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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

2012

Open to Public  
InspectionA For the 2012 calendar year, or tax year beginning OCTOBER 01, 2012, and ending SEPTEMBER 30, 2013

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

WELD COUNTY FARM BUREAU

Number &amp; 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

840386659

E Telephone number

(970) 454-1772

F Group Exemption  
Number ►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: ► N/A

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 or a section 527 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. \$ 96,074

**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	750
	2	Program service revenue including government fees and contracts	2	500
	3	Membership dues and assessments	3	10,933
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	83,891
	b	Less cost or other basis and sales expenses	5b	260
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	60,631
	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 exceeds \$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		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,914	
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	5,000
	13	Professional fees and other payments to independent contractors	13	2,000
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	32,957
	17	<b>Total expenses.</b> Add lines 10 through 16	17	39,957
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,857
	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	433,385
	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	466,242

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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SCANNED JUN 25 2014

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

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

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

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

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

**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
<b>33</b> Did the organization engage in any significant 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>35a</b> 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>35b</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		X
<b>35c</b> 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
<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>37a</b>		
<b>37b</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>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>39a</b> Initiation fees and capital contributions included on line 9		
<b>39b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>40b</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>40c</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>40d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>40e</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>41</b> NONE		
<b>42a</b> The organization's books are in care of <b>42a</b> SEE ATTACHMENT #5 Telephone no <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>42b</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 <b>42b</b>		X
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>42c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 --</b> Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <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>44b</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>44c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</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		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45b</b> 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

N/A

- 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 only**

All section 501(c)(3) organizations 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) 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
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 Signature of officer ☒ 5/27/14 Date  
☒ Lola Mundt, Treasurer Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input checked="" type="checkbox"/> H AND R BLOCK	<u>[Signature]</u>	<u>4/14/14</u>		P00211343
	Firm's address <input checked="" type="checkbox"/> 3618 W 10TH ST			Firm's EIN <input checked="" type="checkbox"/> 260254423	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

**2012**

Open to Public  
Inspection

Name of the organization

WELD COUNTY FARM BUREAU  
PRIOR YEAR LIABILITIES

Employer identification number

840386659

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2012 or tax period beginning	10-01	, and ending	09-30-2013
Name of Organization WELD COUNTY FARM BUREAU				Employer Identification Number 840386659

### Primary Purpose

PROVIDE INFORMATIONAL LEGISLATIVE AND EDUCATIONAL INFORMATION FOR THE  
BENEFIT OF THE ORGANIZATIONS 993 MEMBERS AND THE COMMUNITY.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2012 or tax period beginning	10-01-2012, and ending	09-30-2013
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Name of Organization WELD COUNTY FARM BUREAU	Employer Identification Number 840386659
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Part III - Statement of Program Service Accomplishments			
Grants and allocations	750	Amount includes foreign grants	Program service expenses 10,554

Exempt Purpose Achievements

TO PROMOTE AGRACULTURE IN WELD COUNTY



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

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC  
INSPECTION For calendar year 2012 or tax period beginning 10-01-2012, and ending 09-30-2013

Name of Organization WELD COUNTY FARM BUREAU Employer Identification Number 840386659

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
DENNIS MUNDT PRESIDENT	15.00	0	0	0
LAUREN FELTE VICE PRESIDENT	5.00	0	0	0
LOLA MUNDT SEC- TREASURER	20.00	6,000	0	0
SEE COMP. EXPL. #1 BOB WINTER COMMUNITY REP	3.00	0	0	0
JAMES DECKER COMMUNITY REP	3.00	0	0	0
GEGE ELLZEY COMMUNITY REP	3.00	0	0	0
BILL ERICKSON COMMUNITY REP	3.00	0	0	0
FRANK ECKHARDT COMMUNITY REP	3.00	0	0	0
CHUCK SYLVESTER COMMUNITY REP	3.00	0	0	0
GENE KAMMERZILL COMMUNITY REP	3.00	0	0	0
DEBBY FELTE WOMENS COMMITTEE	3.00	0	0	0
JANET WINTER WOMENS COMMITTEE	3.00	0	0	0
BOB WINTER DIST 1 BOARD MEMBER	3.00	0	0	0
JANYCE HARMS DIST 1 WOMENS CHAIR	3.00	0	0	0
CHAD MUSICK DIST 1 YOUNG CHAIRMN	3.00	0	0	0
CRYSTAL FRANK CFB REGIONAL MGR	3.00	0	0	0

# 990 COMPENSATION EXPLANATION

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART IV, OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION

For Calendar year 2012, or tax year period beginning 10-01-2012 and ending 09-30-2013

Name of Organization  
WELD COUNTY FARM BUREAU

Employer Identification Number  
840386659

Name	Explanation
OFFICER COMP. EXPLN. #1 LOLA MUNDT	LOLA MUNDT IS COMPENSATED FOR BOOKKEEPING SERVICES FOR THE ORGANIZATION

990 BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2012 or tax period beginning	10-01	, and ending	09-30-2013
Name of Organization WELD COUNTY FARM BUREAU				Employer Identification Number 840386659

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 \_\_\_\_\_

## 2012 DETAIL STATEMENTS

WELD COUNTY FARM BUREAU  
840386659

PAGE 1

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STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

MEETING EXP.....	4,214
DIRECTOR EXP.....	500
DELEGATE EXP.....	4,054
DONATIONS.....	3,330
POLICY DEVELOPEMENT.....	505
PROMOTION EXP.....	4,056
SCHOLARSHIP.....	1,000
EDUCATIONAL MATERIAL.....	500
FARM SHOW EXP.....	3,059
FEES.....	24
INSURANCE.....	100
MEMBER APPRECIATION EVENT.....	4,739
CSU AG DAY EXP.....	534
TRAVEL EXP.....	1,146
PANCAKE BREAKFAST.....	2,405
OFFICE SUPPLIES.....	205
MEMBERSHIP EXP.....	507
HEALTH AND SAFETY PROGRAM.....	500
STORAGE.....	576
LEGISLATIVE EXP.....	330
FOOD CHECK OUT.....	360
MISCELLANCE.....	313

TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	32,957
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