

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**Open to Public
Inspection**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.

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 2017

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	Mat-Su Chapter Alaska Farm Bureau	20-2647591
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO Box 1868	907-745-0262
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number
<input type="checkbox"/> Amended return	Palmer, AK 99645	05
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) (5) ▶ (insert no.) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

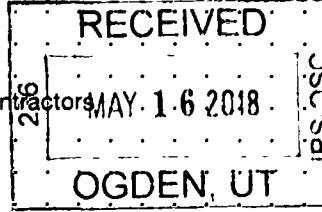
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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 2,000	5c
	3 Membership dues and assessments	3 1,610	
	4 Investment income	4 205	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	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 51,517	
	b Less: cost of goods sold	7b 14,794	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 36,723	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 40,538	
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10 18,233	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13 10,210	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16 9,640	
	17 Total expenses. Add lines 10 through 16 ►	17 38,083	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,455	
	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)	19 145,627	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 148,082	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2017)

7

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	84,100	22 105,064
23	Land and buildings	12,312	23 12,312
24	Other assets (describe in Schedule O)	49,431	24 35,084
25	Total assets	145,843	25 152,460
26	Total liabilities (describe in Schedule O)	216	26 4,378
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,627	27 148,082

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?

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
01(c)(3) and 501(c)(4)
organizations, optional for
others.)

28

(Grants \$) If this amount includes foreign grants, check here . . . ► 28a

29

(Grants \$) If this amount includes foreign grants, check here □ **29a**

30

(Grants \$) If this amount includes foreign grants, check here □ **30a**

31

(Grants \$) If this amount includes foreign grants, check here . . . ► 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bruce Bush President				
PO Box 1902, Palmer, AK 99645	15			
Rayne Reynolds, Vice President		1		
Vern Stockwell, Treasurer				
3321 S Jessie Jo Pl, Palmer, AK 99645	1			
Tom Berge, Secretary				
PO Box 1868, Palmer, AK 99645	1			
Ted Pyrah/Press Secretary				
Bodenburg Loop, Palmer, AK 99645	1			
Carol Kenley, Director		1		
Katie Sunderland, Director		1		

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

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

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)

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)?

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

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

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

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 ► _____

b 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

c 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

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► **Deidre Berberich** Telephone no. ► **(907) 745-0262**
Located at ► **12255 E Outer Springer Loop, Palmer, AK** ZIP + 4 ► **99645**

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 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? 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 ► 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

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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c		
36	✓	
37b	✓	
38a	✓	
38b		
39a		
39b		
40b		
40e		
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a	✓	
45b	✓	

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 46 ✓

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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 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 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	Date 5.7.18
	 Vern Stockwell, Treasurer	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Deidre Berberich	<i>Deidre RS Berberich 5-7-18</i>			P01063992
	Firm's name ► Deidre RS Berberich Accounting Services	Firm's EIN ►			
Firm's address ► 12255 E Outer Springer Loop, Palmer AK 99645	Phone no.		9077450262		

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2017)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Mat-Su Chapter Alaska Farm Bureau, Inc.

Employer identification number

20-2647591

Form 990-EZ, Part 1, Line 10 - Grants and similar amounts paidAlaska FFA 4000.00Palmer High School FFA 4000.00Alaska Farmland Trust 10233.00Total \$18233.00**Form 990-EZ, Part 1, Line 16 - Other Expenses**Annual Meeting 1694.64Bank Charges 15.00Dues and Subscriptions 25.00Insurance 1155.00Licenses and Permits 160.00Promotion Expense 2200.00Storage 1817.40Supplies 284.00State Fair Expenses 2289.25Total Other Expenses 9640.29**Form 990-EZ, Part II, Other Assets**Inventory 25094.00Accounts Receivable 100.00Market Trailer 3000.00Vending Machine 6890.00Total Other Assets 35084.00