

# 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)

2018

Open to Public  
InspectionDepartment 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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A For the 2018 calendar year, or tax year beginning**

, 2018, and ending

, 20

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization****Mat-Su Chapter Alaska Farm Bureau**

Number and street (or P O box, if mail is not delivered to street address)

**D Employer identification number**

20-2647591

**PO Box 1868****E Telephone number**

907-745-0262

City or town, state or province, country, and ZIP or foreign postal code

**Palmer, AK 99645**

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**F Group Exemption  
Number ►****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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$****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 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	2,000
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	1,340
	4 Investment income . . . . .	4	359
	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) . . . . .	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
<b>Expenses</b>	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	65,808
	b Less: cost of goods sold . . . . .	7b	14,868
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	50,940
	8 Other revenue (describe in Schedule O) . . . . .	8	442
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,081
<b>Net Assets</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	16,310
	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	11,340
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	12,425
	17 <b>Total expenses.</b> Add lines 10 through 16	17	40,075
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	15,006
	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	148,082
	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	163,088

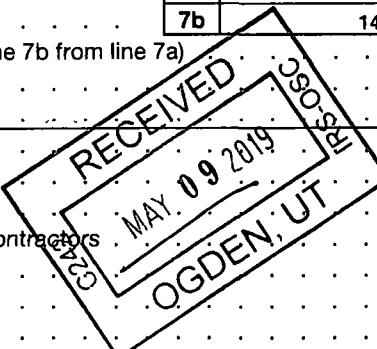
For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2018)

MISC 1 2 2019

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## Part I 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
<b>22</b>	Cash, savings, and investments . . . . .	<b>105,064</b>	<b>22</b> <b>117,719</b>
<b>23</b>	Land and buildings . . . . .	<b>12,312</b>	<b>23</b> <b>12,312</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .	<b>35,084</b>	<b>24</b> <b>33,057</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>152,460</b>	<b>25</b> <b>163,088</b>
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>4,378</b>	<b>26</b> <b>0</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>148,082</b>	<b>27</b> <b>163,088</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?

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, optional for others.)

28

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16. The report includes forensic events, check here

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

29 -----

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✓ If this amount includes foreign grants, check here.

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

30 \_\_\_\_\_

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✓ If this amount includes foreign grants, check here

31 Other program services (describe in Schedule Q)  If this amount includes foreign grants, check here . . . .

31 Other program services (describe in Schedule C) . . . . . If this amount includes foreign grants, check here

**32 Total program service expenses** (add lines 28a through 31a)  If this amount includes foreign grants, check here

**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. See the instructions for 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			
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 33

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

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

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 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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

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

a Initiation fees and capital contributions included on line 9 39a

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), 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 40c

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 40d

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

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 40f

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

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** 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

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 ► 42d

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 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

c 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-EZ. See instructions 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

4 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.

<b>Sign Here</b>	 Signature of officer <b>Vern Stockwell, Treasurer</b> Type or print name and title	Date <b>4.29.19</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Deidre Berberich</b>	Preparer's signature 	Date <b>4.27.19</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01063992</b>
	Firm's name ► <b>Deidre RS Berberich Accounting Services</b>		Firm's EIN ►		
	Firm's address ► <b>12255 E Outer Springer Loop, Palmer, AK 99645</b>		Phone no. <b>907-745-0262</b>		

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Mat-Su Chapter Alaska Farm Bureau, Inc.

Employer identification number

20-2647591

**Form 990-FZ, Part 1, Line 10 - Grants and Similar Amounts Paid**

Alaska FFA 4000

Palmer High School FFA 4000

Alaska Farmland Trust 8310

Total 16310

**Form 990-EZ, Part 1, Line 16 - Other Expenses**

AK State Fair Expenses 2761.90

Annual Meeting 770.60

Liability Insurance 398.00

Licenses and Permits 255.00

Promotion 2713.30

Storage 2500.00

Supplies 296.00

Insurance 2730.00

Total 12424.80

**Form 990-EZ, Part II, Other Assets**

Inventory 23017.00

Accounts Receivable 150.00

Market Trailer 3000.00

Vending Machine 6890.00

Total 33057.00