

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2019

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

<b>A</b> For the 2019 calendar year, or tax year beginning <b>, 2019, and ending , 20</b>							
<b>B</b> Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 15%;"><input type="checkbox"/> Name change</td> <td style="width: 15%;"><input type="checkbox"/> Initial return</td> <td style="width: 15%;"><input type="checkbox"/> Final return/terminated</td> <td style="width: 15%;"><input type="checkbox"/> Amended return</td> <td style="width: 15%;"><input type="checkbox"/> Application pending</td> </tr> </table>		<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending
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<b>C</b> Name of organization <b>Mat-Su Chapter Alaska Farm Bureau</b>							
<b>D</b> Employer identification number <b>20-2647591</b>							
<b>E</b> Number and street (or P O box if mail is not delivered to street address) <b>PO Box 1868</b>							
<b>F</b> Room/suite <b>05</b>							
<b>G</b> City or town, state or province, country, and ZIP or foreign postal code <b>Palmer, AK 99645</b>							
<b>H</b> Telephone number <b>907-745-0262</b>							
<b>I</b> Group Exemption Number ►							
<b>J</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►							
<b>K</b> Website: ►							
<b>L</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>M</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other							
<b>N</b> 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 ► \$ <b>  </b>							
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> <b>Revenue</b> </td> <td style="width: 85%;">         1 Contributions, gifts, grants, and similar amounts received . . . . . <b>1</b> <b>3,000</b>          2 Program service revenue including government fees and contracts . . . . . <b>2</b>          3 Membership dues and assessments . . . . . <b>3</b> <b>1,735</b>          4 Investment income . . . . . <b>4</b> <b>527</b>            5a Gross amount from sale of assets other than inventory . . . . . <b>5a</b> <b>RECEIVED</b>          b Less: cost or other basis and sales expenses . . . . . <b>5b</b>          c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>            6 Gaming and fundraising events:          a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>          b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>          c Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>          d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>            7a Gross sales of inventory, less returns and allowances . . . . . <b>7a</b> <b>61,167</b>          b Less cost of goods sold . . . . . <b>7b</b> <b>17,335</b>          c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b> <b>43,832</b>            8 Other revenue (describe in Schedule O) . . . . . <b>8</b> <b>150</b>    <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>9</b> <b>49,244</b> </td> </tr> </table>		<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . . <b>1</b> <b>3,000</b> 2 Program service revenue including government fees and contracts . . . . . <b>2</b> 3 Membership dues and assessments . . . . . <b>3</b> <b>1,735</b> 4 Investment income . . . . . <b>4</b> <b>527</b>  5a Gross amount from sale of assets other than inventory . . . . . <b>5a</b> <b>RECEIVED</b> b Less: cost or other basis and sales expenses . . . . . <b>5b</b> c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>  6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b> b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b> c Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>  7a Gross sales of inventory, less returns and allowances . . . . . <b>7a</b> <b>61,167</b> b Less cost of goods sold . . . . . <b>7b</b> <b>17,335</b> c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b> <b>43,832</b>  8 Other revenue (describe in Schedule O) . . . . . <b>8</b> <b>150</b>  <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>9</b> <b>49,244</b>				
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2019)



**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  0

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 ► 43

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

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c		
36	✓	
37b		
38a	✓	
38b		
39a		
39b		
40b		
40c		
40d		
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 . . . . .

**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	<input type="text" value="Vern S. Stockwell"/> Signature of officer	Date
	<input type="text" value="Vern S. Stockwell - Treasurer"/> Type or print name and title	5.11.20

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Deidre Berberich</b>	Preparer's signature 	Date <b>5-7-20</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

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Form 990-EZ (2019)

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2019**► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Open to Public  
Inspection**

Name of the organization

Mat-Su Chapter Alaska Farm Bureau, Inc.

Employer identification number

202647591

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

Alaska FFA 4000

Palmer High School FFA 4000

Alaska Farmland Trust 11148

Total 19148

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

AK State Fair Expenses 3878.39

Annual Meeting 975.00

Liability Insurance 791.00

Licenses and Permits 699.98

Promotion 3478.98

Supplies 308.00

Storage 1189.81

Miscellaneous 160.68

Total 11481.84

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

Inventory 17857.00

Accounts Receivable 50.00

Market Trailers 7700.00

Vending Machine 6890.00

Total 32497.00

**Form 990-EZ, Part II, Liabilities**

Accounts Payable 4000.00