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**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2012

Open to Public  
Inspection

► 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

<b>A For the 2012 calendar year, or tax year beginning</b> OCTOBER 01 <b>, 2012, and ending</b> SEPTEMBER 30, 2013	
<b>B Check if applicable</b> <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	
<b>C Name of organization</b> WELD COUNTY FARM BUREAU <b>D Employer identification number</b> 840386659	
<b>E Telephone number</b> (970) 454-1772	
<b>F Group Exemption Number</b> ►	
<b>G Accounting Method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <b>Other (specify)</b> ► _____	
<b>I Website:</b> ► N/A	
<b>J Tax-exempt status (check only one)</b> -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>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</b> ► \$ 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	EXPENSES	ASSETS	NET ASSETS
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)	20
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year Combine lines 18 through 20	21
5a Gross amount from sale of assets other than inventory	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	5a	5a
b Less cost or other basis and sales expenses	6b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	5b	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6c Less direct expenses from gaming and fundraising events	5c	5c
6 Gaming and fundraising events	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6d
a Gross income from gaming (attach Schedule G if greater than \$15,000)	7a Gross sales of inventory, less returns and allowances	7a	7a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7b Less cost of goods sold	7b	7b
c Less direct expenses from gaming and fundraising events	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	7c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8 Other revenue (describe in Schedule O)	8	8
7a Gross sales of inventory, less returns and allowances	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9
b Less cost of goods sold			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
10 Grants and similar amounts paid (list in Schedule O)	10	10	10
11 Benefits paid to or for members	11	11	11
12 Salaries, other compensation, and employee benefits	12	12	12
13 Professional fees and other payments to independent contractors	13	13	13
14 Occupancy, rent, utilities, and maintenance	14	14	14
15 Printing, publications, postage, and shipping	15	15	15
16 Other expenses (describe in Schedule O)	16	16	16
17 Total expenses. Add lines 10 through 16	17	17	17
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18	18
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	19	19
20 Other changes in net assets or fund balances (explain in Schedule O)	20	20	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	21	21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

23

**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	439,492	466,242
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
<b>25 Total assets</b>	<b>439,492</b>	<b>466,242</b>
<b>26 Total liabilities</b> (describe in Schedule O)	<b>6,107</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>433,385</b>	<b>466,242</b>

**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? SEE ATTACHMENT #1

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 SEE ATTACHMENT #2**

(Grants \$ 750 ) If this amount includes foreign grants, check here . . . . . ►

28a | 10,554

29

(Grants \$ ) If this amount includes foreign grants, check here . ▶

29a

30

(Grants \$  ) If this amount includes foreign grants, check here ►

30a

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**31 Other program services (describe in Schedule O)**

►  If this amount includes foreign grants, check here

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 Q 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
33 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	33	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)	34	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)?	35a	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	35b	X
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	35c	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37a	
b Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the tax year covered by this return? . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ► _____, section 4912 ► _____, section 4955 ► _____	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	40b	X
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	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40b	
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 ► <b>NONE</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #5</b> Telephone no ► _____ Located at ► _____	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 ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
c 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 ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	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	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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)?	45a	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)	45b	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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
49a	

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
49b	

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* Date *4/27/14*  
 Signature of officer  
 ► *Lola Mundt, Treasurer*  
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JAIME SCHNUG	Preparer's signature <i>Jaime J. Schrug</i>	Date 4/14/14	Check <input type="checkbox"/> if self-employed	PTIN P00211343
	Firm's name ► H AND R BLOCK			Firm's EIN ► 260254423	
	Firm's address ► 3618 W 10TH ST			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

Employer identification number

840386659

PRIOR YEAR LIABILITIES

## 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 ORGANIZATION'S 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

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
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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		Employer Identification Number		
WELD COUNTY FARM BUREAU		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 Name of Organization	10-01-2012 WELD COUNTY FARM BUREAU	and ending Employer Identification Number
09-30-2013 840386659			
Explanation			
Name			
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

### 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