41,986	25	50,902
26 **Total Liabilities** (describe **in Schedule O**)		26	1,900
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	41,986	27	49,002

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

Check if the organization used Schedule O to respond to any question in this Part III . . . { }

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

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

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

(Grants $) If this amount includes foreign grants, check here > { } **28a**

29

(Grants $) If this amount includes foreign grants, check here > { } **29b**

30

(Grants $) If this amount includes foreign grants, check here > { } **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here > { } **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 the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . { }

(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-**
	Treasurer (Part-Time)			

Part V **Other Information** (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V . . { }

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . .		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the Change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a & 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501'(c)(4), 501'(c)(5), or 501'(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? . . .	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . .		X
37a	Enter amount of political expenditures, direct/indirect, as described in the instructions . **37a**		
b	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 outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees & capital contributions included on line 9 **39a**		
b	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 > _____		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501©(3) and 501©(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . > _____		
d	Section 501©(3) and 501©(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . > _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . .	40e	X

41 List the state with which a copy of this return is filed > _____

42a The organization's books are in care of . . > JoAnn Tardif Telephone no > (307) 674-7600

Located at . . . > Shendan, WY Zip + 4 > 82801

		Yes	No
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)? 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.**		X
c	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 . . > _____		

		Yes	No
44	a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
	c Did the organization receive any payments for indoor tanning services during the year?		X
	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meanin of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to canidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . { }

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization 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) Contributions to employees benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f 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		

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

52 Did the organization complete Schedule A? **Note:** All section 501 ©(3) organizations and 4947(a)(1) Nonexempt charitable trusts must attach a completed Schedule A . > [ ] Yes [ ] No

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

Sign Here

KEN HAMILTON — 1-26-12

Signature of officer — Date

KEN HAMILTON ASST. TREAS.

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check { } if self-employed	PTIN
	Firm's name > **Mountain West Farm Bureau Mutual Insurance Co**			Firm's EIN >	83-0181634
	Firm's address > **P.O. Box 1348 Laramie, WY 82073**			Phone no	(307) 745-4835

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

Schedule O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. > Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization: Wyoming Farm Bureau Federation (Sheridan County)

Employer identification number: 83-0175722

Other Revenues Services Rendered, Interest, Misc

12,428	Services Rendered
65,577	Mountain West Farm Bureau
86,904	Agent Contribution
44	Miscellaneous
1,447	Memberships
2,602	Reimbursements

Other Expenses CCFB Office Support, Meetings, Travel, and Conferences, Dues, Donations, Scholarships, Postage, AdvertisingTaxes, Wyoming Sec of State, Office Supplies, Audit, Equipment, Bond Policy, Misc , Depreciation, Rent, Professional Fees, Telephone, Department of Employment, Utilities, Bank Charges

48,746	Payroll
15,753	Payroll Taxes
4,428	Postage
149	Bank Charges
70	PO Box Rental
1,458	Meetings and Travel
2,808	Donations
1,813	Equipment
25	WY Secretary of State
75	Audit
3,500	Scholarships
250	Insurance
2,500	Supplies
287	Repairs/Maintenance
8,704	Telephone
64,400	Rent
1,985	Advertising
4,217	Employee Benefits
4,393	Office Expense
113	Continuing Education
60	License Renewal
611	Miscellaneous
353	Department of Employment
464	Internet Service

Other Assets Furniture and Equipment Less Accumulated Depreciation