Form **990**

Department of the Treasury Internal Revenue Service

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

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OMB No. 1545-0047 2004

Open to Public Inspection

A F	or the	2004 calendar year, or tax year beginning 10/01/	04 , and ending 9	/ 30/		D Emplo	yer identification no.
в_с	heck if a	applicable: Please C		ı		1 '	6004106
	Addres	s change label or	ակավիակակակա			<u> </u>	
П	Name o	change print or 6854 *******	AUTO**3-DIGIT 820] E leiebr	none number
	Initial re	type. WYOMING STATE 4 H FOUN	DATION	P 17	I Room/suite R	F A	nting method: X Cash
П	Final re	See 1000 E UNIVERSITY AVE	DELI 2224	B 52	s	7	
П	Amend	Specific LARAMIE WY 82071-2000 led return Instruc-		ei ii	ENT'S CODY	Accrua	Other (specify)
П	Applica	ation pending tions.					. ,,
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	1	d l are not applicable to s		
		trusts must attach a completed Schedule	A (Form 990 or 990-EZ).	1	is this a group return fo		Yes X No
G V	Vebsite	e: > WWW.UWYO.EDU/CES/WY04H/W	Y	⊣ ` ′	If "Yes," enter number		
.1 0)rganiz	zation type	_	H(c)	Are all affiliates include		Yes No
,	۔ ریادہ طب	x = x + x = 0	4947(a)(1) or 527	4	(If "No," att. a list. See		
K C	Check I	here if the organization's gross receipts are nor	nally not more than \$25,00) 0. H(d)	ls this a separate retur	n filed by an	
Т	he org	panization need not file a return with the IRS; but if the or	ganization received a		organization covered t	y a group ruiin	g? Yes No
F	orm 9	90 Package in the mail, it should file a return without fina	ncial data. Some states	1	Group Exemption N		
		a complete return.			Check ► if the	-	
1 (Gross r	A LUCIO Ch Ob and 10h to line 12	371,984		to attach Sch. B (F	orm 990, 990	-EZ, or 990-PF).
Pa	CONTRACTOR OF THE	Revenue, Expenses, and Changes in N	et Assets or Fund B	alanc	es (See page 18	of the ins	tructions.)
3334394	1	Contributions, gifts, grants, and similar amounts receive	d:				
	a	Direct public support		1a	152,15	04	
1	b	Indirect public support		1b			
Į	c		!	1c	8,10		
	d	Total (add lines 1a through 1c) (cash \$16	0,259 noncash \$_)	1d	160,259
ł	2	Program service revenue including government fees an	d contracts (from Part VII,	line 93)	2	151,426
İ	3	Membership dues and assessments					
1		Interest on savings and temporary cash investments					38,975
	4	Dividends and interest from securities				. 5	21,324
1	5	Gross rents		6a			
	6a	Less: rental expenses		6b			
ļ	b	Net rental income or (loss) (subtract line 6b from line 6a	a)			6c	
_	C 	Other investment income (describe)			. 7	
R	7	Gross amount from sales of assets other	(A) Securities		(B) Other		-
v e	8a			8a			
n		than inventory Less: cost or other basis and sales expenses		8b			
u e	b	Gain or (loss) (attach schedule)		8c			
	C	Net gain or (loss) (combine line 8c, columns (A) and (E))			8d	
	d	Special events and activities (attach schedule). If any a	mount is from gaming, ch	eck he	re ▶ □		
	9	Gross revenue (not including \$	of				
	а	contributions reported on line 1a)		9a			
		Less: direct expenses other than fundraising expenses		9b			
	b	Net income or (loss) from special events (subtract line	9h from line 9a)			9c	
	С	Net income or (loss) from special events (subtract mic	35 Holli IIII 527	10a			
	10a	Gross sales of inventory, less returns and allowances		10b			•
	b	Less: cost of goods sold	hedule) (subtract line 10h		e 10a)	10c	
	С						
	11	Other revenue (from Part VII, line 103)	 No. and 11\			12	371,984
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	υυ, απα 13 <i>)</i>		 		214,965
Ē	13	Program services (from line 44, column (B))					28,663
E x p e	14	Management and general (from line 44, column (C))					14,912
è	15	Fundraising (from line 44, column (D))					
s e	16	Payments to affiliates (attach schedule)				· · · · · · · · · · · · · · · · · · ·	258,540
5	17	Total expenses (add lines 16 and 44, column (A))			<u> </u>		113,444
A	18	Excess or (deficit) for the year (subtract line 17 from lin	18 12)			· · · - · · · · · - · · · · · · · · · · · · 	1,185,813
N S	19	Net assets or fund balances at beginning of year (from	line /3, column (A))			··· 	<u> </u>
e e t t	20	Other changes in net assets or fund balances (attach	explanation)				1,299,257
s		Net assets or fund balances at end of year (combine li	nes 18, 19, and 20)		<u> </u>		1,299,201

Part II Statement of All organizations r	nust com	plete column (A). Column	s (B), (C), and (D) are red	quired for section 501(c)(3) and (4) organizations
Functional Expenses and section 4947(a)(1) non	exempt charitable trusts b	ut optional for others. (Se	ee page 22 of the instructi	ons.)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
(cash \$)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25	21,267		12,760	8,50
26 Other salaries and wages	26				
27 Pension plan contributions	27	2,393		1,436	95
28 Other employee benefits	28	3,058		1,835	
29 Payroll taxes	29	1,627		976	65
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	26,069	22,419	982	2,66
34 Telephone	34				
35 Postage and shipping	35	518		181	33
36 Occupancy	36				
37 Equipment rental and maintenance	37	<u> </u>			
38 Printing and publications	38	875		306	
39 Travel	39	35,778	35,233	545	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):a	43a				
b See Statement 1	43b	166,955	157,313	9,642	
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations	1 1				
completing columns (B)-(D), carry these totals to lines 13-15	44	258,540	214,965	28,663	14,91
Joint Costs. Check ▶ ☐ if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and					Yes X No
		; (ii) the amour	=		i
(iii) the amount allocated to Management and generaß	!:-		nt allocated to Fundraisin		
Part III Statement of Program Service Acc	omplis	snments (See pa	ge 25 of the instr	ructions.)	
What is the organization's primary exempt purpose?	TO CIT	ADD C TOCAT	Thron		Program Service Expenses
► PROMOTE 4-H ACTIVITIES ON TH	ments in	ATE & LOCAL	· LEVEL.	hor	(Required for 501(c)(3)
All organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achieveme	nts that	are not measurable. (S	Section 501(c)(3) and	(4)	(4) orgs., & 4947(a)(1 trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable trusts mus	t also er	nter the amount of grain	nts and allocations to	others.)	others,)
a SEE SCHEDULE II	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
•••••		• • • • • • • • • • • • • • • • • • • •			
		· · · · · · · · · · · · · · · · · · · ·			014 05
		(Grants and allo)_	214,96
b		• • • • • • • • • • • • • • • • • • • •			
••••••		• • • • • • • • • • • • • • • • • • • •			
		(Grants and allo	ocations \$)	
Ç				•	
•••••••••••••••••••••••••••••••••••••••					
		(Grants and allo	ocations \$)	
ď					
•••••					
		(Grants and allo)	
e Other program services (attach schedule)		(Grants and allo	· · · · · · · · · · · · · · · · · · ·)	
f Total of Program Service Expenses (should equal line 44	1, colum	n (৪), Program service	es)	<u></u>	214,965

Form 990 (2004)

Part IV Balance Sheets (See page 25 of the instructions.)

	Note:	Where required, attached schedules and amounts wi	thin the description	(A)		(B)
		column should be for end-of-year amounts only.	Beginning of year		End of year	
	45	Cash-non-interest-bearing	17,574	45	56,901	
	46	Savings and temporary cash investments	493,028	46	478,038	
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and ke	y employees			
Α		(attach schedule)			50	
s	51a	Other notes and loans receivable (attach				
s		schedule)	51a			
е	b	Less: allowance for doubtful accounts	51b		51c	
t	52	Inventories for sale or use			52	
s	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities See Statement	2 ► X Cost FMV	619,390	54	674,066
	55a	Investments-land, buildings, and	, ,			
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)			55c	
	56	Investments-other (attach schedule)		144,608	56	140,202
	57a	Land, buildings, and equipment: basis	57a 9,354			
	b	Less: accumulated depreciation (attach				
		schedule) See Statement 4	57b 9,354		57c	
	58	Other assets (describe)		58	
				1 074 600		4 040 000
	59	Total assets (add lines 45 through 58) (must equal li	1	1,274,600		1,349,207
L	60	Accounts payable and accrued expenses			60	
ī	61	Grants payable			61	
a	62	Deferred revenue			62	
b i	63	Loans from officers, directors, trustees, and key emp	loyees (attach	•		
Ĺ		schedule)		······································	63	
i t		Tax-exempt bond liabilities (attach schedule)			64a	
i	1	Mortgages and other notes payable (attach schedule		00 707	64b	40.050
е	65	Other liabilities (describe See Stateme	nc s	88,787	65	49,950
S		T to Park West (and Page 00 through 07)		88,787		40.050
	66_	Total liabilities (add lines 60 through 65) anizations that follow SFAS 117, check here ▶ X	and complete lines	00,101	66	49,950
	Orga		and complete lines			
		67 through 69 and lines 73 and 74.		52,684		63,221
N F	i	Unrestricted		234,580		225,702
t n	00			898,549		1,010,334
d	69	Permanently restrictedanizations that do not follow SFAS 117, check here		090,543	09	1,010,334
A	i	complete lines 70 through 74.	- Li and			
s B s a		-			70	
e l	1	Paid-in or capital surplus, or land, building, and equi	oment fund		71	
t a	70	Retained earnings, endowment, accumulated incom-		72		
s n		Total net assets or fund balances (add lines 67 thr		12		
0 e		•	ough oa of lines			
rs	1	70 through 72; column (A) must equal line 19; column (B) must equ	ral line 21)	1,185,813	73	1,299,257
	74	Total liabilities and net assets / fund balances (ad		1,274,600		1,349,207
_	74	TOTAL HADINGES AND HEL ASSERS FRUITO DATABLES (AD	u mios oo anu 13)		/	1,549,201

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.

rom 990 (200		4 II LOOKDHILL				_	1 age 4
Part IV-A	Reconciliation of Re	venue per Audited	Pë	*********	econciliation of	•	
	Financial Statements	with Revenue per			inancial Stateme	ents with Exp	enses per
N/A	Return (See page 27	of the instructions.)	N,	/A R	eturn		
. 	enue, gains, and other support		а	Total expenses	and losses per		
	ed financial statements	a	*****		statements	▶ a	***************************************
	included on line a but not on		∭Ь		ed on line a but not		
-				on line 17, Form			
line 12, F			(4)				
* *	alized gains on		(יי)	Donated service	s and use		
investme	nts \$	4		of facilities \$			
(2) Donated	services and use		(2)	Prior year adjust			
of facilitie	es \$			reported on line	20,		
(3) Recoveri	es of prior			Form 990 \$			
year grar	nts \$		(3)	Losses reported	i on line 20,		
(4) Other (sp		7		Form 990 \$			
(4) Ollici (3)	cony).		(A)	Other (specify):			
			· (*)	Other (opoony).			
	\$	┨╶┦	****				
Add amo	ounts on lines (1) through (4)	_ b	_	<u></u>			
				Add amounts or	n lines (1) through (4)	b	
c Line a m	inus line b	С	C	Line a minus lin	e b	▶ <u>c</u>	
d Amounts	included on line 12,		d	Amounts include	ed on line 17,		
Form 99	D but not on line a:			Form 990 but no	ot on line a:		
(1) Investme			(1)	Investment expe	enses		
			\	not included on			
	ded on line						
6b, Form		-		6b, Form 990 \$			
(2) Other (sp	pecify):		(2)	Other (specify):			
	<u> </u>	_		<u>\$</u>			
Add amo	ounts on lines (1) and (2)	d		Add amounts or	n lines (1) and (2)	▶ d	···
	venue per line 12, Form 990		е	Total expenses	per line 17, Form 990)	
	us line d)	e	ı	(line c plus line	d)	▶ e	
Part V	List of Officers, Directo	rs. Trustees, and Key	Empl				ge 27 of
***************************************	the instructions.)	· · · · · · · · · · · · · · · · · · ·	•	· ·		•	_
	the mondoners,		(B)	Title and average	(C) Compensation	(D) Contrib. to	(E) Expense
	(A) Name and addres	SS .		er week devoted to	(If not paid, enter	employee benefit plans & deferred compensation	account and other allowances
				position	-0)	compensation	anowances
See St	atement 6						
					1	<u> </u>	
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			l				<u> </u>
	officer, director, trustee, or key e						
	ation and all related organization						Yes X No
		• · · · · · · · · · · · · · · · · · · ·	•	-	•		
	' attach schedule-see page 28 of	the instructions.					
	attach schedule-see page 28 of	the instructions.					

Form	990 (2004) WYOMING STATE 4-H FOUNDATION 83-6004106		Р	age 5
Pa	Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			
	alabamant.	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
oou	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶			
U	and check whether it is exempt or nonexempt.			
010	Dda .			
	Enter direct and indirect political expenditures. See line 81 instructions Did the organization file Form 1120-POL for this year? N/A	81b	100000000000 	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	0.2		
82a		82a		x
	or at substantially less than fair rental value?	020		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as			
	Tevenue in traction do an expense in tractin (eee mendement in the contraction in the con	83a	X	*************************************
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a	- 47	x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	048	*******	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tay deductible?	0.41-		
	of gits were not tax deduction.	84b		
85	30 f(c)(4), (b), or (c) organizations, a visit depote the second and a	85a		├
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c	4		
ď	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	1		1
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	1		
	year? N/A	85h		<u> </u>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	_		
b	Gross receipts, included on line 12, for public use of club facilities 86b	_		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b.	Gross income from other sources. (Do not net amounts due or paid to other			
~	sources against amounts due or received from them.)			
88	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	88	<u>l</u>	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
oou	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
ט	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	1		
		89b		x
_	a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	<u> </u>		
С				. (
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed None	• • • • • •		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	764	:_?=	
91	The books are in care of ► STEVE MACK Telephone no. ► 307	- / 50	7743	, 20
	Located at LARAMIE, WY	· · · · · · ·	· · · · · ·	
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			
		For	ո 990	(2004

Part VII	Analysis of Income-Pro	ducing Activities (See p	age 33 of the ins	tructions	.)	
Note: Enter	gross amounts unless otherwise	Unrel	ated business income	Exclude	d by sec. 512, 513, or 51	(E) Related or
indicated.		(A) Business coo	(B) ie Amount	(C) Exclusion	(D) Amount	exempt function
_	service revenue:		7 110 211	code	7 11104111	income
	REGISTRATION FEE				*****	132,125
	URANCE, SUPPLIES,					19,301
_						
			·			<u> </u>
e	A A a transfer of the same of		<u> </u>		- 11-15-	
f Medicar	e/Medicaid payments					
	d contracts from government agend			_		
94 Member	ship dues and assessments on savings and temporary cash inv	rostmonts		14	38,975	
	on savings and temporary cash invits and interest from securities			14	21,324	
	al income or (loss) from real estate				== / 0= -	
	anced property					
b not debt	-financed property					
98 Net rent	al income or (loss) from personal p	roperty				
	(loss) from sales of assets other th	an inventory				
	me or (loss) from special events					
102 Gross p	rofit or (loss) from sales of inventor	у				
	venue: a					
		1				·
d						
e						
	(add columns (B), (D), and (E))		661	0	60,299	
105 Total (a	dd line 104, columns (B), (D), and ((E))			-	211,725
**********************	plus line 1d, Part I, should equal t			 ,		
Part VIII		es to the Accomplishme				
Line No.	Explain how each activity for which	•	• •	-	tantly to the accompli	shment
03-	of the organization's exempt purp			S).		
93a	PROGRAMS RELATED					
93b	REVENUE USED TO	OFFSEI LIKE-KIN	D EXPENSES			
					·	
Part IX	Information Regarding T	avable Subsidiaries and	Disregarded En	tities (Se	e nage 34 of the	instructions)
	(A)	(B)	(C)	100	(D) Total income	(E)
Name, ad	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest	Nature of activities		Total income	End-of-year assets
N/A	17	%				400010
		%				
		%				
		%				*
Part X	Information Regarding T	ransfers Associated wit	h Personal Bene	fit Contr	acts (See page 34 o	f the instructions.)
	the organization, during the year, re	eceive any funds, directly or indi	rectly, to pay premium	ns on a per	sonal benefit contract	? Yes X No
	the organization, during the year, p	ay premiums, directly or indirec	tly, on a personal bene	efit contrac	t?	Yes X No
	es" to (b), file Form 8870 and Form					
	Under penalties of perjury, I declare th					
Please	and belief, it is true, correct, and comp	olete. Declaration of preparer (other the	nan officer) is based on al	l information	of which preparer has an	y knowledge.
Sign	V CLIENT'S C	UPY				
Here	Signature of officer				Date	
пете						
	Type or print name and title.					
					Check if	Preparer's SSN or PTIN
Paid	Preparer's	n. ()	Date	,	self- employed	(See Gen. Instr. W)
Preparer's	signature Janhan	71. (hlum	1 (1/1 2/2	106	<u> </u>	P00501647
Jpaici S	Firm's name (or yours PAU	LINE M. DUNNUCK	, ČPA, PĆ		EIN	▶ 83-0313721
Use Only	` '		4.5.1			
Use Only	if self-employed),		te 121		Phone	
Use Only		3 N 15th St Sui- amie, WY 82072	te 121		l .	307-745-7241

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Employer identification number

2004

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information-(See separate instructions.)

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

WYOMING STATE 4-H FOUNDATION 83-6004106 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl. ben. plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred comp. allowances NONE Total number of other employees paid over \$50,000 Part II 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

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

Total number of others receiving over \$50,000 for

professional services

Schedule A (Form 990 or 990-EZ) 2004

Sche	dule A	(Form 990 or 990-EZ) 2004 WYOMING STATE 4-H FOUNDATION 83-6004106		1	Page 2
P	ırt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any			†
	atte	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	İ		
	or it	ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,			
	Par	t VI-A, or line i of Part VI-B.)	1		X
	Org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	orga	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the	lobbying activities.			
2	Dur	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	sub	stantial 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			
	own	er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	tran	sactions.)			
а		e, exchange, or leasing of property?	2a		X
b	Len	ding of money or other extension of credit?	2b	ļ	X
C	Fur	nishing of goods, services, or facilities?	2c		X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е		nsfer of any part of its income or assets?	2e		X
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you	determine that recipients qualify to receive payments.) See Statement 7	3a	X	
b	Do :	you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did	you maintain any separate account for participating donors where donors have the right to provide advice			
	on t	he use or distribution of funds?	4a		X
_b	Do '	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pi	rt I)	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organ	sization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	ň	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	П	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	П	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	П	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city	٧.		
		, , , , , , , , , , , , , , , , , , , ,	,,		
		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	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section	on		
		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 acquire	d		
		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 supports organizations			
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)) Line i	numbe	эr
		(a) name(s) of supported organization(s)	from a	bove	
					•
			····		

14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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. Calendar year (or fiscal year beginning in) (a) 2003 (b) 2002 (c) 2001 (d) 2000 (e) Total Gifts, grants, and contributions received. (Do 110,073 87,318 92,507 not include unusual grants. See line 28.) 160,850 450,748 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 134,086 136,227 262,327 organization's charitable, etc., purpose 147,668 680,308 Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 47,175 41,747 37,650 82,925 by the organization after June 30, 1975 209,497 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ... 0 Other income, Attach a schedule, Do not include gain or (loss) from sale of capital assets 265,292 291,334 277,825 340,553 506,102 Total of lines 15 through 22 157,248 129,065 243,775 130,157 24 Line 23 minus line 17 660,245 2.913I 2,653 25 Enter 1% of line 23 5,061 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 13,205 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 23,829 c Total support for section 509(a)(1) test: Enter line 24, column (e) 660,245 26c d Add: Amounts from column (e) for lines: 18 209, 497 26b 233,326 26d e Public support (line 26c minus line 26d total) 426,919 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 64.6607% 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: N/A (2002) 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 11, 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: N/A (2002) c Add: Amounts from column (e) for lines: d Add: Line 27a total. and line 27b total 27d Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test: Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 7 of the instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/.	Ą	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	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		******
31	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		1000000000
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	······································			
2	Does the organization maintain the following:			
a.	Peccycle indicating the racial composition of the student body, faculty, and administrative staff?	20-		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
U	12.0	201		
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
С		1		
4	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
u	Copies of all material used by the organization of on its behalf to solicit contributions?	32d	********	*********
	If you are upred "No" to any of the above plane combin (If you need many areas attach a constitution of			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Booth and the district book to be a second of the second o			
3	Does the organization discriminate by race in any way with respect to:			
	Objected data associations of			
а	Students' rights or privileges?	33a		
_	Administra nalisian 2			
D	Admissions policies?	33b		
_	Employment of faculty or administrative staff?			
·	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	224		
_	Scholarships or other financial assistance?	33d		
e	Educational policies?	220	.	
•	Educational policies?	33e		
f	Use of facilities?	225		
	Ose of facilities?	33f		
g	Athletic programs?	33g		
_		Jog		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
þ	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.			
5	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		

Р	age	

Schedule A (Form 990 or 990-EZ) 2004 WYC Part VI-A Lobbying Expen	MING STATE ditures by Electing	4-H FOUNDAT Public Charities	ION (See pag		the instr			Page 5
(To be completed	d ONLY by an eligit	ole organization th	<u>nat filed Fo</u>	<u>rm 57</u>	68) <u>1</u>	N/A		III province and
Check a if the organization below	ongs to an affiliated grou	ıp. Check	b if you	ı checke	ed "a" and (a)	"limited	CONTR	ol" provisions apply. (b)
	n Lobbying Expen				Affiliated totals	group s		To be completed for ALL electing organizations
	litures" means amounts							- Organizations
6 Total lobbying expenditures to influence				36		 		
7 Total lobbying expenditures to influence			· · · · · · · · · · · · · · · ·	37	·			
8 Total lobbying expenditures (add lines	36 and 37)			38				
9 Other exempt purpose expenditures			· · · · · · · · · · · · · · · ·	39				
10 Total exempt purpose expenditures (a				40				
11 Lobbying nontaxable amount. Enter the								
If the amount on line 40 is-		ntaxable amount is-	¬ l					
Not over \$500,000		on line 40						
Over \$500,000 but not over \$1,000,000		of the excess over \$500,0	1 1	44			****	
Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000	1 2000	41				
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,500,0	1 1888					
Over \$17,000,000				42				
42 Grassroots nontaxable amount (enter			· · · · · · · · · · · · · · · · · · ·	42 43				
Subtract line 42 from line 36. Enter -0			· · · · · · · · · · ·	44			-	
14 Subtract line 41 from line 38. Enter -0				44				
Caution: If there is an amount on eith	er line 43 or line 44, you	must file Form 4720.						
		aging Period Und						
(Some organiza	tions that made a sectio	n 501(h) election do no	ot have to con	nplete a	Il of the five	e column	s belo	OW.
	See the instructions for	or lines 45 through 50 c	on page 11 of	the inst	ructions.)			
		Lobbying Expe	nditures Duri	ng 4-Ye	ar Averag	ing Perio	od	
Calendar year (or	(a)	(b)	(c)		1	(d)		(e)
fiscal year beginning in)	2004	2003	2002		1 2	001		Total
	·							
45 Lobbying nontaxable amount								
46 Lobbying ceiling amount (150% of								
line 45(e))						***************		
47 Total lobbying expenditures								
48 Grassroots nontaxable amount		ļ						
49 Grassroots ceiling amount (150% of								
line 48(e))	[
ille 46(e))								
50 Grassroots lobbying expenditures								
Part VI-B Lobbying Activ	ity by Nonelecting	Public Charities						
(For reporting o	nly by organization	s that did not com	nplete Part	VI-A)	(See pa	ge 11 c	of the	e instructions.) N/A
During the year, did the organization atte	mpt to influence nationa	al, state or local legisla	tion, including	any		1 1	No	Amount
attempt to influence public opinion on a l	egislative matter or refe	rendum, through the us	se of:			163	NO	Alliount
a Volunteers								
b Paid staff or management (Include	compensation in exper	ises reported on lines	c through h.)					
d Mailings to members, legislators, of								
e Publications, or published or broad							\perp	
f Grants to other organizations for lo	obbying purposes							
g Direct contact with legislators, their								
h Rallies, demonstrations, seminars								
i Total lobbying expenditures (Add I	ines c through h.)							·- ·- ·- ·
If "Yes" to any of the above, also a	utaah a atatamant siyin	detailed description	of the labbying	an activi	tipe			
If "Yes" to any of the above, also a	ttach a statement giving	a detailed description	i of the lobbyii	ig activi	iics.			orm 990 or 990-EZ) 200

Scher	dule A (Form 99	90 or 990-EZ) 2004 WY	OMING	STATE 4	-H FOUNDA	TION	83-6004106		P	age 6
*****	art VII	Information Rega Organizations (S	rding Tra	nsfers To	and Transaction	ns and Rela	tionships With Noncharita	ble Ex		
51	Did the repo	orting organization direc	tly or indirec	tly engage in	any of the following	with any other o	rganization described in section			
		e Code (other than sec								
а		om the reporting organi							Yes	No
_								51a(i)		X
								a(ii)		X
_	Other transa									
þ				haritabla ava	mat arganization			b(i)		x
										X
	(ii) Purch	lases of assets from a i	noncharitable	e exempt orga	inization			b(ii)		-
								b(iii)		_ <u>X</u> _
								b(iv)		<u> </u>
	(v) Loans	s or loan guarantees						b(v)		<u>X</u>
	(vi) Perfo	rmance of services or r	nembership (or fundraising	solicitations			b(vi)		X
С								С		X
d	If the answe	er to any of the above is	s "Yes," com	plete the follow	wing schedule. Col	mn (b) should a	lways show the fair market value o	f the		
							less than fair market value in any			
		or sharing arrangemen								
	(a)	(b)		(c)			(d)			
	Line no.	Amount involved	Name of		xempt organization	Descript	ion of transfers, transactions, and sharin	g arranger	ments	
NT	/A					 				
- 14	/A									
		<u> </u>								
		<u> </u>								·····
		<u> </u>								
						<u> </u>				
	· · · · ·									
		 								
										
		<u> </u>								
			l							
		<u> </u>								
52a		nization directly or indire					nizations		es 🛭	ē
		n section 501(c) of the		than section 5	501(c)(3)) or in sect	on 52/?		- L Y	es 🛂	я ио
<u>b</u>	If "Yes," co	mplete the following so	hedule:			1				
		(a)		7	(b)		(c) Description of relationship			
		Name of organization		Type	of organization		Description of relationship			
	N/A					<u></u>				
			·	<u> </u>						
						 				
				ļ						
				1						

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

2004

Name of organization

Employer identification number

83-6004106

WYOMING STAT	E 4-H FOUNDATION	83-6004106
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 foundation	•
• •	is covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), xes for both the General Rule and a Special Rule-see instructions.)	(8), or (10)
General Rule-		
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in one contributor. (Complete Parts I and II.)	n money or
Special Rules-		
under sections 50	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support ter 9(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a cor or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)	
during the year, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from a ggregate contributions or bequests of more than \$1,000 for use exclusively for religion or educational purposes, or the prevention of cruelty to children or animals. (Comple	ous, charitable,
during the year, so not aggregate to n the year for an excapplies to this organized	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from a some contributions for use exclusively for religious, charitable, etc., purposes, but the more than \$1,000. (If this box is checked, enter here the total contributions that were clusively religious, charitable, etc., purpose. Do not complete any of the Parts unless anization because it received nonexclusively religious, charitable, etc., contributions	se contributions did received during the General Rule of \$5,000 or more
990-EZ, or 990-PF), but th	at are not covered by the General Rule and/or the Special Rules do not file Schedule bey must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 or 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) (2004)

W4H101 WYOMING STATE 4-H FOUNDATION
83-6004106 Federal Statements

FYE: 9/30/2005

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
REGISTRATION FEES	90,306	90,306		
MISCELLANEOUS	4,385	4,350	35	
AWARDS	21,837	21,837		
HONORARIUMS	13,087	6,543	6,544	
INSURANCE	11,818	11,818	•	
PROJECT GRANTS	25,522	22,459	3,063	
Total	\$ <u>166,955</u>	\$ 157,313	\$ 9,642	\$ 0

W4H101 WYOMING STATE 4-H FOUNDATION

Federal Statements

FYE: 9/30/2005

83-6004106

Statement 2 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning	End of	Basis of
	of Year	Year	Valuation
Corporate Stock AMERICAN BALANCED FUND CAPITAL INCOME BUILDER FUND INCOME FUND OF AMERICA	121,435	157,382	Cost
	161,913	211,360	Cost
	121,448	157,384	Cost
Corporate Bonds CORP. & GOVT BONDS PREMIUMS	214,594	145,982 1,958	Cost Cost
	619,390	674,066	

Statement 3 - Form 990, Part IV, Line 56 - Other Investments

Description	E	Beginning of Year	 End of Year	Basis of Valuation
K JONES MORTGAGE C&G JONES MORTGAGE	\$	71,991 72,617	\$ 68,778 71,424	Cost Cost
Total	\$	144,608	\$ 140,202	

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
COMPUTER EQUIPMENT	\$ 9,354	\$ 9,354	\$ 9,354	\$ 9,354
Total	\$ 9,354	\$ 9,354	\$ 9,354	\$ 9,354

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of <u>Year</u>
CUSTODIAN FUNDS - OUTSIDE INVESTORS	\$ 88,787	\$ 49,950
Total	\$ 88,787	\$ 49,950

W4H101 WYOMING STATE 4-H FOUNDATION 83-6004106 FYE: 9/30/2005

Federal Statements

Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

	Name	Δ	Address				
	City, State, Zip	te, Zip	Title	Average Hours	Compensation	Benefits	Expenses
STEVE MACK	LARAMIE WY 82071	DEPT. 3354	DIRECTOR		21,267	5,450	0
GLENN WHIPPLE	LADAMIE WV 82071	DEPT 3354	DIRECTOR				
BOB SEXTON	ž. Μ	651 US HWY 287	CHAIRMAN		0	0	o 0
TAMMY BARKHURST	SARATOGA WY 82331	HC 63, BOX 14	BD OF DIRECT		0	0	0
GARY BARNEY	LANDER WY 82520	267 MAIN STREET	BD OF DIRECT		0	0	0
KAY CLARK		1134 ROAD 14	BD OF DIRECT		0	0	0
BONNIE ELLENWOOD		Щ	BD OF DIRECT		0	0	0
DEAN FRANK GALEY	LARAMIE WY 82071	DEPT. 3354	BD OF DIRECT		0	0	0
MILT GREEN	CASPER WY 82604	2011 FAIRGROUNDS	RD OF DIRECT		0	0	0
EDNA MAE MCCLAFLIN PC MIKE MOON	IN POWELL WY 82435	1869 LANE 10 HC 63 ROX 18	BD OF DIRECT		0	0	0
DENISE SMITH	SARATOGA WY 82331	10	BD OF DIRECT		0	0	0
	LUSK WY 82225		BD OF DIRECT		0	0	0

W4H101 WYOMING STATE 4-H FOUNDATION

83-6004106

Federal Statements

FYE: 9/30/2005

Statement 7 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications

APPLICATIONS/GRANTS BASED ON NEED &/OR ABILITY AND MERIT.

W4H101 WYOMING STATE 4-H FOUNDATION
83-6004106 Federal Asset Report

83-6004106

FYE: 9/30/2005

Indirect Depreciation

Asset	Description	Date In Service		us Sec Sec % <u>179</u> 168(k)	Basis for Depr	PerConv Meth	Prior	Current
1 2 3	MACRS: COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER & EQUIPMENT	4/01/98 10/01/98 10/01/98 3/01/00	3,898 3,371 171 1,914 9,354	X X X X	000000000000000000000000000000000000000	5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	3,898 3,371 171 1,914 9,354	0 0 0 0
	Grand Totals Less: Dispositions Net Grand Totals	- -	9,354 0 9,354		(9,354 0 9,354	0 0

W4H101 WYOMING STATE 4-H FOUNDATION
83-6004106 Federal Statements

FYE: 9/30/2005

Form 990, Part I, Line 1a - Direct Public Support

Description	 Cash	<u>Noncash</u>		 Total
Other Contributions	\$ 35,000	\$		\$ 35,000
Total	\$ 35,000	\$	0	\$ 35,000

W4H101 WYOMING STATE 4-H FOUNDATION

Federal Statements

83-6004106 FYE: 9/30/2005

Schedule A, Part IV-A, Line 28 - Unusual Grants

Description		
Amount	293,750	293,750
Date	12/31/00	
Name	HELEN MILLER TRUS	Total