(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 193 18404814

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

▶ Do not enter social security numbers on this form as it may be made public.

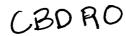
► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No	1545-0047
20	)19

Open to Public Inspection

_	1 OI tile 2011	calendar year, or tax year	beginning	, and e	Jirding			
<b>B</b> C	Check if applicable	C Name of organization					D Employe	er Identification number
	Address change		Missouri Fa	rmers Care				
Η.	iodicoo chango	Doing business as			· , .= . <b>.</b> =		1 01-0	958163
N	Name change	Number and street (or P O bo	ox if mail is not delivered t	n street address)		Room/suite	E Telephor	
	nıbal return	734 S Country				110011110		635-3819
	Final return/	City or town, state or province						
	emmaled		-	- '				606 000
$\Box$	Amended return	Jefferson Cit		0 65109			G Gross red	ceipts\$ 636,330
닏."	Amendeo retorn	F Name and address of principal	al officer					subordinates? Yes X No
A	Application pendin	Gary Marsha	all			H(a) Is this a gi	oup return for s	subordinates? Yes X No
		3118 Emeral				H(b) Are all su	pordinates inc	luded? Yes No
				MO 6510	۵	If "No	" attach a list	(see instructions)
		Jefferson C			<del>,                                    </del>		,	(,
1 7	Tax-exempt state	s 501(c)(3) <b>X</b> 50	01(c) ( <b>5</b> ) <b>∢</b> (ins	sert no ) 4947(a	)(1) or 527	21		
J	Website >	mofarmerscare	. com			H(c) Group ex	emption numb	er 🕨
- L	Form of organizat			Other		Year of formation	2010	M State of legal domicile MO
******			Association	Other		Tear or learnation =		III Citato di regal derinene ===
_ F 6		Summary						
	1 Briefly	describe the organization's	mission or most sig	inificant activities				
ا ہو	Sec	Schedule O						
일								
멸								
ě								
Activities & Governance	2 Check	this box ▶ 🔛 if the organia	zation discontinued	its operations or dis	sposed of more than	25% of its net as	sets	
اید	3 Numb	er of voting members of the	governing body (Pa	art VI, line 1a)			3	8
တ္ခု		er of independent voting mei			ine 1h)		4	8
<u>:</u>				-				0
		umber of individuals employ	•	r 2019 (Part V, line A	2a)		5	
Ş	6 Total r	umber of volunteers (estima	ate if necessary)				6	0
`	7a Total u	nrelated business revenue t	from Part VIII, colui	mn (C), line 12			7a	0
		related business taxable inc	•	• • •			7b	0
	D Net ui	elated business taxable inc	Joine Holli Follin 55	0-1, iiic 00		Prior Ye		Current Year
~	0.0	t.aaa aad aaanta (Dart VIII	Line (h)	Œ	SC(11)		6,800	
15/2 e		outions and grants (Part VIII		1				
	9 Progra	m service revenue (Part VII	i, line 2g)		20921	1	<u>5,320</u>	
0 2022 Revenue	10 Invest	nent income (Part VIII, colu	mn (A), lines 3, 4, a	and 7d)	2014		<u> 153</u>	
~~ ~	11 Other	revenue (Part VIII, column (	A), lines 5, 6d, 8c, 9	9c. 10c. and 11e)			5,000	17,036
- 1	ĺ				line 12\	5.0	7,273	
A N	1	evenue – add lines 8 throug			inte 12)	1. 30	.,	0
7		and similar amounts-paid-(						<u> </u>
$\sim$	14 Benefi	s paid to or for members (P	'art IX, dolumn (A),	line 4)				0
!-!			- 15-11-14 Xb - 0640 (Da	rt IX. column (A) lin	es 5-10)			0
# # # V7 I	15 Saları	s, other compensation, emi	oloyee benefits (Pa		00 0 10)			
i High	15 Saları	s, other compensation, emp	Ployee benefits (Pa	e 11e)	00 0 10,			1 0
	16a Profes	sional fundiaising fees (Par	t IX, column (A), lin	e 11e)				0
NNI	16a Profes b Total f	sional fundraising fees (Part)	t IX, cojumn (A), lin X,)column (D), line	e 11e) 25) <b>▶</b>	0		4 000	
ANNE	16a Profes b Total f	sional fundraising fees (Parti) undraising expenses (Parti) expenses (Part IX, column	t IX, column (A), line X, column (D), line A) lines 11a-11d.	e 11e) 25) <b>▶</b> 11f–24e)	0		4,277	576,514
CANNE	16a Profes b Total f	sional fundraising fees (Parti) undraising expenses (Parti) expenses (Part IX, column	t IX, column (A), line X, column (D), line A) lines 11a-11d.	e 11e) 25) <b>▶</b> 11f–24e)	0		4,277 4,277	576,514
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တ္တ	16a Profes b Total f 17 Other 18 Total f 19 Rever	sional fund aising fees (Part I) undraising expenses (Part IX, column of expenses Add lines 13-17 ( undress expenses Subtract ussets (Part X, line 16)	t IX, column (A), lin X,column (D), line A), lines 11a–11d, must equal Part IX,	e 11e) 25) <b>▶</b> 11f–24e) , column (A), line 25	0	56 -5 Beginning of C	4,277 7,004 Irrent Year 1,007	576,514 576,514 59,816 End of Year 177,624
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	lissouri Farm	n Service Accomplishments	01-095816		Page
		ontains a response or note to			X
Briefly describ	e the organization's miss	sion			
_	zation undertake any sig 0 or 990-EZ?	nificant program services during the	year which were not listed on t	he	Yes X No
If "Yes," descr	ribe these new services of	on Schedule O , or make significant changes in how	it conducts, any program		TO TES INC
services?	ribe these changes on So		, , , , , , , , , , , , , , , , , , ,		Yes X No
expenses Sec	ction 501(c)(3) and 501(c	ervice accomplishments for each of its: (4) organizations are required to reported or each program service reported			
4a (Code Solicit agricult		including grands to support educa		) (Revenue \$ acy for Miss	ouri
4b (Code N/A	) (Expenses \$	including gran	ts of \$	) (Revenue \$	
4c (Code N/A	) (Expenses \$	ıncluding gran	its of \$	) (Revenue \$	
		1			
4d Other progran (Expenses \$	n services (Describe on S	Schedule O) including grants of \$	) (Revenue S		<u> </u>



Form 990 (2019) Missouri Farmers Care
Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?? If "Yes," complete Schedulie A 2 is the organization required to complete Schedulie B, Schedulie of Contributions (see instructions)?  3 Dot the organization engages in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Contribution (P. Part I)  4 Section 501(c)(3) organizations. Did the organization engage in elobying activities, or have a section 501(n) electron in refere cluming that tax yes? If "Yes," complete Schedulie C, Part II  5 Is the urganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization than if discovers in membrating thirds.  5 Is the urganization as a defined in Revenue Procedure 89-19" If "Yes," complete Schedulie C, Part III  6 Did the organization receive or hold a conservation or investment of amounts in such furds or accounts? If "Yes," complete Schedule D, Part II I  7 Did the organization receive or hold a conservation or investment of amounts in such furds or accounts? If "Yes," complete Schedule D, Part II I  8 Did the organization manufact nocletions of works of art, instruction esserement, including esserements to preserve open space, the environment, historic listed and instructions are such further or accounts? If "Yes," complete Schedule D, Part II I  9 Did the organization manufaction clinic such such so present the such such as a customation of the such such as a customation and reads, or habitors of the such as a customation and reads, or habitors of the such as a customation and reads or any summarian and the organization and read in the organization report an amount in Part X, line 21, "or escover or custodial account inability, serve as a custodian for amounts and listed in Part X, or provide credit requires the organization and part and reads of the such as a such as a customation and account installed organization and part X is read as a customation and account in the part X is read	1 31				
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			21		x

_Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
_	through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt boilds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	·	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	]		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions)			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
<b>h</b>	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
b c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		İ	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	1,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		
	related organization? If "Yes," complete Schedule R, Part V, line 2	30	<del> </del>	<del>                                     </del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		╁	<del></del>
38	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
p,	art V Statements Regarding Other IRS Filings and Tax Compliance			
* '	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		}

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 0 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? 7d d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9a a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O

X

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Form 990 (20	019) Missouri Farmers Care	01-0958163	Page
Part VI	Governance, Management, and Disclosure For	each "Yes" response to lines 2 through 7b belo	ow, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circ	cumstances, processes, or changes on Schedu	le O See instructions
	Check if Schedule O contains a response or note to an	ny line in this Part VI	K

Sec	tion A. Governing Body and Management					
				•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	88			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	<sup>*</sup> 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	<u> </u>	X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by t	ne follow	ing		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	<u> </u>	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al R	evenue	e Code )		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
, b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10t		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	ļ	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12t		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			120		X
13	Did the organization have a written whistleblower policy?			13	1	X
14	Did the organization have a written document retention and destruction policy?			14	<u></u>	X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15k	)	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	
	organization's exempt status with respect to such arrangements?			161	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se	ction	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st po	licy, and			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds ▶				
G	ry Wheeler 734 S. Country Club Drive					
_Je	fferson City MO 6510	9		<u>573-6</u>	<u>35-3</u>	819

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

🔼 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle licer a	Pos check ess pe nd a d	rson i	than or s both a	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(11.2001,111.00)	(1. 2.1300 11.155)	related organizations
(1) Gary Marshall	3.00									
Chairman	1.00	x		x				o	0	0
(2) Jeff Houts	1.00	1	╁				_		•	
(1) 0 0 1 1 1 1 0 1 0 0	2.00									
Vice Chairman	0.50	x		x				o	0	0
(3) Dan Cassidy		<del> </del>	1			1				
(0,2 0.2.0.2.2	2.00			i				,		
Secretary	0.50	X		x		1		0	0	0
(4) Gary Wheeler		†								
• •	2.00									
Treasurer	0.50	X		X				0	0	0
(5) Don Nikodim		1				П				
	1.00									
Board Member	0.50	X						0	0	0
(6) Alan Wessler										
	1.00						,			
Board Member	0.50	X						0	0	0
(7) Mike Deering										
1	1.00									
Board Member	0.50	X						0	0	0
(8) James Greer										
	1.00									
Board Member	0.50	X	ļ		<u> </u>			0	0	0
(9)						1 1				
(10)										
(11)			-							

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Form **990** (2019)

Pa	rt VII . Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) (C)  Average hours per week (list any (C)  (do not check more than one box, unless person is both an officer and a director/trustee)						an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cc	(F) mated a of othe empens from th	er elion e	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anızatıcıdı organ	n and lization:	S
<u></u>														_
,														
1b c d	Subtotal  Total from continuation she  Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion A	4			<b>&gt;</b>						
2	Total number of individuals (in reportable compensation from	icluding but not l the organization	ımıte	d to	thos	e lis	ted a	bov	ve) who received more than	\$100,000 of	1			
3	Did the organization list any fo				stee	, key	/ em	oloy	yee, or highest compensated	d			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atic	on and other compensation complete Schedule J for suc	from the ch		3		x
5	individual  Did any person listed on line 1 for services rendered to the or									ındıvıdual		5		x
Sec	ion B. Independent Contracto	ors										<u> </u>		
1	Complete this table for your from the organ	zation Report c	ensa omp	ated ensa	inde ition	oenc for t	lent o	cont	idar year ending with or with	iin the organization's tax ye	ear			
		(A) business address				700	\ <u>~</u>	ļ_		(B) tion of services		Co	(C) npensa	tion
	t. Louis Cardinals, t. Louis		) 6	31			. C.		rk Street radio broadcas	st			207	,200
							<del></del>							
					-									
												-		
2	Total number of independent received more than \$100,000									1				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (A) (C) Unrelated function revenue from tax under sections 512-514 Gifts, Grants 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 150,000 d Related organizations 1d 1e Contributions, and Other Simi e "Government grants (contributions)" f All other contributions, gifts, grants, and similar amounts not included above 373,305 1f g Noncash contributions included in lines 1a-1f 1g 523,305  $\blacktriangleright$ h Total. Add lines 1a-1f **Business Code** 95,880 95,880 Membership Dues Program Service Revenue b C f All other program service revenue 95,880 g Total. Add lines 2a-2f  $\triangleright$ Investment income (including dividends, interest, and 109 109 other similar amounts) income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents 6b **b** Less rental expenses 6c c Rental inc or (loss) ▶ d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets 7a other than inventory Other Revenue **b** Less cost or other 7h basis and sales exps c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 8a b Less direct expenses 8b c Net income or (loss) from fundraising events  $\blacktriangleright$ 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses  $\triangleright$ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances b Less cost of goods sold 10b ▶ c Net income or (loss) from sales of inventory iscellaneous --Revenue **Business Code** 13,535 13,535 11a Reimbursed Expenses 3,501 3,501 b Other d All other revenue 17,036 Total. Add lines 11a-11d ▶

113,025

636,330

Total revenue. See instructions

Form 990 (2019) Missouri Farmers Care

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T 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17						-
Ph ( 134				4 •		
U STELLE	<u>.</u>	COMOTE	^T - !!!	うたけいわつし	-vnancac	
Part IX	- 01	atement	. OI I UI	ICLICITAL	<b>Expenses</b>	
			_			_

3601	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			npiete column (A)	X
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		i		
-	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	-individuals See Part IV, line 22		<del></del>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				•
5	Compensation of current officers, directors,	•			
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (nonemployees)				
а	Management	63,000			
b	Legal				
С	Accounting				
, d	, ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	0.54 0.04			
	(A) amount, list line 11g expenses on Schedule O)	254,801			
12	Advertising and promotion	210,130			
13	Office expenses	19,840			
14	Information technology				
15	Royalties			<u> </u>	
16	Occupancy	10 631			
17	Travel	19,631			1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 622			
19	Conferences, conventions, and meetings	4,622			
20	Interest		· · · · · · · · · · · · · · · · · · ·		<del> </del>
21	Payments to affiliates	419			
22	Depreciation, depletion, and amortization	2,302			
23 24	Insurance Other expenses Itemize expenses not covered	. 2,302		, i i, contamb	1,00
44	above (List miscellaneous expenses on line 24e It	· ''''''''''''''''''''''''''''''''''''	" .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line 24e amount exceeds 10% of line 25, column	14.7	544 - 4	1111111111	11, 0, 0, 0, 100, 100, 100, 100, 100, 1
	(A) amount, list line 24e expenses on Schedule O)			Ang in the management of the same	
а		1,769	-11 1		110 110
	Other Expended	1,705			
b			······································		· · · · · · · · · · · · · · · · · · ·
d			<u> </u>		
e e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	576,514	0	0	0
26	Joint costs. Complete this line only if the	3,0,314		<del>-</del>	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 159,766 101,765 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 8,000 17,035 4 Accounts receivable, net 5\_Loans and other receivables from any current or former officer, director,trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 5,049 basis Complete Part VI of Schedule D 10a 4,226 1,242 823 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 111,007 177,624 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 29,680 36,481 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 29,680 36,481 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. <u>81,327</u> 141,143 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 81,327 141,143 32 32 Total net assets or fund balances 177,624 111,007 Total liabilities and net assets/fund balances

Form **990** (2019)

orm	1990 (2019) Missouri Farmers Care U1-095816.	<u> </u>		Page 12
	nt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>5</u> ′	76,514
3	Revenue less expenses Subtract line 2 from line 1	3		<u>59,816</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>81,327</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	1	41,143
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain or	1		
	Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ie		
	Single Audit Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			For	m <b>990</b> (2019)

### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name	of organization			, ,	fication number
	<u> Missouri Farmers Ca</u>			01-09581	
Par	I-A Complete if the organization is exen	npt under section 501(c	or is a section	<u>527 organizatio</u>	n.
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV (see ınstru	ctions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru				
Par	I-B Complete if the organization is exen		<u>)(3).                                   </u>		
1	Enter the amount of any excise tax incurred by the organiz	tation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	C
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				∐ Yes ∐ No
	If "Yes," describe in Part IV		\	- F04/5\/2\	·····
Pai	I-C Complete if the organization is exen			1 501(0)(3).	<del></del>
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt func	tion		
	activities			▶ \$	
· 2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection	<b>.</b> .	
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	L,	▶ ♠	
	line 17b	O		▶ \$	☐ Yes ☐ No
4	Did the filing organization file Form 1120-POL for this yea		anlitiani arangizationa	to which the filing	∐ Yes ∐ No
5	Enter the names, addresses and employer identification n organization made payments. For each organization listed	, ,	<del>-</del>		
	the amount of political contributions received that were pro	•			
	as a separate segregated fund or a political action commit				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2.114	filing organization's	contributions received and
				unds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)	- <del> </del>				
<b>\.</b> ''					
(2)					
•					
(3)					
` '					
(4)					
(5)			T		
(6)					

Schedule C (Form 990 or 990-EZ) 2019 Misso	ouri Farme	rs Care		01-0958163	Page 2
Part II-A Complete if the organi	zation is exem	pt under section	501(c)(3) and	filed Form 5768 (ele	ection under
section 501(h)).  A Check  if the filing organization address, EIN, expense  B Check  if the filing organization	s, and share of e	cess lobbying expe	ndıtures)	-	ber's name,
	obying Expend			(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence p		··			
b Total lobbying expenditures to influence a					
c Total löbbying expenditures (add lines 1a	and 1b)	-			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add I	ines 1c and 1d)				
f Lobbying nontaxable amount Enter the ai	mount from the follo	wing table in both			
columns					
If the amount on line 1e, column (a) or (b) is	. The lobbying n	ontaxable amount is:			
- Not over \$500,000	20% of the amou	int on line 1e	·		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess over \$5	00,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	0% of the excess over \$1	,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess over \$1,5	500,000		
Over \$17,000,000	\$1,000,000		Щ		
g Grassroots nontaxable amount (enter 25%	6 of line 1f)				
h Subtract line 1g from line 1a If zero or les	s, enter -0-				
i Subtract line 1f from line 1c If zero or less	s, enter -0-		<u></u>		
j If there is an amount other than zero on e	ither line 1h or line 1	i, did the organization	file Form 4720		
reporting section 4911 tax for this year?					Yes No
	4-Year Averag	ging Period Under	Section 501(h)		
(Some organizations that mades		h) election do not l instructions for lin			nns below.
L(	obbying Expendi	tures During 4-Yea	r Averaging Pe	eriod	
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
		I	1	i	i

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

_	_		_	_	_	_	_	
n	7	_	n	a	5	Я	7	63

Page 3

Part II-	Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	) i tilea	Form :	5/68		
For sooh	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b	)	
	on of the lobbying activity.	Yes	No	Amo	unt	
legis refe	ing the year, did the filing organization attempt to influence foreign, national, state, or local slation, including any attempt to influence public opinion on a legislative matter or rendum, through the use of unteers?					
	d staff or management (include compensation in expenses reported on lines 1c through 1i)?		-			
	dia advertisements?					
	lings to members, legislators, or the public?					
	lications, or published or broadcast statements?					
	nts to other organizations for lobbying purposes?					
	ect contact with legislators, their staffs, government officials, or a legislative body?					
_	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	er activities?					
	al Add lines 1c through 1i					
-	the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1				
	'es," enter the amount of any tax incurred under section 4912					
	'es," enter the amount of any tax incurred by organization managers under section 4912					
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III		1(c)(5),	or sec	tion	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
					Yes	No
1 Wer	re substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did	the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	ļ
3 Did	the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	аг?		3		<u> </u>
Part III	B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."				3, is	
1 Due	es, assessments and similar amounts from members		1			
	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of itical expenses for which the section 527(f) tax was paid).					
	rent year		2a			
	ryover from last year		2b			
c Tota	•		2c			
	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	ess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	political expenditure next year?		4			
	able amount of lobbying and political expenditures (see instructions)		5			
Part IV			-			
	ne descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part	art II-A, III	nes 1 and	<u> </u>		
• •						

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2019 Missouri Farmers Care

01-0958163

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Part IV Supplemental Information (continued)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 01-0958163 Missouri Farmers Care Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III Organizations Maintaining	Collections of A	Art, Historical Tr	easures, o	or Other	Simila	r Assets	(continu		<u> </u>
3 Using the organization's acquisition, accession collection items (check all that apply)	, and other records,	check any of the foll	owing that m	ake signific	ant use o	of its			
a Public exhibition	d 🗍 L	oan or exchange pro	gram						
b Scholarly research	<del></del>	other	-						
c Preservation for future generations	_								
4 Provide a description of the organization's colle	ections and explain I	how they further the o	organization's	s exempt pu	urpose in	Part			
XIII									
5During-the-year,-did-the-organization-solicit-or-r		•	-						
assets to be sold to raise funds rather than to be	•	rt of the organization	's collection?				Ye:	5	No
Part IV Escrow and Custodial Arrai Complete if the organization a 990, Part X, line 21		on Form 990, Pa	rt IV, line 9	, or repo	rted an	amount o	on Form	I	
1a Is the organization an agent, trustee, custodiar	or other intermedia	ary for contributions o	r other asset	s not					
included on Form 990, Part X?		•					Ye	s	No
b If "Yes," explain the arrangement in Part XIII ar	nd complete the folio	owing table							
							Amount		
c Beginning balance						1c			
d Additions during the year					Ŀ	1d			
e Distributions during the year					Ŀ	1e			
f Ending balance					Ŀ	1f			
2a Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow or cust	todial accoun	t liability?			Ye	s 📘	No
b If "Yes," explain the arrangement in Part XIII C	heck here if the exp	olanation has been pr	ovided on Pa	art XIII					<u>.                                    </u>
Part V Endowment Funds.									
Complete if the organization a	answered "Yes"	<u>on Form 990, Pa</u>	rt IV, line 1	0	-				
	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years t	oack
1a Beginning of year balance							ļ		
b Contributions							<u> </u>		
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and									
programs									
f Administrative expenses							1		
g End of year balance									
2 Provide the estimated percentage of the currer	nt vear end balance	(line 1g. column (a))	held as	<u> </u>	-				
a Board designated or quasi-endowment ▶	%	( 19, 00.0 (2/)	110.0 00						
b Permanent endowment ▶ %	70								
c Term endowment ▶ %									
The percentages on lines 2a, 2b, and 2c shoul	d equal 100%								
3a Are there endowment funds not in the possess		on that are held and	administered	for the					
organization by							Γ	Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations							3a(ii)		
b If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule R?					3b		
4 Describe in Part XIII the intended uses of the c	•								
Part VI Land, Buildings, and Equip									
Complete if the organization a		on Form 990, Pa	rt IV, line 1	11a See	Form 9	90, Part )	K, line 1	0	
Description of property	(a) Cost or other ba				cumulated		(d) Book		-
	(investment)	(oth	er)	dep	reciation				
1a Land									
b Buildings				<del></del>					
c Leasehold improvements									
d Equipment			5,049		4,:	226			B23
e Other									
Total. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, column (B), line 10	Oc )			<b>•</b>			823

	orm 990) 2019 MISSOURI FARMERS	Care	01-0938163	Page
Part VII	Investments – Other Securities.	oo" on Form 000. Part IV. lin	o 11h Soo Form 000 D	art Y June 12
	Complete if the organization answered "Y  (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-yea	
(1) Financial of	lerivatives			
	ld equity interests			<del></del>
(3) Other				-
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	▶		<del> ,</del>
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Y			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
			Cost of end-of-year	
(1)				
(2)				
(3)				<del></del>
(4)				
(5) (6)				
(7)				<del>.</del>
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX	Other Assets.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, lin	<u>ie 11d. See Form 990, P</u>	art X, line 15
	(a) Descr	iption		(b) Book value
(1)				
(2)				
_(3)				
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 15)	<del>-</del>	<b></b>	
Part X	Other Liabilities.		<u> </u>	
i die xe	Complete if the organization answered "Y	es" on Form 990. Part IV. Iir	ne 11e or 11f See Form	990. Part X.
	line 25			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)		<b>•</b>	
•	uncertain tax positions. In Part XIII, provide the text of			
organization's	liability for uncertain tax positions under FASB ASC 7	740 Check here if the text of the fo	otnote has been provided in P	art XIII

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2019 Missouri Farmers Care

01-0958163

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) 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. Open to Public

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization

Missouri Farmers Care 01-0958163

Form 990 - Organization's Mission

To further define the purposes and objectives of the Corporation as follows:

To provide the formal structure to promote the general welfare of agriculture and rural communities through a unified approach of communication, education, and advocacy.

To receive and disburse funds and manage investments necessary to meet the purposes and objectives of the corporation.

To operate exclusively for purposes within the meaning of Section 501(c) of the Internal Revenue Code.

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation There was no unrelated business income and no proxy tax due.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Have board of directors and officers

Form 990, Part VI, Line 7a - Election of Members and Their Rights The members of the organization elect the slate of officers.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The members of the organization affirm actions of the executive committee.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is reviewed by the executive committee prior to being filed

Name of the organization		Employer identification number
Missouri Farmers C	are	01-0958163

with the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Upon request.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Tot/Pr	og Service	Mgt & Ge	eneral	Fund	raising
Contract Ser	rvices					
	\$	246,649	\$	0	\$	0
Dues, Donata	ions, F	ees				
	\$	807	\$	0	\$	0
Membership I	Dues					
	\$	2,550	\$	0	\$	0
Subscription	ns					
	\$	4,795	\$	0	\$	0
To	otal					
	\$	254,801	\$	0	\$	0

MOFARMCARE 10/20/2020 8 19 AM

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public

Inspection

Employer identification number

2019

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

(g) Section 512(b)(13) controlled entity? Ş (f)
Direct controlling entity × × Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 01-0958163 (f)
Direct confrolling
entity (a) End-of-year assets N/A N/A (e)
Public chanty status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 10 10 (d) Total income (d) Exempt Code section 501c5 501c3 (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) ğ 8 (b) Primary activity Primary activity Research Advocacy 43-1211279 81-4133368 (a) Name, address, and EIN (if applicable) of disregarded entity Missouri Farmers Care (a) Name, address, and EIN of related organization 65109 Missouri Farmers Care Foundation 62109 Mo Soybean Merchandising Council 8 734 S. Country Club Drive 734 S. Country Club Drive Jefferson City Jefferson City Part # Parti 3 Ξ 9 <u>₹</u>  $\equiv$ (2) ල € ල

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule R (Form 990) 2019

3

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	ions Taxable rganizations tr	<b>as a</b> eated	Partnership. as a partners	'artnership. Complete if the organiz as a partnership during the tax year.	e organizatio tax year.	n answered "Yes	on Forr	n 990, Pa	irt IV, line	, <del>7</del> 4,	,
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign		(e) Predominant income (related, urnelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproportionate alloc? Yes No		(I) Code V—UBI (Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percerkage ownership
£												
(2)												
(3)												
(4)												
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ions Taxable	as a	Corporation treated as a	corporation or Trust. Complete if the organization treated as a corporation or trust during the tax year	plete if the o trust during	rganization answithe tax year	ered "Ye	s" on Forr	m 990, Par	τ IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	>	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total Income	Sha end-of-y	(g) Share of end-of-year assets	(h) Percentage ownership		(I) Section 512(b)(13) controlled entity?
(E)												Ves
(2)												
(3)												
(4)			-									
DAA			1							Schedule R (Form 990) 2019	(Form	990) 201

Page 3	• :	Yes	1a X	×	1d	16	1f X		1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1	1j X	**	± x	╁	T X	10 X	1p X x	1- 1- X X		(d) Method of determining amount involved							Schedule R (Form 990) 2019
	ne 34, 35b, or 36.							<u> </u>										ction thresholds	Method of detern	5 Check	3 Check	9 Check	6 Check			νς 
	orm 990, Part IV, line 34,	I in Parts II–IV?																relationships and transa	(c) Amount involved	75,115	3,223	1,899	3,476			
53	nswered "Yes" on Form 990,	ated organizations listed																s line, including covered	(b) Transaction type (a–s)	υ	д	υ	ъ			
01-0958163	e if the organization answered	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	i entity									i organization(s)	l organization(s)	ınızatıon(s)				office transfer of cash or property from related or generations for information on who must complete this line, including covered relationships and transaction thresholds								
s Care	Transactions With Related Organizations. Complete if	or IV of this schedule by of the following transa	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ation(s)	n(s)					ed organization(s)	lated organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>•</b>	oenses penses	ion(s)	tructions for information	ganization	ising Council	Care Foundation	Care Foundation				
Missouri Farmers	Vith Related Orga	ris listed in Parts II, III, ganization engage in ar	uities, (iii) royalties, or (	ion from related organizati	r for related organizatio	elated organization(s)	zation(s)	nization(s)	ed organization(s) ed organization(s)	or other assets to relat	or other assets from re	embership or fundraisin	embership or fundraisin	nt, maılıng lısts, or other	th related organization(s	d organization(s) for exi ed organization(s) for ex	erty to related organizal	ove is "Yes," see the ins	(a) Name of related organization	Soybean Merchandising	Farmers	Farmers	Farmers			
9	Transactions M	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule During the tax year, did the organization engage in any of the following tran	t of (i) interest, (ii) annu	Ont, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s) Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)	Lease of facilities, equipment, or other assets from related organization(s)	nance of services or me	nance of services or me	g of facilities, equipmen	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	nswer to any of the abc		Mo Soy	Missouri	Missouri	Missouri			
Schedule R (Form 990) 20	Part V	Note: Com 1 During	a Receipt		d Loans	e Loans o	f Dividen		h Purcha i Exchan		k Lease		m Perforn		o Sharing	p Reimbu q Reimbu		2 If the a		(1)	(2)	(3)	<b>3</b>	(5)	(9)	

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Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ة ا	Percentage	discission of the control of the con													Schedule R (Form 990) 2019
			ô									<u> </u>			orm 99
5	General or	partne	Yes												e R (F
	Code V—UBI	of Schedule K-1 (Form 1065)	•						•						Schedul
F			2												
3	Disproportionate	allocallo	Yes												
10)	Share of D		1-												
	Share of	total income	···												
	artners	(3)	2												
	Are all p	section 501(c)(3)	Yes No												
Certain investi		unrelated, excluded	sections 512-514)												
	Legal		country)												
regarding exciu	(b) Primary activity	<u> </u>													
or gross revenue) that was not a related organization bee instructions regarding excussion for certain investment particles in particle	(a) Name, address, and EIN of entity			(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions