Form **990**

OMB No. 1545-0047 2006

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.
or tax year beginning 10/01/06, and ending 9/30/07 Department of the Treasury Internal Revenue Service

Open to Public Inspection

_		Diagon Dia	o , and ending	75070			
B		applicable: Please C Name of organization			i		ployer identification number
\sqcup	Address	change label or WYOMING STATE 4	000 29 18 1 ENUNDATION		I L		3-6004106
\sqcup	Name ch	lange Printo 1000 F UNIVERSITY	AVE DEPT 3354	1		E Tel	ephone number
П	Initial ret	Type. TABAMTE NV 990-	71-2000		S lite _	_	lee!
Ħ	Final retu	Specifi		CITEN	ו¥ מ חח סידו	_	ounting method: X Cash
님		Instruc		ULIEI	IT'S COPY	Acc	rual Other (specify)
\sqcup	Amende			Т			
Ш	Application	on pending Section 501(c)(3) organizations and 4947(a)(trusts must attach a completed Schedule A			not applicable to section		· — 🖴
_			` '	1	his a group return for a		. — —
		e: uwadmnweb.uwyo.edu/wyo4h/Found	ation.nt	7	es," enter number of a		· · · · · · · · · · · · · · ·
J		zation type		1 ' '	all affiliates included?		☐ Yes ☐ No
	(check	only one) ► X 501(c) (3) ◀ (insert no.) 4	947(a)(1) or 527	T	No," attach a list. See instru	•	
K	Check he	ere if the organization is not a 509(a)(3) supporting organ	nization and its gross	1 ' '	his a separate return fi	•	
	receipts	are normally not more than \$25,000. A return is not required, but if the	ne organization chooses		anization covered by a		uling? Yes No
	to file a r	eturn, be sure to file a complete return.			oup Exemption Nun		
			201 201	- I		-	ation is not required
		ecceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	391,399		attach Sch. B (Forn		
P	art I	Revenue, Expenses, and Changes in Net		alances (See the instruc	tions.)
	1	Contributions, gifts, grants, and similar amounts received:		1			
	a			1a			
	b	Direct public support (not included on line 1a)		1b	85,865	4 !	
	C	Indirect public support (not included on line 1a)		1c	62,605		
	d	Government contributions (grants) (not included on line 1a) . <u>.</u> [1d	3,329	į l	
	е	Total (add lines 1a through 1d) (cash \$ 151	.,799 noncash \$)	1e	151,799
	2	Program service revenue including government fees and o	contracts (from Part VII,	line 93)		2	102,699
	3		· · · · · · · · · · · · · · · · · · ·			3	
	4	Interest on savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·			4	43,490
	5	Dividends and interest from securities				5	38,129
	6a	Gross rents		6a			
	b	Less: rental expenses		6b]	
	С	Net rental income or (loss). Subtract line 6b from line 6a				6c	
ø	7	Other investment income (describe),			7	
Revenue	8a	Gross amount from sales of assets other	(A) Securities		(B) Other		
9.6	1	than inventory	55,282	8a		1	
œ	ь	Less: cost or other basis and sales expenses	53,156	8b		7	
	C	Gain or (loss) (attach schedule)	2,126	8c]	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	See Stmt	1		8d	2,126
	9	Special events and activities (attach schedule). If any amount		eck her	T		
	a	Gross revenue (not including \$		-	-		
		contributions reported on line 1b)		9a			
	ь	Less: direct expenses other than fundraising expenses		9b]	
	С	Net income or (loss) from special events. Subtract line 9b	from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances		10a			
	Ь	Less: cost of goods sold		10b		7	
	C	Gross profit or (loss) from sales of inventory (attach sche	dule). Subtract line 10h		a	10c	,
	11				••••	11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11				338,243
_	13	Program services (from line 44, column (B))	<u> </u>			13	191,857
ģ		Management and general (from line 44, column (C))					27,029
9	22 14 15 16	Fundraising (from line 44, column (D))				15	15,424
Š	16	Payments to affiliates (attach schedule)	• • • • • • • • • • • • • • • • • • • •			16	
U	17	Total expenses. Add lines 16 and 44, column (A)		• • • • • • • • • • • • • • • • • • • •		17	234,310
- 5		Excess or (deficit) for the year. Subtract line 17 from line	40			1 40	103,933
Š	19	Net assets or fund balances at beginning of year (from lin		• • • • • • • • • • •			1,412,818
Š	18 19 20 21	Other changes in net assets or fund balances (attach ex	. 1				
3	21	Net assets or fund balances at end of year. Combine line				21	1,516,751
F	or Priva	cy Act and Paperwork Reduction Act Notice, see the ser					Form 990 (2006
ir	nstructio	ons.					1 OIII 330 (2006

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.

OMB No. 1545-0047 2006 Open to Public Inspection

A	For the	2006 calendar year, or tax year beginning 10/01/06, ar		/30/	07	ioino.	
В		applicable: Please C Name of organization		7 7		D E	mployer identification number
	Address	change use IRSI 200709 021 E20000 3	Q TB		7		33 - 6004106
Ħ		mint of WYOMING STATE 4 H FOU	NDATION		Ř		
님	Name ch	1000 F ONIVERSITY HAF		1	S lite		elephone number
Ш	Initial ret	turn See LHKHMIE WY 820/1-20	00		ille .	E ^	ccounting method: X Cash
	Final ret	_{urn} Specifi Instruc⋅			CNIT'S COTON		<u> </u>
\Box	Amende					<u></u>	ccrual Other (specify)
H		• Section 504(a)(2) argonizations and 4047(-)(4) argonizations	compt aboritable	Нопе	ara nat an di sala ta sa di		
	Applicati	trusts must attach a completed Schedule A (Form 99)			are not applicable to secti		
G	Waheit	e: > uwadmnweb.uwyo.edu/wyo4h/Foundation	•	1	Is this a group return for a		
		zation type		7 ''	If "Yes," enter number of		
J			, [] 507	H(C)	Are all affiliates included?		☐ Yes ☐ No
		, _—) or 527	┥	(If "No," attach a list. See instru	•	
K	Check he	ere if the organization is not a 509(a)(3) supporting organization a	nd its gross	H(d)	is this a separate return fi		
	receipts	are normally not more than \$25,000. A return is not required, but if the organize	zation chooses		organization covered by a	-	
	to file a r	return, be sure to file a complete return.			Group Exemption Nur		
			201 200				ization is not required
		receipts: Add lines 6b, 8b, 9b, and 10b to line 12	391,399		to attach Sch. B (Forn	n 990,	990-EZ, or 990-PF).
	art I	Revenue, Expenses, and Changes in Net Asset	s or Fund B	alance	s (See the instruc	ctions	s.)
	1	Contributions, gifts, grants, and similar amounts received:	1	. 1			
	а	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	85,865		
	С	Indirect public support (not included on line 1a)		1c	62,605		
	d	Government contributions (grants) (not included on line 1a)	<u>.</u>	1d	3,329		
	е	Total (add lines 1a through 1d) (cash \$ 151,799)	1e	151,799
	2	Program service revenue including government fees and contracts	(from Part VII,	line 93)		2	102,699
	3					3	
	4	Note and the second sec			• • • • • • • • • • • • • • • • • • • •	4	43,490
	5	Dividends and interest from securities				5	38,129
	6a	Gross rents		6a	• • • • • • • • • • • • • • • • • • • •	"	30,123
	b	Lace: rental evanges		6b	······································	1	
	c	Net rental income or (loss). Subtract line 6b from line 6a	L	00		1	
	7	Other investment income (describe			• • • • • • • • • • • • • • • • • • • •	6c	
Revenue	8a			<u> </u>	· · · · · · · · · · · · · · · · · · ·	7	
Ver	l oa		Securities		(B) Other	-	
å		than inventory	55,282	8a		4	
	b	Less: cost or other basis and sales expenses	53,156	8b		4	
	C	Gain or (loss) (attach schedule)	2,126	8c		-	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			· ·	8d	2,126
	9	Special events and activities (attach schedule). If any amount is fr	om gaming, che	eck her	• 📙	İ	
	а	Gross revenue (not including \$ of	,				
		contributions reported on line 1b)		9a			
	b	Less: direct expenses other than fundraising expenses		9b		1	
	C	Net income or (loss) from special events. Subtract line 9b from line	e 9a			9c	
	10a	Gross sales of inventory, less returns and allowances		10a]	
	b	Less: cost of goods sold		10b		_	
	С	Gross profit or (loss) from sales of inventory (attach schedule). Su	btract line 10b f	rom line	10a	10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	338,243
	13	Program services (from line 44, column (B))				13	191,857
ses	14	Management and general (from line 44, column (C))				14	27,029
ens	15	Fundraising (from line 44, column (D))				15	15,424
Expenses	16	Payments to affiliates (attach schedule)	• • • • • • • • • • • • • • • • • • • •	16	17,744		
ш	17	Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A)		17	234,310		
S		Excess or (deficit) for the year. Subtract line 17 from line 12	 			 	
Assets	19	Excess or (deficit) for the year. Subtract line 17 from line 12		• • • • • • •		18	
As	20	Net assets or fund balances at beginning of year (from line 73, co	iumii (A))	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	19	
Net	21	Other changes in net assets or fund balances (attach explanation)			20	
_	1 41	Net assets or fund balances at end of year. Combine lines 18, 19 cy Act and Paperwork Reduction Act Notice, see the separate	and 20		<u></u>	21	
ins	structio	ns.					Form 990 (2006)

Department of the Treasury

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 requirement

OMB No. 1545-0047 2006

A	Ear th-	2006 calendar year, or tax year beginning 10/01/				ients.	Open to Fublic Inspection
		Disease	00 , and ending	3/30/	07		
		uso IDS					ployer identification number
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	Name ch			i	R	E Tel	lephone number
	nitial ret	1 97 ¹⁵ 1 ABAMTE 310 AAA	71-2000	•	S lite		- Isal
	Final retu	urn Specifi Instruc		4	ENTY OF THE		counting method: X Cash
	Amende	I				-	ordai Other (specify)
	Applicati	• Section 501(c)(3) organizations and 4947(a		Hand	are not applicable to secti	on 527 o	rganizations. I
<u> </u>	M-1-14	trusts must attach a completed Schedule / e: uwadmnweb.uwyo.edu/wyo4h/Found	·	1	Is this a group return for a		
		zation type	dation.nt		If "Yes," enter number of a Are all affiliates included?		
	-	· . 🖘	4947(a)(1) or 527	''(')	(If "No," attach a list. See instru		∐ Yes ∐ No
K	Check he	ere if the organization is not a 509(a)(3) supporting org	anization and its gross	H(d)	Is this a separate return fi	•	n
1	eceipts	are normally not more than \$25,000. A return is not required, but if	the organization chooses		organization covered by a	group ru	uling? Yes No
1	o file a r	return, be sure to file a complete return.	•	1	Group Exemption Nun	nber	
				М	Check ▶ if the	organiz	ation is not required
L (Gross r	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	391,399)	to attach Sch. B (Forn		
Pa	art I	Revenue, Expenses, and Changes in Ne	t Assets or Fund B	alance	s (See the instruc	tions)
	1	Contributions, gifts, grants, and similar amounts received			- (SSS A.IO MIDHAG	1	
:	а	One follows have a district of the dis-	1	1a			
	b	The standalls are most first in about a little A.A.		1b	85,865	1 1	
		Indirect public cupper (not included on line 1s)					
	C			1c	62,605		
	d	Government contributions (grants) (not included on line 1		1d	3,329		
	е	Total (add lines 1a through 1d) (cash \$ 15:)	1e	151,799
	2	Program service revenue including government fees and	contracts (from Part VII,	line 93)		2	102,699
	3			3			
	4	Interest on savings and temporary cash investments				4	43,490
	5	Dividends and interest from securities	• • • • • • • • • • • • • • • • • • • •	· · · · · · · ·		5	38,129
	6a			6a	• • • • • • • • • • • • • • • • • • • •	├	30,123
	b	I and monthly amounts				1	
				6b			
	_ C	Net rental income or (loss). Subtract line 6b from line 6a				6c	
9	7	Other investment income (describe				7	
Revenue	8a	Gross amount from sales of assets other	(A) Securities		(B) Other]	
ev.		than inventory	55,282	8a			
и.	b	Less: cost or other basis and sales expenses	53,156	8b		1	
	С	Gain or (loss) (attach schedule)	2,126	8c		1	
	ď	Net gain or (loss). Combine line 8c, columns (A) and (B)	See Stmt	1		8d	2,126
	9	Special events and activities (attach schedule). If any arr				- 50	
	а	Gross revenue (not including \$		CON HOIS			
	_	contributions reported on line 1h)	_ 0'	9a			
	<u> </u>	contributions reported on line 1b)				1 1	
	b	Less: direct expenses other than fundraising expenses		9b		-	
	C	Net income or (loss) from special events. Subtract line 9	b trom line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances		10a		1 1	
	b	Less: cost of goods sold		10b]	
	С	Gross profit or (loss) from sales of inventory (attach sche	edule). Subtract line 10b	rom line	10a	10c	
	11	Other revenue (from Dod VIII line 402)				11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	c, and 11			12	338,243
	13	Program services (from line 44, column (B))			····	13	191,857
Ses	14	Management and general (from line 44, column (C))				14	27,029
Expenses	15	Fundraising (from line 44 column /D)\		15	15,424		
ă	16	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)			15,424		
ш	l			16			
	17	Total expenses. Add lines 16 and 44, column (A)		17	234,310		
set	18	Excess or (deficit) for the year. Subtract line 17 from line				18	103,933
Ass	19	Net assets or fund balances at beginning of year (from li	ne 73, column (A))			19	1,412,818
Net Assets	20	Other changes in net assets or fund balances (attach ex	planation)			20	
	21	Net assets or fund balances at end of year. Combine lin	es 18, 19, and 20			21	1,516,751
ins	tructio	cy Act and Paperwork Reduction Act Notice, see the sens.	parate				Form 990 (2006)

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.

OMB No. 1545-0047 2006 Open to Public Inspection

A	For the	2006 calendar year, or tax year beginning 10/01/	06 and ending	9/30/		ienis.	Topon to	20110 1110	pedion
В		applicable: Please C Name of organization	Juna Silania	- / /		D Emplo	yer identifica	tion nu	mbor
	Address	change use IRSI 200700 024 52	0000 29 TB		I		-60041		libei
Ħ	Name ch	print of WYOMING STATE 4	H FOUNDATION		Ř		hone num		
\vdash		type. 1000 E UNIVERSI	TY AVE DEPT 335	4	S ite	r resep	none num	Dei	
	Initial ret	See	071-2000	W		F Accou	nting metho	4. X	Cash
	Final retu	urn Specifi Instruc				Accrui	- m	ther (sp	
	Amende	1		E. Barri	Print (n right	- Accidi		Milei (Sp	ecity)
$\overline{\sqcap}$	Application	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	Hand	are not applicable to secti	on 527 oras	anizations. I		
		trusts must attach a completed Schedule			Is this a group return for a			r:	X No
G	Website	e: > uwadmnweb.uwyo.edu/wyo4h/Foun	dation.ht	1	If "Yes," enter number of a		•	_	_
J		zation type		H(c)	Are all affiliates included?			Yes	No
	(check	only one) ► X 501(c) (3) ◄ (insert no.)	4947(a)(1) or 527	_	(If "No," attach a list. See instru	ctions.)			
K	Check he	ere if the organization is not a 509(a)(3) supporting org	ganization and its gross	H(d)	Is this a separate return fi	led by an			
	receipts	are normally not more than \$25,000. A return is not required, but i	f the organization chooses		organization covered by a	group rulin	ıg?	Yes	No
	to file a r	eturn, be sure to file a complete return.		1	Group Exemption Nun				
	0	and the Addition of the Object of Addition of Addition of the Object of Addition of the Object of Addition o	201 204				on is not r		
		eceipts: Add lines 6b, 8b, 9b, and 10b to line 12	391,399		to attach Sch. B (Form	<u>1 990, 990</u>)-EZ, or 99	90-PF).	·
	art I	Revenue, Expenses, and Changes in No		salance	s (See the instruc	tions.)			
	1	Contributions, gifts, grants, and similar amounts receive Contributions to donor advised funds	a: I	. 1					
	1	***********		1a	05 065				
	b	Direct public support (not included on line 1a)		1b	85,865	4 1			
	C			1c	62,605				
	d	Government contributions (grants) (not included on line		1d	3,329		-		
	е	Total (add lines 1a through 1d) (cash \$ 15)	1e			<u> 799</u>
	2	Program service revenue including government fees and		2	1	02,	<u>699</u>		
	3	Membership dues and assessments				3		4.5	
	4	Interest on savings and temporary cash investments			• • • • • • • • • • • • • • • • • • • •	4			490
	5	Dividends and interest from securities	i	- 1	• • • • • • • • • • • • • • • • • • • •	5		38,	<u> 129</u>
	6a	Gross rents		6a					
	b	Less: rental expenses		6b					
	7	Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe				6c			
E	8a	Gross amount from sales of assets other				7			
Revenue	oa	than inventory	(A) Securities		(B) Other				
å		than inventory	55,282			1 1			
	B	Less: cost or other basis and sales expenses	53,156						
	C d	Gain or (loss) (attach schedule)	2,126					_	
	9	Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any ar				8d		<u>Z,</u>	126
	1		· -	eck her	· 📙				
	a			1 - 1					
	ь	contributions reported on line 1b)		9a		1 1			
	C	Less: direct expenses other than fundraising expenses Net income or (loss) from special events. Subtract line 9	h from line On	9b					
	10a	Gross sales of inventory, less returns and allowances	nom line 9a	10a		9c			
	b	t contract of manda and				1			
	C		adula) Culturant Eng. 405	10b	40	1.			
	11	Gross profit or (loss) from sales of inventory (attach sch	edule). Subtract line 10b	trom line	10a	10c			
	12	Other revenue (from Part VII, line 103)				11		2.0	242
	13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11		<u> </u>	12			243
es		Program services (from line 44, column (B))				13			857
Expenses	15	Management and general (from line 44, column (C))				14			029
ăx	16	Fundraising (from line 44, column (D))		· · · · · · · · ·		15		10,	424
ш	17	Payments to affiliates (attach schedule)	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	16		2 4	210
9		Total expenses. Add lines 16 and 44, column (A) Excess or (deficit) for the year. Subtract line 17 from line				17			310
Net Assets	19	Excess or (deficit) for the year. Subtract line 17 from lin	line 73 column (A)\			18			933
As	20	Net assets or fund balances at beginning of year (from Other changes in net assets or fund balances (attach e	une ro, column (A))	• • • • • • • •	••••••	19	٤, ٤	<u>: 12,</u>	818
Š	21	Other changes in net assets or fund balances (attach e Net assets or fund balances at end of year. Combine lin	Apidilativil)	• • • • • • • • • • • • • • • • • • • •		20	1 -	:16	754
		ey Act and Paperwork Reduction Act Notice, see the se	eparate		<u></u>	21	<u> </u>	<u>, οτο</u>	751

Part II 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.) Statement of **Functional Expenses**

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
22a Grants paid from donor advised funds (attach schedule)					
(cash\$cash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
	24				
schedule) 25a Compensation of current officers, directors,					
key employees, etc. listed in Part V-A (attach					
schedule) See Statement 2	25a	29,234		10 000	10 222
b Compensation of former officers, directors,	250	25/251		19,002	10,232
key employees, etc. listed in Part V-B (attach					
	25b				
schedule) c Compensation and other distributions, not included above, to	250				
•					
disqualified persons (as defined under section 4958(f)(1)) and	25-				
persons described in section 4958(c)(3)(B) (attach schedule)	25c				·
26 Salaries and wages of employees not included		,		•	
on lines 25a, b, and c	26				
27 Pension plan contributions not included on		2 000			
lines 25a, b, and c	27	3,289		2,138	1,151
28 Employee benefits not included on lines		2 440			
25a – 27	28	3,118		2,027	1,091
29 Payroll taxes	29	2,226	·	1,447	779
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	13,306	12,368	563	375
34 Telephone	34				
35 Postage and shipping	35	463	99		364
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,590		480	1,110
39 Travel	39	29,240	28,597	321	322
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42		0		
43 Other expenses not covered above (itemize):					
a See Statement 3	43a	151,844	150,793	1,051	
b	43b				
C	43c				
d	43d				
е	43e				
f	43f				
9	43g				
44 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	234,310	191,857	27,029	15,424
Joint Costs. Check ▶ if you are following SOP 98-2.	-			2,,025	23,121
Are any joint costs from a combined educational campaign at	nd fund	raising solicitation reno	orted in (B) Program se	rvices?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs\$			unt allocated to Program s		· [165 [A] NO
(iii) the amount allocated to Management and generaß			ount allocated to Fundraising		•
		, (/ and anno	unusualed to Fundials	'8"	

Р	art IV	Balance Sheets (See the instructions.)						
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the d	lescriptio	on	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing				37,897	45	50,371
	46	Savings and temporary cash investments				621,382	46	548,940
			1 1					
		Accounts receivable	47a					
	b	Less: allowance for doubtful accounts	47b				47c	
	400	Diadraa ragaiyahla	100		1			
	48a b	Pledges receivable Less: allowance for doubtful accounts	48b	· · · · · · · · · · · · · · · · · · ·			40.	
	49						48c 49	
	50a	Receivables from current and former officers, directors			·····		49	
	000	key employees (attach schedule)					50a	
	Ь	Receivables from other disqualified persons (as define	d under	section	4958(f)(1)) and		Jul	
		persons described in section 4958(c)(3)(B) (att. sched		50b				
	51a	Other notes and loans receivable (attach						
"		schedule)	51a					
Assets	b	Less: allowance for doubtful accounts	51b				51c	
As	52	Inventories for sale or use					52	
	53 54a	Prepaid expenses and deferred charges					53	
	34a	Investments—publicly-traded securities See Statement	.4	► X	Cost FMV	689,181	54a	783,600
	b	Investments—other securities (attach schedule)		▶ 📋	Cost FMV		54b	·
	55a	Investments-land, buildings, and equipment: basis	55a					
	b	Less: accumulated depreciation (attach						
			55b				55c	
	56	Investments-other (attach schedule)	t	See	Stmt 5	132,059	56	242,109
	57a	Land, buildings, and equipment: basis	57a		9,354	:		
	b	Less: accumulated depreciation (attach			2 254			
		schedule) See Statement 6	57b		9,354		57c	***
	58	Other assets, including program-related investments			,			
	59	(describe ► Total assets (must equal line 74). Add lines 45 through			········	1,480,519	58	1,625,020
	60	Accounts payable and accrued expenses				1,400,519	59 60	1,625,020
	61	Grants payable and accrued expenses	• • • • • • •	• • • • • • • •			61	
	62	Grants payable Deferred revenue					62	· · · · · · · · · · · · · · · · · · ·
s	63	Loans from officers, directors, trustees, and key emple	ovees (a	ittach			02	
Itie		schedule)	•				63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)					64a	
	b	Mortgages and other notes navable (attach schedule)			1		64b	
	65	Other liabilities (describe See Statemer	1t 7)	67,701	65	108,269
	66	Total liabilities. Add lines 60 through 65				67,701	66	108,269
	Org	anizations that follow SFAS 117, check here ► X a	ind com	plete line	es			
v	67	67 through 69 and lines 73 and 74. Unrestricted				74,392		-3,931
uce	68	************************				274,631		332,439
alaı	69	Temporarily restricted Permanently restricted				1,063,795		1,188,244
g G	Ora	Permanently restricted	▶ □:	and	• • • • • • • • • • • • • • • • • • • •	1,003,773	03	1,100,211
Fun		complete lines 70 through 74.	. П.	u.14				
ō	70	Capital stock, trust principal, or current funds		i	70			
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equip	ment fui	nd			71	
ASS	72	Retained earnings, endowment, accumulated income					72	
let,	73	Total net assets or fund balances (add lines 67 thro						
_		70 through 72. (Column (A) must equal line 19 and c	olumn (f	B) must				
		equal line 21)				1,412,818		1,516,751
	74	Total liabilities and net assets/fund balances. Add	lines 66	and 73		1,480,519	74	1,625,020

	990 (2006) WYOMING STATE 4-H FOUNDATION	83-600				Р	age 6
	irt V-A Current Officers, Directors, Trustees, and Key Em					Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on	organization busines	s at board				
1.	meetings) 	,			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Par employees listed in Schedule A, Part I, or highest compensated professional a	-	•				
	contractors listed in Schedule A, Part II-A or II-B, related to each other through		τ .				
	relationships? If "Yes," attach a statement that identifies the individuals and ex		n(s)		75b		x
		,	F(-)				
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part	V-A, or highest	•				
	compensated employees listed in Schedule A, Part I, or highest compensated	•					
	independent contractors listed in Schedule A, Part II-A or II-B, receive comper	•					
	organizations, whether tax exempt or taxable, that are related to the organization	on? See the instructi	ons for	Ì			
	the definition of "related organization." If "Yes," attach a statement that includes the information described in the instr				75c		<u> </u>
d	Does the organization have a written conflict of interest policy?				75d		x
	rt V-B Former Officers, Directors, Trustees, and Key Em	plovees That Re	ceived Cor	npensation or C	other	Ben	efits
	(If any former officer, director, trustee, or key employee received of	compensation or othe	r benefits (des	cribed below) during	the ye	ar, list	that
,	person below and enter the amount of compensation or other ben	efits in the appropriat					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	 (D) Contributions to employed benefit plans & deferred compensation plans 	acco	Expe	dother
N/A	·						
					 		
•••							
					 		
					—		
• • • •							
							
		•					
					∔		
	······						
<u>P</u>	art VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting	activities? If "Yes," at	tach a				
~~	detailed statement of each change	••••			76		<u>X</u>
77	Were any changes made in the organizing or governing documents but not re If "Yes," attach a conformed copy of the changes.	ported to the IRS?			77		X
78a		during the year cove	rod by				
	46:	- ·	•		78a		x
b	If "Vec " has it filed a tay return on Form 000 T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction du			• • • • • • • • • • • • • • • • • • • •			
	a statement				79		x
80a	Is the organization related (other than by association with a statewide or natio	nwide organization) t	hrough				
	common membership, governing bodies, trustees, officers, etc., to any other	·					
b	organization? If "Yes," enter the name of the organization ▶				80a		X
D		ck whether it is	vemnt or	nonexempt			
81a		ov mileniei ir is 🗍 (81a	нопеленирі			1
b				N/A	81b		

Form	990 (2006) WYOMING STATE 4-H FOUNDATION 83-6004	106		F	age 7
_ Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no ch	arge			
	or at substantially less than fair rental value?	***********	82a		X
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.				ļ
	(See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications are supplied to the organization comply with the public inspection requirements for returns and exemption applied		83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	gifts were not tax deductible?	N/A	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a		<u> </u>
b		N/A	85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ	ization			
	received a waiver for proxy tax owed for the prior year.	1			
C	Dues, assessments, and similar amounts from members	85c	.		
d	Section 162(e) lobbying and political expenditures	85d	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	4		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	4		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on lin				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		<u> </u>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	4		
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	4		
þ	Gross income from other sources. (Do not net amounts due or paid to other				
••	sources against amounts due or received from them.)	87b	-		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	n 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		88a		<u> X</u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	e			
	meaning of section 512(b)(13)? If "Yes," complete Part XI		88b		X
вуа	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction to the contract of th				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," at	ach			
	a statement explaining each transaction		89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified	_			
	persons during the year under sections 4912, 4955, and 4958	•0			
d	Effect. Amount of tax of line 65c, above, reinbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax she				
	transaction?		89e		X
T	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance	contract?	89f		X
g	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 he	oldings			
00-	at any time during the year?		89g	<u> </u>	X
90a					
b	1 7	1 1			
04.	instructions.)	90b			1
91a		Telephone no. ► 307	- 7.6.6	-25	28 د
	DEF1. 3554				
	Located at LARAMIE, WY	ZIP+4 ► 82071			
b	y and the state of			·	
	over a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		Yes	
	account)?		91b	<u> </u>	X
	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		1	
	and Financial Accounts.		_L	1	

Form	990 (2006) WYOMING STATE 4-H FOUND	ATION	83-60	04106			Page 8	
Pa	art VI Other Information (continued)					Ye	s No	
С	At any time during the calendar year, did the organization mail	ntain an office	outside of the United	States?		91c	X	
92	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accru	0 in lieu of Forr	m 1041- Check here			•	▶ □	
	and enter the amount of tax-exempt interest received or accru	ed during the ta	ax year	<u></u>	▶ 92			
Pa	art VII Analysis of Income-Producing Activit	ies (See the	e instructions.)					
Note	: Enter gross amounts unless otherwise	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(E) Related or		
indic	ated.	(A) Business code	(B) Amount	(C) Exclusion	(D) Amount			
93	Program service revenue:	Business code	Amount	code	Amount	exempt fur incom		
а	4-H REGISTRATION FEES/TRAVEL						,355	
b	INSURANCE, SUPPLIES, MISC.						,344	
С								
d								
е								
f	Medicare/Medicaid payments						-	
g	Fees and contracts from government agencies							
94	Membership dues and assessments							
95	Interest on savings and temporary cash investments			14	43,490			
96	Dividends and interest from securities			14	38,129			
97	Net rental income or (loss) from real estate:							
а	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			18	2,126			
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory							
103	Other revenue: a	·····						
b								
С				1				
d								
e								
104	Subtotal (add columns (B), (D), and (E))			o	83,745	102	,699	
	Total (add line 104 columns (R) (D) and (E))		· · · · · · · · · · · · · · · · · · ·		03//13		,444	
	:: Line 105 plus line 1e, Part I, should equal the amount on line		• • • • • • • • • • • • • • • • • • • •				, 111	
	art VIII Relationship of Activities to the Acco		t of Evennt Pur	nosos (S	ee the instruction	10 \		
	ine No. Explain how each activity for which income is repo							
_	of the organization's exempt purposes (other than	by providing fu	ands for such purpos	es).	rtantly to the accompil	snment		
9	3a PROGRAMS RELATED TO TAX E				· · · · · · · · · · · · · · · · · · ·			
	3b REVENUE USED TO OFFSET LI							
				·				
						· ····		
P	art IX Information Regarding Taxable Subsi	idiaries and	Disregarded F	ntitios (S	ee the instruction)c)		
	(A) (B)	Talaries and	(C)		(D)	(E)	···	
	Name, address, and EIN of corporation. Percentage of ownership interesting partnership, or disregarded entity	f 1	Nature of activities		Total income	End-of-ye		
	N/A	%				assets	<u> </u>	
		% %						
		%						
	art X Information Regarding Transfers Ass		h Daroanal Dan	ofit Cont			· · · · · · · · · · · · · · · · · · ·	
<u>_r</u>		rodly as is	n reisonai Ben	ent Cont	racts (See the ins	STUCTIONS.		
	(a) Did the organization, during the year, receive any funds, dir (b) Did the organization, during the year, pay premiums, direct	ly or indirectly,	try, to pay premiums on a personal benefi	on a persor it contract?	nal benefit contract?	Yes Yes	X No	
	Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instruction)	ctions).				Form 9	90 (2006)	

<u>Fo</u>	m 990 (2006) WYOMING STATE 4-H FOUR		83-6004106				F	age 9
ı	Part XI Information Regarding Transfers To is a controlling organization as define	o and From Co	ntrolled Entities. Com	plete only	/ if the c	organiza	tion	
_							Yes	No
10	6 Did the reporting organization make any transfers to a co the Code? If "Yes," complete the schedule below for each		fined in section 512(b)(13) o	f				v
	(A)	(B)	(C)			T		X
	Name, address, of each controlled entity	Employer ID Number	Description transfe			Amour	(D) nt of tra	ansfer
а								
b								
С								
	Totals							
10	7 Did the reporting organization receive any transfers from 512(b)(13) of the Code? If "Yes," complete the schedule in the code?						Yes	No X
T	(A)	(B)	(C)			T	(D)	
	Name, address, of each controlled entity	Employer ID Number		Description of transfer				ansfer
а								
b								
С								
	Totals	7-111-111						
10	Did the organization have a binding written contract in eff rents, royalties, and annuities described in question 107		006, covering the interest,				Yes	No
	Under penalties of perjury, I declare that I have examine and belief, it is true, context, and complete. Declaration of	d this return, including	accompanying schedules and sta officer) is based on all information	tements, and of which prep	to the best arer has ar	of my knowl ny knowledg	edge e.	
	Signature of officer Type or print name and title				Date			
	aid Preparer's signature	ok	Date 1/27/08	Check if self-	▶ □	Preparer's (See Gen. P006	Instr. X)
	reparer's se Only Firm's name (or yours Dunnuck and		es, CPAs, P.C.		EIN	▶ 83-		
_	if self-employed), 1273 N 15th		121		Phone			
_	address, and ZIP + 4 Laramie, W.	82072		no. 🕨 :	307-7	45-7	/241	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the or		TE 4-H FOUNDATIO	Employer identification numb				
Part I	Compensation of the Five Highest Paid Employee (See page 2 of the instructions. List each one. If the	s Other Than Officer	s, Directors,				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position		(d) Contr empl. ber & deferred	n. plans	(e) Expense account & other allowances	
NONE							
,							
Total number	of other employees paid over \$50,000						
Part II-A	Compensation of the Five Highest Paid Independent	ent Contractors for P	rofessional	Services			
	(See page 2 of the instructions. List each one (when					r "None ")	
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of			Compensation	
MONTE			(-, ·,) ·				
NONE							
					-		
					-}		
					_		
	r of others receiving over \$50,000 for					···	
Part II-B		ent Contractors for C	thor Sorvice	<u> </u>			
i ait ii-b	(List each contractor who performed services other firms. If there are none, enter "None." See page 2 of the contractor who performed services other firms.	than professional se			iduals	or	
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of	service	(c)	Compensation	
NONE							
• • • • • • • • • • • • • • • • • • • •							
			<u> </u>			· · · · · · · · · · · · · · · · · · ·	
				·			
Total number	er of other contractors receiving over						
	<u> </u>						
	other services	1 000 F7	6-6-7	A (T :	000	-000 57: 000	
roi raperw	ork Reduction Act Notice, see the Instructions for Form 990 and F	orm 990-EZ.	Sched	uie A (Fori	m 990 c	r 990-EZ) 200	

Sch	edule A (Form 990 or 990-EZ) 2006 WYOMING STATE 4-H FOUNDATION 83-6004106		F	Page 2
P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	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 \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		x
	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.			
2	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.)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d	х	
e	Transfer of any part of its income or assets?	2e		x
3a	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.) See Statement 9	3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	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	3с		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		x
С	Did the organization make a distribution to a donor, donor advisor, or related person?			
d	Enter the total number of donor advised funds owned at the end of the tax year	<u> </u>	.	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	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		C)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2006 WYOMING STATE 4-H FOUNDATION 83-6004106 Page 4 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) 2005 (b) 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received. (Do 229,062 170,259 110,073 87,318 not include unusual grants. See line 28.) 596,712 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 127,343 151,426 134,086 136,227 549,082 18 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 63,275 68,299 47,175 by the organization after June 30, 1975 41,747 220,496 19 Net income from unrelated business activities not included in line 18 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 419,680 389,984 291,334 265,292 1,366,290 23 Total of lines 15 through 22 292,337 238,558 157,248 129,065 817,208 Line 23 minus line 17 4,197 3,900 2,653 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 16,344 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 12,312 c Total support for section 509(a)(1) test: Enter line 24, column (e) 817,208 26c d Add: Amounts from column (e) for lines: 18 220, 496 26b 232,808 e Public support (line 26c minus line 26d total) 584,400 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 71.5118% 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 (2004) (2003) b 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: N/A Add: Amounts from column (e) for lines: 27c and line 27b total d Add: Line 27a total 27d Public support (line 27c total minus line 27d total) 27e 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)) 27g 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 2002 through 2005, 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)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/I		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	ļ <u>.</u>	<u> </u>
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:		1	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
			İ	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				į
	Book to the Production of the Control of the Contro			
33	Does the organization discriminate by race in any way with respect to:		ļ	
а	Students' rights or privilence?	225		1
a	Students' rights or privileges?	33a	 	$\dagger -$
b	Admissions policies?	33b		
				1
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
]
f	Use of facilities?	33f		
g	Athletic programs?	33g	-	ļ
L	Other extremusion for activities?			
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.)			
	in you answered Tes to any or the above, please explain. (If you need more space, attach a separate statement.)			Ì
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
				T
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.			
35	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		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No. 1545-0047

2006

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

Employer identification number

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 founda	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
	•	
	is covered by the General Rule or a Special Rule. (Note: Only a section 501(c	s)(7), (8), or (10)
organization can check bo	xes for both the General Rule and a Special Rule-see instructions.)	
General Rule-		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo	ore (in money or
Special Rules-		
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% suppo 9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)	
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received froggregate contributions or bequests of more than \$1,000 for use exclusively for or educational purposes, or the prevention of cruelty to children or animals. (Co	religious, charitable,
during the year, so not aggregate to r the year for an ex applies to this org	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received frome contributions for use exclusively for religious, charitable, etc., purposes, but more than \$1,000. (If this box is checked, enter here the total contributions that clusively religious, charitable, etc., purpose. Do not complete any of the Parts unanization because it received nonexclusively religious, charitable, etc., contributions.	ut these contributions did were received during unless the General Rule utions of \$5,000 or more
990-EZ, or 990-PF), but t	nat are not covered by the General Rule and/or the Special Rules do not file Sch hey must check the box in the heading of their Form 990, Form 990-EZ, or on li	ine 2 of their Form

lame of o	G (Form 990, 990-EZ, or 990-PF) (2006) rganization ING STATE 4-H FOUNDATION		Page 2 of 2 of Part I Employer identification number 33 - 6004106
Part I	Contributors (See Specific Instructions.)		73 - 000 1100
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7_	UINTA COUNTY 4-H 228 9TH STREET EVANSTON WY 82930	\$8,125	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

FYE: 9/30/2007

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

	Desc				How Rec'd		Whom Sold			
	Date Acquired	Date Sold		Sale Price		Cost & Expense		Deprec		Gain/ -Loss
Publicly Traded	Securities									
			\$_	55,282	\$_	53,156	\$_		\$_	2,126
Total			\$	55,282	\$_	53,156	\$_	0	\$_	2,126

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

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FYE: 9/30/2007

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising		
Expenses	\$	\$	\$		
SALARY Compensation		19,002	10,232		
Total	\$0	\$ 19,002	\$ 10,232		

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expense	s	Program Service	 Mgt & General	Fund- Raising
	\$	\$		\$	\$
Expenses			•		
REGISTRATION FEES	46,9	42	45,923	1,019	
MISCELLANEOUS	10,8	19	10,787	. 32	
AWARDS	28,8	22	28,822		
HONORARIUMS	2,8	00	2,800		
INSURANCE	24,9	75	24,975		
PROJECT GRANTS	37,4	86	37,486		
Total	\$ 151,8	44 \$	150,793	\$ 1,051	\$ 0

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Statement 4 - Form 9	<u>90, Part IV, Line 54a -</u>	Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	\$	\$	
Corporate Stock			
AMERICAN BALANCED FUND	153,149	179,446	Cost
CAPITAL INCOME BUILDER FUND	195,452	232,852	Cost
INCOME FUND OF AMERICA	152,234	182,770	Cost
CAPITAL WORLD GROWTH & INCOME	56,239	67,259	Cost
Corporate Bonds		•	
CORP. & GOVT BONDS	131,830	121,273	Cost
PREMIUMS	277	,	Cost
Total	\$ 689,181	\$ 783,600	

Statement 5 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
MORTGAGE	\$ 132,059	\$ 242,109	Cost
Total	\$ 132,059	\$ 242,109	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description					
	eginning 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 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year		
CUSTODIAN FUNDS - OUTSIDE INVESTORS	\$ 67,701	\$ 108,269		
Total	\$ 67,701	\$ 108,269		

Federal Statements

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Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key <u>Employees</u>

Name and Address

Address					
	Title	Average Hours	Compensation	Benefits	Expenses
STEVE MACK					
DEPT. 3354	DIRECTOR	40	29,234	6,407	0
LARAMIE WY 82071					
GLENN WHIPPLE	DIRECTOR	0	0	0	0
DEPT 3354	DIRECTOR	U		0	0
LARAMIE WY 82071					
BOB SEXTON	CHAIRMAN	0		•	
651 US HWY 287	CHAIRMAN	U	0	0	0
LARAMIE WY 82070					
KAY CLARK					
1134 ROAD 14	BD OF DIRECT	0	0	0	0
POWELL WY 82435					
BONNIE ELLENWOOD	DD OH DIDHOM				
709 S BURRITT	BD OF DIRECT	U	0	0	0
BUFFALO WY 82834					
DEAN FRANK GALEY	BD OF DIRECT	' 0	0	0	0
DEPT. 3354	DD OI DIRECT	Ü	Ü	U	U
LARAMIE WY 82071					
EDNIA MAE MOGLATITA					
EDNA MAE MCCLAFLIN	EMERITUS MEM	1 0	0	0	0

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Federal Statements

FYE: 9/30/2007

GILLETTE WY 82718

Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address					
1869 LANE 10 POWELL WY 82435	Title	Average Hours	Compensation	Benefits	Expenses
MIKE MOON HC 63 BOX 18 SARATOGA WY 82331	BD OF DIRECT	0	0	0	0
TOM BURNS BOX 272 BOULDER WY 82923	BD OF DIRECT	0	0	0	0
THAD YORK PO BOX 714 ENCAMPMENT WY 82325	BD OF DIRECT	0	0	0	0
LACI LAWRENCE PO BOX 347 WRIGHT WY 82732	4-H LEADERSH	0	0	0	0
GLEN TERRY 3964 HIGHWAY 50	BD OF DIRECT	. 0	0	0	0

W4H101 WYOMING STATE 4-H FOUNDATION

Federal Statements

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Statement 9 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

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



Pauline M. Dunnuck, CPA Kathryn L. Hamilton, CPA Suzanne M. Michel, CPA Jennifer K. Brook, CPA Jason K. Roesler, CPA Julie C. Altstaetter, CPA

This letter confirms the arrangements for our accounting services.

We will prepare your 2006 federal and any required state income tax returns from information you furnish to us. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it. We may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us, in order to keep our fees to a minimum.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

We will be available to answer your inquiries on specific tax matters and to consult with you on income and tax planning.

Fees for our services will be at our standard rates for tax work, which vary according to the degree of responsibility involved and experience level of personnel assigned to your engagement. We reserve the right to increase or decrease our fees based on the level of the services rendered. After returns are completed, we will bill you for time spent plus any out-of-pocket expenses. Our services will conclude upon delivery of the completed tax returns discussed above or upon our resignation from the engagement. Invoices are due and payable on presentation, unless prior arrangements have been made. Past due balances are subject to rebilling and finance charges.

We will resolve questions involving application of tax rules in your favor if there is reasonable justification and substantial authority for it. Your returns are, of course, subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Our fees do not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter.

Our firm may utilize electronic communication (i.e., fax and email) during this engagement. You consent to our firm's use of electronic communications and recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent.

Thank you.	
Pauline M. Dunnuck, CPA, P.C.	
Approved by:	Date:
For (Printed Name)	