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Form 990-EZ

Short Form

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)

> 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 (see instructions)

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011

OPEN TO PUBLIC INSPECTION

A For the 2011 calendar year, OR tax year beginning October 1, 2011, and ending September 31, 2012

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 and 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) > _____

I Web Site:> _____

J Tax-exempt status (check only one) - { } 501(c)(3) { X } 501 (c) (5) < (insert no) { } 4947(a)(1) or { } 527

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

K Check > ( ) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though 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 (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ > $ 188,527

Part 1 **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	26,503
	4	Investment income	4	296
	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	161,728
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	188,527
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	17,547
	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	166,281
	17	**Total expenses.** Add lines 10 through 16	17	183,828
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,698
	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	49,002
	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	53,700

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) Beginning of year		(B) End of year
22 Cash, savings, and investments	50,902	22	53,900
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	50,902	25	53,900
26 **Total Liabilities** (describe in Schedule O)	1,900	26	200
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	49,002	27	53,700

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 section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Membership - Wyoming Farm Bureau Federation, American Farm Bureau Federation

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 (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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	33		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)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		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 and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 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(c)(3) and 501(c)(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(c)(3) and 501(c)(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 > 43		

			Yes	No
44	a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b	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)			

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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 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) Reportable Compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 $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 (c)(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, and to the best of my knowledge and 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	2-15-13
	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 . . . . . > [X] Yes [ ] No

Schedule O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
83-0175722

Other Revenues	
9,149	Services Rendered
65,750	Mountain West Farm Bureau
84,041	Agent Contribution
1,396	Reimbursements
1,391	Memberships
Other Expenses	
50,380	Payroll
15,788	Payroll Taxes
2,102	Postage
226	Bank Charges
70	P O Box Rental
1,985	Meetings & Travel
3,754	Donations
25	WY Secretary of State
75	Audit
2,000	Scholarships
250	Insurance
1,880	Supplies
76	Property Taxes
1,279	Depreciation
8,923	Telephone
64,900	Rent
2,466	Advertising
4,871	Employee Benefits
4,448	Office Expense
130	Licenses
464	Internet Service
189	Reimbursements

Sheridan County Farm Bureau
Depreciation Schedule
September 30, 2012

Description	Life	Purchase Date	Purchase Amount	Depreciation	Accumulated Depreciation	Book Value 9/30/09
Copier	3 Years	01/00	$1,431 00	$0 00	$1,431 00	$0 00
Copier	3 Years	10/05	3,222 00	0.00	3,222 00	0.00
File Cabinet	3 Years	11/06	234 67	0 00	234 67	0.00
Copier	3 Years	1/12	3,837.00	1,279 00	1,279.00	2,558 00
TOTALS			**$8,724.67**	**$1,279.00**	**$6,166.67**	**$2,558.00**