			Short Form		OMB No 1545-1150
Form <b>990-EZ</b>			Return of Organization Exempt From Income		2018
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	e foundations)	
			► Do not enter social security numbers on this form as it may be made p	ublic.	Open to Publi
		the Treasury ue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informa	tion. 1910	Inspection
	<u> </u>		r year, or tax year beginning Nov 1 , 2018, and ending	Oct 3	1 <b>,20</b> 19
Che	ck if app	olicable	C Name of organization	D Employer	dentification number
] Add	dress ch	ange	WALKER COUNTY FARM BUREAU	74-606	6625
٦ .	ame change nitial return inal return/terminated		Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Telephone	
Ξ.			P O BOX 1706	(936)2	91-2136
ร์	ended r		City or town, state or province, country, and ZIP or foreign postal code  HUNTSVILLE, TX 77342	F Group Ex	
Ap;	olication	pending			
		ng Method.			if the organization is r
	bsite:			•	tach Schedule B
		-	ck only one) — ☐ 501(c)(3) 🔀 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 990, 99	90-EZ, or 990-PF)
		organization	Corporation Trust Association Other	al accets	<del></del>
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot 500,000 or more, file Form 990 instead of Form 990-EZ	ai assets •	<b>\$</b> 114,48
	t I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instruction	
GII	l I		the organization used Schedule O to respond to any question in this Part		
$\top$	1		ns, gifts, grants, and similar amounts received		215
			rvice revenue including government fees and contracts		
_			p dues and assessments	3	50,040
3		Investment	•	4	134
300 (310) a			unt from sale of assets other than inventory   5a		
Ř	b	Less: cost	or other basis and sales expenses		
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с	
- 1		-	d fundraising events:		DEN/ED
on loading			ome from gaming (attach Schedule G if greater than		ECEIVED
		\$15,000) .			2020
			me from fundraising events (not including \$of contribution)	ons (6)	MAR 2020
<u>:</u>		from fundra	aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   6b	ons October	11.
					OGDEN, UT
			t expenses from gaming and fundraising events <u>6c  </u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	000
	u			ALC: NO.	t.
ŀ	7a		s of inventory, less returns and allowances	- Ga	
			of goods sold		
			t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O) See. Line & St		64,098
			nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		114,487
1	10		similar amounts paid (list in Schedule O)		1,269
	11	Benefits pa	id to or for members	11	
g   .	12	Salaries, of	her compensation, and employee benefits	12	44,372
ğ   ·	13		al fees and other payments to independent contractors		900
۲ <u>۲</u>	14		r, rent, utilities, and maintenance		18,857
<u> </u>	15		iblications, postage, and shipping		118
	16		nses (describe in Schedule O) See. Line 16. St		36,963
		Total expe	nses. Add lines 10 through 16	• 17	102,475
္ ြ	18		deficit) for the year (Subtract line 17 from line 9)		12,012
Net Assets Expenses	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		148,219
ž	~~	•	r figure reported on prior year's return)		140,215
ا <u>ج</u>	20		ges in net assets or fund balances (explain in Schedule O)		160,231
1   2	21	inet assets	or fund balances at end of year. Combine lines 18 through 20	21	100/201

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Cat No 10642I REV 12/18/18 PRO

Form **990-EZ** (2018)

160,231.

	Balance Sheets (see the instructions	•		D		<b>5</b>
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year		🔀
00	Cook assumes and investments		Ĺ	<del></del>		
22 23	Cash, savings, and investments				22 23	72,654. 216,552.
24	Other assets (describe in Schedule O)				23 24	<del></del>
25	Total assets				25	3,385. 292,591.
26	Total liabilities (describe in Schedule O)		<u> </u>		26	132,360.
27	Net assets or fund balances (line 27 of column		<b>-</b>		27	160,231.
Par						
	Check if the organization used Schedule	•		,		Expenses
What	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each o	f its three largest p			nizations, optional for
28	SEE SCHEDULE O					
	(Grants \$ ) If this amount	includes foreign gra	ints check here		28a	
29	SEE SCHEDULE O					
_0	ODD COMBODE O					
						}
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	29a	
30	SEE SCHEDULE O					
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	<u></u> . ▶ □	30a	
31	Other program services (describe in Schedule O)					_
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					·
	Check if the organization used Schedule	O to respond to a				
		(h) A	(c) Reportable	(d) Health benefits,	<del></del>	<u>· · · · L</u>
	(a) Name and title	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employe	e (e) l	
COL	(a) Name and title T CHRISTIAN	hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	e (e) l	Estimated amount of
		hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	e (e) l	Estimated amount of ther compensation
PRE KAR	T CHRISTIAN SIDENT L COLLINS	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) l	Estimated amount of their compensation
PRE KAR VIC	T CHRISTIAN SIDENT L COLLINS E PRESIDENT	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) l	Estimated amount of their compensation
PRE KAR VIC KEV	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN	hours per week devoted to position  8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.	e (e) l	Estimated amount of their compensation 0.
PRE KAR VIC KEV SEC	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) l	Estimated amount of their compensation
KAR VIC KEV SEC REG	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY	hours per week devoted to position  8.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.	e (e) l	Estimated amount of their compensation  0.  0.
PRE KAR VIC KEV SEC REG	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR	hours per week devoted to position  8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.	e (e) l	Estimated amount of their compensation  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD	hours per week devoted to position  8.00  4.00  11.00  6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD	hours per week devoted to position  8.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.	e (e) l	Estimated amount of their compensation 0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT	8.00 4.00 11.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC	T CHRISTIAN  SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR	hours per week devoted to position  8.00  4.00  11.00  6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN  SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR	8.00 4.00 11.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.  0.  0.
PRE KAR VIC KEV SEC REG DIR RIC DIR JAC DAM	T CHRISTIAN SIDENT L COLLINS E PRESIDENT IN GREEN TREAS GIE LEPLEY ECTOR HARD BYRD ECTOR OB SLOTT ECTOR ON BURRIS	8.00 4.00 11.00 6.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation  0.  0.  0.  0.	e (e) l	Estimated amount of their compensation  0.  0.

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V Yes	. L
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	res	No ×
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		×
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	×	
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	×	
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		×
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		×
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		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:		ļ	
a b	Initiation fees and capital contributions included on line 9	-		İ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u></u> '	,	
	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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► TEXAS FARM BUREAU Telephone no. ► (25)			37
		02-2		
D	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	42b	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		×
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	· ·	. 1	▶ □
			Yes	No
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		×
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		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
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		×
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-FZ. See instructions	45h		

Pa	a	9	4
۲	ıaı	3	7

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						
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  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this Part VI  The complete Schedule O to respond to any question in this part VI  The complete Schedule O to respond to the complete Schedule O to respond						
Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and kee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average (c) Reportable compensation  (d) Health benefits, contributions to employee benefit plans, and deferred other compensation other compensation of the compensation of t						
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  48 Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  49 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 kee 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  (b) Average hours per week devised to position (Forms W-2/(1099-MISC))  (c) Reportable contributions to employee benefit plans, and deferred other compensation of other compensation of other compensation of the compensatio						
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						
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						
year? If "Yes," complete Schedule C, Part II						
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
b If "Yes," was the related organization a section 527 organization?						
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average hours per week hours per week devited to position (Forms W-2/1099-MISC)  (c) Reportable contributions to employee benefit plans, and deferred other compensation of other compensation of other compensation of other compensation of the compensation						
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average (c) Reportable (compensation (compensation (compensation (d) Health benefits, (contributions to employee (e) Estimated amount of other compensation (d) Health benefits, (contributions to employee (e) Estimated amount of other compensation						
(b) Average (c) Reportable compensation (a) Name and title of each employee (b) Average (c) Reportable compensation (d) Health benefits, contributions to employee (e) Estimated amount of other compensation						
(a) Name and title of each employee (b) Average (c) Reportable contributions to employee (e) Estimated amount of compensation other compensation other compensation						
f Total number of other employees paid over \$100,000 ▶0						
Complete this table for the organization's five highest compensated independent contractors who each received more tha \$100,000 of compensation from the organization. If there is none, enter "None."						
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation						
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 must attach a completed Schedule A						
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						
A CONTROL OF THE CONT						
Sign Date Date						
PRESIDENT 2/25/2°2 G						
Type or print name and title						
Paid Print/Type preparer's name Preparer's signature Date Date Check If PTIN						
Propager   Patrick Ehlers   Polizional Poliziona Poliziona Polizional Poliziona Poliziona Poliziona Poliziona Poliziona Poliziona Poliziona Pol						
Use Only Firm's name ► Texas Farm Bureau Firm's EIN ► /4-1145986						
Firm's address ► P.O. Box 2689, Waco, TX 76702   Phone no (254) /51-233 / May the IRS discuss this return with the preparer shown above? See instructions						

## **SCHEDULE 0** (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. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2018

**Open to Public** Inspection

Employer identification number

Name of the organization WALKER COUNTY FARM BUREAU 74-6066625 Pt III, Line 28: Youth Livestock Show/Fair- Contributed to loacl youth livestock show/fair. Purposes of the show are to promote responsibility, leadership skills and interest in raising farm animals for area youth. The County Farm Bureau volunteers as well as the local 4-H Clubs and FFA Chapters participate in this important event. Pt III, Line 29: Annual Meeting-Held an annual meeting in which all members are invited. Purpose was to discuss relative local, statewide and national agricultural issues, the importance of agriculture education, the business of the organization and current legislative issues as they relate to agriculture. Members of the county farm bureau, county farm bureau staff, county farm bureau voluntary leaders, Texas Farm Bureau staff and invited guests participated. Pt III, Line 30: State Meetings- Volunteers Directors of the County Farm Bureau attended meetings sponsored by Texas Farm Bureau, including its annual state convention. At these meetings, various agricultural issues are discussed with similar local volunteers from other county farm bureaus across the state. At the Texas Farm Bureau annual convention, local county farm bureau leaders from all over Texas voted on agricultural issues that these volunteers would like Texas Farm Bureau and the volunteers to pursue on a statwide level in the upcoming year. Pt III, Line 31: Ag in the Classroom-County Farm Bureau volunteers contributed their time and resources to an Agriculture in the Classroom Program. Using various specially developed materials (in conjunction with Texas Farm Bureau), teachers

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WALKER COUNTY FARM BUREAU	74-6066625
around the state guide Texas students in grades 1 thru 6 in explori	ng various
facets of food and fiber production in Texas. How agriculture contri	ibutes to
the lifestyles of people throughout the world is also presented. ADI	DITIONAL-
Members of the County Farm Bureau are also members of Texas Farm Bureau	reau, a statewide
agrıcultural organization (exempt under 501 (c)(5)) that works for t	the betterment
of agrıculture and coordinates programs on a statewide basis. Member	rs of the
County Farm Bureau are also members of the American Farm Bureau, a r	national agricultural
organization that also works for the betterment of agriculture. Cour	nty Farm Bureau
volunteers also help organize their members into separate agriculture	ral commodity
interests and participate in matters dealing with legislation that a	affects agrıculture.
Pt I, Line 8:	
Description: INS ACTIVITY INCOME \$62,973	
Description: TFB AWARDS \$1,125	
Pt I, Line 16:	
Description: STATE MEMBERSHIP DUES \$25,646	
Description: TRAVEL/CONFERENCES/MEETINGS \$878	
Description: OTHER EXPENSES \$5,644	
Description: OFFICE OPERATIONS EXPENSES \$3,152	
Description: EQUIPMENT EXPENSES \$1,643	
Pt II, Line 24:	
Description: UTILITY DEPOSIT Beginning of Year: \$25 End of Year:	\$25
Description: PREPAID INCOME TAX Beginning of Year: \$2,904 End of	Year: \$3,360
Pt II, Line 26:	
Description: ACCOUNTS PAYABLE Beginning of Year: \$422 End of Year	: \$348
Description: NOTES PAYABLE-BUILDING Beginning of Year: \$137,824 En	nd of Year: \$132,012