Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Internal Hevenue Service			GO to www.ifs.gov/Formssoc2 for insuractions and the latest information							
			ar year, or tax year beginning January 1 , 2017, and ending		ernber					
B	heck if app	plicable.	C Name of organization	D Employer identification number						
Address change			Eagle County Farm Bureau	84-0795402						
	Name char	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telep	hone n	ımber				
=	initial return		P.O. Box 64		97	0-653-4225				
Hinai return/terminated CH				F Group Exemption						
Amended return Application pending			Burns, Colorado 80426	Number >						
		ing Method:		hock I	<u> </u>	f the organization is not				
	Vebsite:	-				ach Schedule B				
)-EZ, or 990-PF).				
			,			22, 0, 000 ,.				
			✓ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ecete						
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	22612						
					\$	for Dort ()				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in							
			the organization used Schedule O to respond to any question in this Part I			<u> U</u>				
-	1		ons, gifts, grants, and similar amounts received	• •	_1_	0				
	2	Program se	ervice revenue including government fees and contracts		2	0				
	3	Membersh	ip dues and assessments		3	1,246				
	4	Investment	tincome		4	0				
	5a	Gross amo	ount from sale of assets other than inventory 5a	0						
	b	Less: cost	or other basis and sales expenses	0						
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0				
	6	Gaming and fundraising events								
	а	_	ome from gaming (attach Schedule G if greater than	ĺ						
9	-		6a	۸						
Revenue	ь		me from fundraising events (not including \$ 0 of contributions							
Š	~		aising-events-reported-on-line_1) (attach Schedule G if the							
Œ	1		th grossing the land of the la							
	_									
			t expenses from gaming and fundraising events 6c	0						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtine 6c)								
	} _		1071	•	6d	0				
	7a	Gross sale	s of inventory, less returns and allowances 7a	0						
	b	Less: cost	of goods sold EN; UT.	0						
	С	Gross prof	rt -or-(loss)-from-sales-of-inven tory (Subtract line 7b from line 7a)		7с	0				
	8		nue (describe in Schedule O)		8	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	1,246				
Expenses	10	Grants and	d similar amounts paid (list in Schedule O)		10	750				
	11	Benefits pa	aid to or for members		11	0				
	12	Salaries, o	ther compensation, and employee benefits		12	0				
	13	Profession	al fees and other payments to independent contractors		13	0				
	14		y, rent, utilities, and maintenance		14	0				
	15		ublications, postage, and shipping		15	0				
	16		enses (describe in Schedule O)		16	0				
	17		enses. Add lines 10 through 16		17	750				
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	·	18	496				
	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree		 	430				
	.		ar figure reported on prior year's return)		19	2 426				
	20	_			20	3,436				
	20		nges in net assets or fund balances (explain in Schedule O)		21	3.000				
	21		or fund balances at end of year. Combine lines 18 through 20		121	3,932 Form 990-EZ (2017)				
For	Paper	work Reduct	tion Act Notice, see the separate instructions. Cat. No. 106421			rom 330-E4 (2017)				

(5)

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Pai	····	•				
	Check if the organization used Schedule	O to respond to an				
			<u>[</u>	(A) Beginning of year	_	(B) End of year
22	Cash, savings, and investments		· · · · <u>·</u>	3,436		3,932
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · [_		24	0
25	Total assets		· · · · <u>· </u>	<u>_</u>	25	3,932
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column				27	3,932
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		_
	Check if the organization used Schedule	O to respond to ar	y question in this f	Part III	_	Expenses
What	t is the organization's primary exempt purpose?	To promote and prov	ide education of Agri	culture		uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	its three largest or	ogram services.		nizations; optional for
as m	neasured by expenses. In a clear and concise m	anner, describe the	services provided	the number of	othe	rs.)
	ons benefited, and other relevant information for ea		•	Í		
28	We gave out a \$750.00 Scholarship for a student to at	tend college to help	with expenses			
	(Grants \$ 750) If this amount	includes foreign gra	nts. check here .	▶ 🖂	28a	750
29	(60)					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	(Grants \$ ) If this amount	includes foreign gra	nts check here	<b>▶</b> □	29a	. [
30						
30			••			ļ
	(Create C ) If the amount	includes foreign are	nto chock horo		200	Í
			nts, check here .		30a	<del> </del>
31	Other program services (describe in Schedule O)				04 -	
00	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t	includes foreign gra	nts, check here .	<u>····►</u> ₩	31a	<del></del>
					32	<del></del>
Par						
	Check if the organization used Schedule	O to respond to ar	(c) Reportable	Part IV	<del></del>	<u> L</u>
	fat Alama and data	(b) Average hours per week	compensation	contributions to employe	e (e)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
			(ii not paid, enter -0-)	deterred compensation	+-	<del></del>
Deni	s Luark - President					
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<b></b> .					1	
Scot	t Jones - Vice President				1	
			0		0	0
Jacki	ie Schlegel - Secretary/treasurer		·			
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
20	Did the annual to the state of		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		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		1
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		1
	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		1
С	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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		i	
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes." complete Schedule L. Part II and enter the total amount involved	38a		1
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	}		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			1
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		_
_	on organization managers or disqualified persons during the year under sections 4912,	}		
	4955, and 4958	i		
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	Ì		
_	40c reimbursed by the organization	1		
е	transaction? If "Yes," complete Form 8886-T	40e	}	1
41	List the states with which a copy of this return is filed ▶		L	
42a	The organization's books are in care of ▶ Jackie Schlegel  Telephone no. ▶	70-65	3-422	5
	Located at ▶ Burns, Colorado ZIP + 4 ▶	804	126	
р	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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:	42b	<del> </del>	<del>                                     </del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	}	}	
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	<u> </u>	1
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		٠	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>		1.00
	completed instead of Form 990-EZ	44a		1
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		11
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	1	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		<b> </b>	1
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	}		1
	Form 990-EZ (see instructions)	45b	1	11

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46	Did th	ne organization engage, directly or in	ndirectly, in political complete Schedule C	ampaign activities on Part I	behalf of or	n oppositi	on 46	Yes	No
Part '	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s only s must answer que	stions 47-49b and	52, and con			or lin	es
47 48 49a b 50	year? Is the Did th If "Ye Comp	ne organization engage in lobbying If "Yes," complete Schedule C, Par organization a school as described in the organization make any transfers the organization a september of the organization is colete this table for the organization's byees) who each received more than	t II	i)? If "Yes," complete stricted organizated organizated organizated organizated employees (oth	Schedule Ezation? er than office	ers, directo	47 48 49a 49b rrs, truste		
	(a) Name and title of each employee		(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		
	Total	number of other employees paid ov	er \$100.000						
51	Comp	olete this table for the organization, 000 of compensation from the organization	s five highest compe	ensated independent	contractors	who each	received	more	than
	(a) Name and business address of each independent contractor			(b) Type of serv	(c)	Compensat	Jon		
52	Did 1	number of other independent control the organization complete Schedi pleted Schedule A	_				ı a . <b>▶</b> [] <b>Ye</b> :	s 🗆	No
Under p	enalties rrect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompar n officer) is based on all info	lying schedules and statem ormation of which preparer	ents, and to the has any knowled	best of my kr	owledge an	d belief	, it is
Sign Here		Signature of officer  Type or print name and title	e Schleg	jel Sec	Date	1.19	· 201	*	
Paid Prep Use		Print/Type preparer's name	Preparer's signature	Di	ate	Check ☐ self-emplo			
		Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions	Pho	ne no	► □ Ya	s 🗆	No

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