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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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

A For the 2011 calendar year, or tax year beginning OCT 01, 2011, **and ending** SEP 30, 2012

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 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 610 CHEYENNE AVENUE City or town, state or country, and ZIP + 4 EATON CO 80615-8700	D Employer identification number 84-0386659 E Telephone number 970-454-1772 F Group Exemption Number
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G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: _____

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) (insert no) 4947(a)(1) or 527

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. **\$ 23,653.**

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,296.
	4	Investment income	4	13,357.
	5a	Gross amount from sale of assets other than inventory	5a	
	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)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 6a) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,653.	
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	6,000.
	13	Professional fees and other payments to independent contractors	13	275.
	14	Occupancy, rent, utilities, and maintenance	14	546.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	25,530.
	17	Total expenses. Add lines 10 through 16	17	32,351.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(8,698.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	387,974.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	59,842.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	439,118.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	387,974.	22 439,492.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	387,974.	25 439,492.
26 Total liabilities (describe in Schedule O)		26 374.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	387,974.	27 439,118.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? **PROMOTE AND DEVELOP AGRICULTURE**
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDED INFORMATIONAL LEGISLATIVE, EDUCATIONAL, AND PROMOTIONAL ACTIVITIES TO DEVELOP AGRICULTURE FOR THE BENEFIT OF ABOUT 900 MEMBERS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
SEE STMT				
35165 WCR EATON CO 80615		0		
PO BOX 187 SEVERANCE CO 80546		0		
610 CHEYEN EATON CO 80615				
33922 WCR EATON CO 80615		0		
21454 WCR LA SALLE CO 80645		0		
34695 WCR EATON CO 80615		0		
52175 CR 1 PINE BLUFF WY 82082		0		
22465 SHY MILLIKEN CO 80543		0		
610 CHEYEN EATON CO 80615		0		
39828 HILL AULT CO 80610		0		
PO BOX 187 SEVERANCE CO 80546		0		
33922 WCR EATON CO 80615		0		

BCA

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		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?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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		X
41 List the states with which a copy of this return is filed. <input type="checkbox"/>		
42a The organizations books are in care of <u>LOLA MUNDT</u> Telephone no <u>970-454-1772</u> Located at <u>610 CHEYENNE AVE CO EATON</u> ZIP + 4 <u>80615-8700</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. <input type="checkbox"/>		X
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a 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 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
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		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

	Yes	No
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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization 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 a section 527 organization?

- 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 title of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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

- f 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	Signature of officer <i>Lola Mundt</i>		Date <i>1/14/13</i>			
	Type or print name and title <i>Secretary/Treasurer</i>					
Paid Preparer Use Only	Print/Type preparer's name BRIAN D CROSIER CPA		Preparer's signature <i>Brian D Crosier</i>	Date 12/05/2012	Check <input type="checkbox"/> if self-employed	PTIN P00014419
	Firm's name COLE AND CROSIER PC			Firm's EIN 84-1098734		
	Firm's address 210 SUNSET DRIVE LA SALLE CO 80645-3010			Phone no. 970-284-5545		

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

2011

Open to Public
Inspection

Name of the organization

WELD COUNTY FARM BUREAU

Employer identification number

84-0386659

FORM 990-EZ, PART II, LINE 26

ACCOUNTS PAYABLE - \$374

FORM 990-EZ, PART I, LINE 20

REALIZED OR UNREALIZED GAIN ON INVESTMENTS \$62,015

PRIOR YEAR ADJUSTMENT FOR ACCOUNTS PAYABLE -2,173

TOTAL \$59,842

FORM 990-EZ, PART I, LINE 16

SEE ATTACHED SCHEDULE

2011

ID: 84-0386659

[illegible]

List of Officers, Directors, Trustees and Key Employees 990-EZ: Page 2, Part IV					2011		
US 990-EZ					Reportable compensation (Form W-2/1099-MISC) (if not paid, enter 0)	Contributions to employee benefit plans and deferred compensation	Estimated amount of other compensation
Name and Address					Title/Average hours per week devoted to position		
GEORGE ELLZEY LAUREN FELTE LOLA MUNDT JAMES DECKER FRANK ECKHARDT BILL ERICKSON LEONARD HARMS GENE KAMRZELL DENNIS MUNDT JANET WINTER DEBBY FELTE ANITA DECKER BOB WINTER JANYCE HARMS CHAD MUSICK	35165 WCR 53 PO BOX 187 610 CHEYENNE 33922 WCR 43 21454 WCR 33 34695 WCR 53 52175 CR 136 22465 SHY 60 610 CHEYENNE 39828 HILLTP PO BOX 187 33922 WCR 43 39828 HILLTP 52175 CR 136 1691 CR 28	80615 80546 80615 80615 80645 80615 82082 WY 80543 80615 80610 80546 80615 80610 82082 WY 80504	CO EATON CO SEVERANCE CO EATON CO EATON CO LA SALLE CO EATON CO PINE BLUFFS CO MILLIKEN CO EATON CO AULT CO SEVERANCE CO EATON CO AULT CO PINE BLUFFS CO LONGMONT	PRESIDENT 10 V-PRES 5 SEC-TREAS 20 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 DIRECTOR 3 WOMENS CHR 3 WOMENS CHR 3 LOCAL AFFR 3 DIST 1 CFB 3 DIST 1 WMS 3 DIST 1 YFR 3	6,000.		