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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2008

Open to Public
InspectionA For 2008 calendar year, or tax year beginning **OCTOBER 01**, 2008, and ending **SEPTEMBER 30**, 20 09

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

Weld County Farm Bureau

No & street (or P O box, if mail is not delivered to street address)

Room/suite

610 Cheyenne Ave

City or town, state or country, and ZIP + 4

Eaton CO 80615

D Employer identification number

84-0386659

E Telephone number

(970) 454-1772

F Group Exemption Number

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► N/A

J Organization type (check only one) -- ☒ 501(c)(5) (insert no) 4947(a)(1) or 527H Check ☒ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ -13,857

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

| | | | | |
|----------|---|--|--------|---------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 8,866 |
| | 4 | Investment income | 4 | 18 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | -22,772 |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | -22,772 |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | Less direct expenses other than fundraising expenses | 6b | | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe ► See attachment #2) | 8 | | |
| 9 | Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 13,857 | |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 6,000 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 350 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 1,065 |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ► See attachment #3) | 16 | 23,641 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 31,056 |
| ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -44,913 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 430,038 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 385,125 |

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

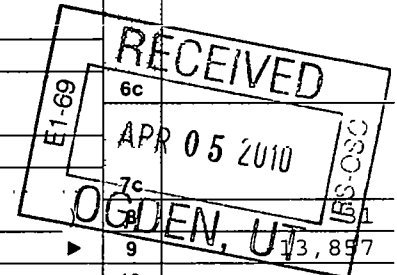
(See instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 430,038 | 385,125 |
| 23 Land and buildings | | |
| 24 Other assets (describe ►) | | |
| 25 Total assets | 430,038 | 385,125 |
| 26 Total liabilities (describe ►) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 430,038 | 385,125 |

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED APR 23 2010



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

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations Enter. | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a | | |
| b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c | | |
| d Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed 41 NONE | | |
| 42a The books are in care of 42a See attachment #8 Telephone no 42a Located at 42a ZIP + 4 42a | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | X |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c If "Yes," enter the name of the foreign country 42c | | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 | | X |

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 49b
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | X |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 ▶ | | | | |

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100,000 ▶ | | |

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

Sign Here

Signature of officer: Lola Mundt Date: 3/29/2010

Type or print name and title: Secretary/Treasurer Lola Mundt

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/26/10 Check if self-employed: ☐ Preparer's Identifying No. (See instr.): P00211343

Firm's name (or yours if self-employed), address, and ZIP + 4: H&R Block EIN: 26-0254423

3618 W 10th St Phone no: 970-352-4390

Greeley, CO 80634-

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public
Inspection

For Calendar year 2008, or tax year period beginning 10-01-2008

and ending 09-30-2009

Name of Organization

Weld County Farm Bureau

Employer Identification Number
84-0386659

| Name of Security or Description of Property | Acquisition Date | How Acquired | Date Sold | |
|---|------------------|--------------|---------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| To Whom Sold | Gross Sale Price | Basis | Sales Expense | Gain or (Loss) |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |
| | | | | |
| Publicly traded securities | - 22,772 | | | - 22,772 |

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

| | | | |
|---|--|------------------------|--|
| Open to Public Inspection | For calendar year 2008 or tax period beginning | 10-01-2008, and ending | 09-30-2009. |
| Name of Organization Weld County Farm Bureau | | | Employer Identification Number 84-0386659 |

| Description of Other Revenue | Amount |
|------------------------------|--------|
| Reimbursements | 31 |
| Total | 31 |

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

| Description of Other Expenses | Amount |
|-------------------------------|--------|
| Annual Meeting | 2,312 |
| Board Meeting Expenses | 2,189 |
| Delegate Expenses | 6,751 |
| Policy Developement | 1,013 |
| Community Relations | 4,883 |
| Insurance | 100 |
| Fees | 6 |
| Memberships | 41 |
| Donations | 2,316 |
| Educational exp | 500 |
| Membership Billing | 1,037 |
| Legislative meetings | 305 |
| Travel Exp | 1,646 |
| Special Programs | 105 |
| Office exp | 437 |
| Total | 23,641 |

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

| | | | | |
|---|--|-------|--------------|--|
| Open to Public Inspection | For calendar year 2008 or tax period beginning | 10-01 | , and ending | 09-30-2009. |
| Name of Organization Weld County Farm Bureau | | | | Employer Identification Number 84-0386659 |

Primary Purpose

Promotion and education for Agricultural Activities

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

| | | | |
|---------------------------|--|------------------------|-------------|
| Open to Public Inspection | For calendar year 2008 or tax period beginning | 10-01-2008, and ending | 09-30-2009. |
|---------------------------|--|------------------------|-------------|

| | |
|-------------------------|--------------------------------|
| Name of Organization | Employer Identification Number |
| Weld County Farm Bureau | 84-0386659 |

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|--------------------------------|--------------------------|-------|
| Grants and allocations | Amount includes foreign grants | Program service expenses | 5,489 |
|------------------------|--------------------------------|--------------------------|-------|

Exempt Purpose Achievements

Promotion and information about agricultural production activities for the benefit of 723 members.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

| Open to Public Inspection | For calendar year 2008 or tax period beginning 10-01-2008, and ending 09-30-2009. | | | |
|---|---|--|---|---|
| Name of Organization Weld County Farm Bureau | | | Employer Identification Number 84-0386659 | |
| (A) Name and Address | (B) Title and Average Hrs per Week | (C) Compensation (If not paid, enter 0) | (D) Cont to Employee Ben Plans & Def. Comp | (E) Expense Account & Other Allowances |
| Geenine Ellzey | President 10.00 | | | |
| Galeton, CO Lauren Felte | Vice President | 0 | 0 | 0 |
| Severance, CO Lola Mundt | 5.00 Secretary/Tre | 0 | 0 | 0 |
| See Comp. Expl. #1 Jon Erickson | 20.00 Director | 6,000 | 0 | 0 |
| Galeton, CO Everett Schlotthauer | 3.00 Director | 0 | 0 | 0 |
| Ft Collins, CO Dennis Mundt | 3.00 Director At Large | 0 | 0 | 0 |
| Eaton, CO | 3.00 | 0 | 0 | 0 |

COMPENSATION EXPLANATION

| | |
|---|---|
| Attachment 7: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation | |
| Open to Public Inspection | For Calendar year 2008, or tax year period beginning 10-01-2008 and ending 09-30-2009 |
| Name of Organization | |
| Weld County Farm Bureau | |
| Employer Identification Number 84-0386659 | |

| Name | Explanation |
|---------------------------------------|--|
| Officer Comp. Expln. #1 Lola Mundt | The secretary/treasurer position is allowed compensation due to the amount of time required. |

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

| | |
|---|--|
| Open to Public Inspection | For calendar year 2008 or tax period beginning 10-01, and ending 09-30-2009. |
| Name of Organization Weld County Farm Bureau | Employer Identification Number 84-0386659 |
| Part V - Line 42a | |

Individual Name Lola Mundt
or
Business Name

Street Address 610 Cheyenne Ave

U S Address

Zip code 80615 City Eaton State CO

or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (970) 454-1772

Fax Number _____

2008 DETAIL STATEMENTS

Weld County Farm Bureau
84-0386659

Page 1

STATEMENT #1 - Professional Fees (990-EZ PG 1 Line 13)

Professional fees..... 350

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 350
