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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning OCTOBER 01, 2010, and ending SEPTEMBER 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Weld County Farm Bureau		D Employer identification number 84-0386659
	Number & street (or P O box, if mail is not delivered to street addr.) 610 Cheyenne Ave		E Telephone number (970) 454-1772
	City or town, state or country, and ZIP + 4 Eaton CO 80615		F Group Exemption Number... ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) 4947(a)(1) or 527H Check ☒ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ... ► \$ 13,078

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	56
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,292
	4	Investment income	4	2,726
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	4	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	13,078	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,500
	13	Professional fees and other payments to independent contractors	13	275
	14	Occupancy, rent, utilities, and maintenance	14	593
	15	Printing, publications, postage, and shipping	15	1,091
	16	Other expenses (describe in Schedule O)	16	27,905
17	<b>Total expenses.</b> Add lines 10 through 16	17	35,364	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,286
	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	410,260
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	387,974

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED APR 27 2012

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**Part V. Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>▶</b> <b>See attachment #4</b> Telephone no <b>▶</b> _____ Located at <b>▶</b> _____ ZIP + 4 <b>▶</b> _____		
<b>b</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)?		X
If "Yes," enter the name of the foreign country: <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: <b>▶</b> _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

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

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

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's 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"

(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				

f Total number of other employees paid over \$100,000. . . . .

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . . ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules 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 ☒ Lola Mundt Date 4/9/12  
 Signature of officer  
 Lola Mundt Secretary/Treasurer  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name Jaime Schnug Preparer's signature Jaime Schnug Date 3/20/12  
 Firm's name Office 7280 H&R Block Check ☐ if self-employed PTIN P00211343  
 Firm's address 3618 W 10TH ST Firm's EIN 26-0254423  
GREELEY CO 80634 Phone no. 970-352-4390

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Weld County Farm Bureau

Employer identification number

84-0386659

Page 1 Line 16 Other expenses:

Annual Meeting 2601

Board Meeting Exp 1805

Delegate Expenses 5062

Director Expenses 1335

Donations 2852

Education Material 500

Farm Show Expenses 1348

Filing Fees 10

Legislative Meetings 379

Membership 337

Billing Service 860

Office Supplies 555

Community Events 2204

Policy Development 1775

Scholarship 1000

Water Research 5253

Summer Meeting Exp 29

Total - 27,905

Line 8

Other income

Reimbursements 4

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	10-01	, and ending	09-30-2010
Name of Organization Weld County Farm Bureau				Employer Identification Number 84-0386659

### Primary Purpose

The Farm Bureau of Weld County strives to promote agricultural activities for the benefit of 800 members.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	10-01-2010, and ending	09-30-2010.
Name of Organization	Employer Identification Number		
Weld County Farm Bureau	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
Gege Ellzey	President 10.00	0	0	0
Lauren Felte	Vice President 5.00	0	0	0
Galeton, CO Lola Mundt	Secretary/Tre 20.00	5,500	0	0
Eaton, CO See Comp. Expl. #1 Bob Winter	Community Rep 3.00	0	0	0
Ault, CO James Decker	Community Rep 3.00	0	0	0
Eaton, CO Dennis Mundt	Community Rep 3.00	0	0	0
Eaton, CO Bill Erickson	Community Rep 3.00	0	0	0
Galeton, CO Frank Eckhardt	Community Rep 3.00	0	0	0
Gilcrest, CO Gene Kammerzell	Community Rep 3.00	0	0	0
Milliken, CO Leonard Harms	Community Rep 3.00	0	0	0
Pine Bluffs, WY Daryl Burkhart	Community Rep 3.00	0	0	0
Wellington, CO Janet Winter	Womens Community 3.00	0	0	0
Cindy Burkhart	Womens Committee 3.00	0	0	0
Debby Felte	Womens Committee 3.00	0	0	0
Gege Ellzey	Womens Committee 1.00	0	0	0
Janyce Harms	Womens Committee 3.00	0	0	0
Jan Kammerzell	Womens			



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning 10-01-2010, and ending 09-30-2010			
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
Chad Musick	Committee 3.00 Dist I Young Farmer	0	0	0
Bob Winter	2.00 District I Board	0	0	0
Janyce Harms	2.00 Dist I Womens Chair	0	0	0
Crystal Frank	2.00 CFB Regional Manager	0	0	0
Lola Mundt	2.00	0	0	0
Eaton,	1.00	0	0	0

## 990 COMPENSATION EXPLANATION

Attachment 3: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2010, or tax year period beginning 10-01-2010	and ending 09-30-2010
Name of Organization Weld County Farm Bureau	Employer Identification Number 84-0386659	

Name	Explanation
Officer Comp. Expln. #1 Lola Mundt	The position of secretary/treasurer is allowed compensation due to the number of hours required.

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 10-01, and ending 09-30-2010.
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 .....

2010 DETAIL STATEMENTS

Weld County Farm Bureau  
84-0386659

Page 1

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

Professional fees..... 275

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 275

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