2949311304422 2 Income Tax . OMB No 1545-0047

	2710
Form <b>990</b>	Return of Organization Exempt From Income
Form 5,50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva
To the state of the Tourism	Do not enter social security numbers on this form as it may be made to
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/Form990 for instructions and the latest information

e Tax ate foundations)

mbers on this form as it may be made public. ► Go to www.irs gov/Form990 for instructions and the latest information

2020 Open to Public Inspection

A	For the	2020 ca	alendar year, or tax	year beginning		, and endin	9						
В	Check if ap	oplicable	C Name of organization							D Employe	r identification	number	
	Address co			Misşouri F	armers	Care							
$\Box$	Nama char	inge	Doing business as	O box if mail is not delivered	ta atanat addan			r			958163	<u></u> -	
ñ	Initial return			try Club Driv		55)			Room/suite	E Telephon	635-38	19	
눔	Final return	n/		vince, country, and ZIP or for		e							
붓	terminated		Jefferson (	City 1	40 6510	9				G Gross rec	erpts\$	490,	142
닏	Amended r	return	F Name and address of pr	incipal officer									———— 团
Ш	Application	n pending	Bradley S	chad					H(a) Is this a gro	up return for s	ubordinates? [	Yes 2	No No
			3118 Emer	ald Lane					H(b) Are all sub	ordinates incl	uded?	Yes	No
		<u> </u>	Jefferson		MO	65109			If "No,"	attach a list	See instructions		
	Tax-exem				nsert no )	4947(a)(1) or	52	2705	]				C
J	<del></del>		<u>ofarmersca</u>	re.com			_		H(c) Group exe		er 🕨		
K	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	organizátion		Trust Association	Other >		_	L Y	ear of formation 2	010	M State of leg	al domicile	MO
3	Part		mmary	<u> </u>		<del> </del>	-						
	: 1.E	-	-	on's mission or most s	ignificant ac	tivities							
. 5		see	Schedule O										~-
ig :	ı												
SCANNED JUN 3. Mis 20, 2 Sovernance	٠ , ,	Check this	a hay N Liftha ar	ganization discontinue	dute operati	one or dienoed	d of more	a than 25	% of its not as	ente			~
င္ကပ္ခ်	3 1		·	the governing body (F	•	•			IVED.	3	8		43
ڰۣڿ	3 1		-	members of the gove				<u> </u>		· —	8	· · · ·	<u> </u>
	5 7			nployed in calendar ye			1 . 1		0 2021	5	0		<del></del>
್ಕ್	6 7		nber of volunteers (es	· ·	ui 2020 (i u	v,c 2a,	<u> </u>	10V 3	0 2021 O	6	0		<del></del>
Z <sup>à</sup>	7a 1			nue from Part VIII, col	umn (C), line	e 12	[			7a			0
$\Rightarrow$	. 61	, ,		income from Form 9				GDE	N, UT	. 7b			0
$\overline{\Delta}$	1.				<u> </u>				Prior Ye			ent Year	
Щ	. 8 (	•	ions and grants (Part					-		3,305		246,	
₩	. 9 F		service revenue (Par	= -					9	5,880		95,	
<b>₹</b>	10 1		·	column (A), lines 3, 4,						109			80
S	11 (			nn (A), lines 5, 6d, 8c,				-		7,036		148,	
4	<del>  '4</del> -'			rough 11 (must equal			12)		63	6,330		490,	142
:				aid (Part IX, column (A		)				<del></del>		<del></del>	
ζ	1			rs (Part IX, column (A)		(A) l 5	10)	-	<u> </u>		<u> </u>		<del>0.</del> ر
xpenses	15 8		•	employee benefits (P		nn (A), lines 5-	-10)				<del></del>		0
en	ba			[Part IX, column (A), li art IX, column (D), line			0	<u>-</u>			<u> </u>		
EX	17			mn (A), lines 11a–11d			·	F	57	6,514	<del></del>	275,	851
		-		17 (must equal Part I)		A) line 25)		F		$\frac{6,514}{6}$		275,	
-				ract line 18 from line 1		1), 1110 20)		F		9,816			291
Net Assets or	S	1.000.1.00	1000 ONPOLITOR CARE						Beginning of Cu			of Year	
sets	គ្នី 20 🛚	Total ass	ets (Part X, line 16)							7,624		383,	710
t As	삘 21 7	Total liab	ılıtıes (Part X, line 26	)				<u> </u>		<u>6,481</u>	ļ	28,	
, <u>2</u>	<u> 22 1</u>	111		Subtract line 21 from li	ne 20				14	1,143		<u>355,</u>	<u>434</u>
_,	Part II	<u>'Sig</u>	gnature Block	<del></del>									
				nave examined this return							nowledge and	belief, it i	ıs 🐪
_	rue, corre	ect, and co	omplete declaration of	preparer (other than office	bet is based	on all information	1 Of Which	preparer r	as any knowled	e e			<u>:</u>
		-	ignature of officer	211.000		<del></del>							
	ign							1		Date	1		Õ
H(	ere	, 7	Gary Whee	reT			1	'reas	urer				
-;		<del></del>	e preparer's name	<del></del>	Prepaljer's sigi	nature -			Date	Chris	, If PTIN		7.3
Pa		[ "	line Forck			eriline	ton -	k	į į	Check 721 self-e	` □"[	' 0633179	. 2.
	eparer	Firm's nar		er & Forck		The same of the sa	100	•-		Irm's EIN		1366	<del></del>
• •	e Only	rimis nai		Amazonas			•			mas EIN F			· <u>JZ</u> ·
y	,	Firm's,add		Terson City		65109-5	717		1.	Phone no	573-6	36-5	507
M:	av the IR			preparer shown above					1			Yes	No
				the separate instruction								Form 990	
	A I	•										500	

4d Other program services (Describe on Schedule O )										
(Expenses \$	including grants of \$	) (Revenue \$	)							
4e   Total program service ex	penses >									

# BCDO

#### Part IV Checklist of Required Schedules

<u> </u>	Part IV Checklist of Required Schedules		Yes	No
1	(,,,	·		
2	<ul> <li>complete Schedule A</li> <li>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)</li> </ul>	1	x	X
3	· t	·	<del>  ^</del>	+ .
•	candidates for public office? If "Yes," complete Schedule C, Part I	pposition to		X
4	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a		+	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
<b>`</b> 5 '	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives member	<b></b>		1,7
:	assessments or similar amounts as defined in Revenue Procedure 98-192 If "Ves." complete S		x	١,
6	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which		1	<del>                                     </del>
	have the right to provide advice on the distribution or investment of amounts in such funds or ac			1
•	· ·	6		X
7		<del> </del>	1	
	the environment, historic land areas, or historic structures? If "Ves." complete Schedule D. Part			X
8		} <del></del>		
	complete Schedule D, Part III	8		X
9	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability,			1-
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, cred	dit repair, or		١,,
• •	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	10 Did the organization, directly or through a related organization, hold assets in donor-restricted e	endowments		1
1	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	11 If the organization's answer to any of the following questions is "Yes," then complete Schedule I	D, Parts VI,		
:	َ كَالَّا بِكِيَّا إِنَّكِيْ or X as applicable			١.
a		Yes,"		
1	complete Schedule D, Part VI	11a	X	, <u>*</u>
.b	. b Did the organization report an amount for investments—other securities in Part X, line 12, that is	s 5% or more		100
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>,                                    </u>	X
Ç	$_{i}$ c Did the organization report an amount for investments—program related in Part X, line 13, that i	is 5% or more		,
`	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	:	X
ĺά	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of it	ts total assets		1.2
:	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>	1	X
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete S	· · · · · · · · · · · · · · · · · · ·		X
ξf	f Did the organization's separate or consolidated financial statements for the tax year include a for	ootnote that addresses		,:
Ċ	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete		<u> </u>	X
12a	12a Did the organization obtain separate, independent audited financial statements for the tax year?	if "Yes," complete		13
,	Schedule D, Parts XI and XII	12a	Ц	X
۲b	b Was the organization included in consolidated, independent audited financial statements for the	· · · · · · · · · · · · · · · · · · ·		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI		<u> </u>	X
	13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	14a Did the organization maintain an office, employees, or agents outside of the United States?	_14a	Ц	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantma	•		1.5
i	the state of the s	33 3		X
، خد	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>——</b>	)	X
15	15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other as			75
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants			Ή •
	. assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	X
4	17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising	•		1 5
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	+	X
10	18 Did the organization report more than \$15,000 total of fundraising event gross income and control Port VIII lines 15 and 863 if "You" complete School of C. Bart VIII			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	g and the same transfer of the			1
20-	If "Yes," complete Schedule G, Part III	19	+	X
	20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
,	<ul> <li>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this in</li> <li>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization.</li> </ul>		+	1 3
		ATTICACION OF	1	1

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

				<del> , -</del>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No J
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		Χ̈́.
<b>2</b> 3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ,
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
1	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			¥ *- 
ř	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	<u> </u>		32.
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
۱b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		•
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease, any tax-exempt bonds?	24c		' ح
₹ d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			œ,
, E	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		بحوب
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ļ		Ý
13	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			96 to 41
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			8.
. 5	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<u> </u>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Ž.
٠, ١	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			, ,,,
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the ofganization a party to a business transaction with one of the following parties (see Schedule L, Part			174
à,	V instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3-
, 13	"Yes," complete Schedule L, Part IV	28a		X
. <b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			` 
25	"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	]		X
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
,	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
 	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		7.	17
; 25-	or IV, and Part V, line 1	34	X	1/2
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
;b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			,-
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			S. S.
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		7,
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		<u>A</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		v	
D:	art ¥ Statements Regarding Other IRS Filings and Tax Compliance	38	X	3,5°
	Statements Regarding Other IRS Printigs and Tax Compliance Sticheck if Schedule O contains a response or note to any line in this Part V			X
4.	2 10 100 City of today a response of note to any line in this Part V		V	
i./ 1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	Nõ
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 6  1b 0			, k
∵b b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		4
٠	reportable gaming (gambling) winnings to prize winners?	4-		
		1c		•

Enter the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this nature.  If at least one is reported on the 2a, did the organization file all required filed derival employment tax returns?  Note: If the sum of lines is a mid 2a, greater than 250, you may be required to e-de (see instructions).  If the reganization have unrelated business gross accounts one of 31,000 or more during the year?  If Ves, 1 has it filed a Form 980-T for they year? if Ves 1 to less 3b, provide an explanation on Schedule O.  2b. 1 Ves, 1 has it filed a Form 980-T for they year? if Ves 1 to less 3b, provide an explanation on Schedule O.  2b. 1 Ves, 1 has it filed a Form 980-T for they year? if Ves 1 to less 3b, provide an explanation on Schedule O.  2c. If Ves, 1 has it filed a Form 980-T for they year? if Ves 1 to less 3b, provide an explanation on the second of the companion of the second of the second of the companion of the second of the second of the companion of the second of the second of the second of the companion of the second	Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2	· ;	```		Yes	Νō
Statements, field for the calendary year ending with or within the year covered by this return  1 fat least one is reported on line 22, did the organization file all required febral amplyorem tax returns?  3 locis: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3 locis: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3 locis: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3 locis: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3 locis: If the sum of lines 2 and 2a is greater than 250, you may be required to e-file (see instructions)  4 locis: If the sum of lines 2 and 2a is greater than 250, you may be required an application on Schedule O  5 locis: If the sum of lines 1 and 2a is greater than 250, you may be required an application on Schedule O  5 locis: If the sum of lines 2 and 2a is greater than 250, you may be required an application on Schedule O  5 locis: If the sum of lines 2 and 2a is greater than 250, you may be required an application on Schedule O  5 locis: If the sum of lines 2 and 2a is greater than 250, you may be required an application and part of Foreign Bank and Filinancial Accounts (FBAR)  5 locis: If yes 1 lone 3a of 15, do the organization that It was or is a party to a prohibited at Schedular 1 and year.  5 locis: If yes 1 lone 3a of 15, do the organization that It was or is a party to a prohibited as charitable contributions?  5 locis: If yes 1 lone 3a of 15, do the organization that were not lax deductible as charitable contributions?  5 locis: If yes 1 lone 3a of 15, do the organization that any receive deductible contributions under section 170(c).  5 locis: If yes 1 lone 2a locis: If yes 1 lone 3a locis:	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
It I lat least one is reported on line 22, dot the organization file all required feedral employment tax neturns?   Note: I file sum of lines 1 and 22 is greater than 20, you may be required to #elic gene instructions)   Was the grant of lines 1 and 22 is greater than 20, you may be required to #elic gene instructions)   Was the grant of lines 1 and 22 is greater than 20, you may be required to #elic gene instructions)   Was the grant file all porm 980 / Thro 1 files 98, provide an explanation on Schedule O   Was the grant file all porm 980 / Thro 1 files 98, provide an explanation on Schedule O   Was the grant great gre	• ••	·			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a rive (see instructions)  If the regardation have unrelated business gross smoome of \$1,000 or more dump the year?  If Yes, "has a filled a Form 990-f for this year? If Not 10 line 3b, provide an explanation on Schedule 0  3b  At any time duming the calendary year, did the organization have an interest in, or a segmiture or other suthority over, a familiar time of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions of filing requirements for Financial Accounts (FBAR)  See instructions of filing requirements for Financial Accounts (FBAR)  See instructions for the seed of See instructions of See instructions of See instructions of See	; b		7 <sub>2b</sub>	ĺ	74
3 but the organization have unrelated business gloss income of \$1,000 or more during the year?  4 bit fives, in site fide a form 980-7 for this year? If No? to fine 3b, private an explanation on Schedule O  5 bit fives, and the during the calendar year, did the organization have an interest in, or a signature or other authority over,  5 a financial account in a foreign country (such as a bank account, or other financial accounts?  5 bit fives, and the signal prequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 c was the gramitation a party to a prohibited tax shelter transaction at any time during the tax year?  5 c was the gramitation appropriate that the promotion of the propriate that shelter transaction at any time during the tax year?  5 c was the gramitation appropriate that the promotion of the propriate that the promotion of the propriate that the	ı	· · · · · · · · · · · · · · · · · · ·			<del></del>
b If "Yes," has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O  A Ast yn time duming the calendary year, did the originazation have an interest in, or a singularity or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5	3a		3a	Ì	χ̈́,
a famandal account in a foreign country (such as a bank account, servines account, or other authority over, a famandal account in a foreign country (such as a bank account, servines account, or other famandal accounts (FBAR)  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction?  5. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible in organization to tax deductible in organization to tax deductible in organization and express provided?  7. Organizations that may receive deductible contributions under section 170(c).  8. Did the organization express a payment in excess of \$75 made party as a contribution and party for goods and serices provided to the payor?  9. If "Yes," gift the organization and the very solicitation and serices provided?  10. If the "Graphization exceive and payment in excess of \$75 made party as a contribution and party for goods and serices provided to the payor?  11. If "Yes," gift the organization series are apprent in excess of \$75 made party as a contribution and party for goods.  12. If "Yes," gift the organization series of proms 8282 filed during the year?  13. If "Yes," gift the organization series are apprent of the goods or services provided?  14. If "Yes," gift the organization series of proms 8282 filed during the year?  15. Did the organization series of proms 8282 filed during the year?  16. United provided to the payor?  17. If "Yes," gift	_				
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  A			35		
b. If "Yes," other the name of the foreign country > See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) See Date in the See of So, did the organization that it was or is a party to a prohibited tax shelter transaction? See To Cost the displacement of the See See See See See See See See See S	١.		42		<b>X</b>
See mistricutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  S. Was the organization aparty to a prohibited tax sheller transaction?  S. D. d any takable party notify the organization file Form 8885-17  S. Dod any takable party notify the organization file Form 8885-17  S. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nounded with every solicitation an express statement that such contributions or office were not tax deductible as charatable contributions?  S. D. Was the organization nounded with every solicitation an express statement that such contributions or office 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 and services provided to the payor?  If "Yes," fight the organization notify the donor of the value of the goods or services provided?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  The provided the organization of the service of the provided of the payor?  If "Yes," did the organization of the service of the provided of the payor?  The provided of the payor?  The provided the organization of the service of the provided of the payor of the organization of the payor that the provided during the year.  The provided of the organization received an contribution of cars, botats, ariphanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, botats, ariphanes, or other vehicles, did the organization file Form 1088-0?  Sponsoring organizations make any taxable destributions under section 4966?  Sponsoring organizations make any taxable destributions under section 4966?  The provided of the payor payor that the	•	·	-4a		
58. Was the forgamization a party to a prohibited tax shelter transaction at any time during the tax year?  59. Did any isable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50. If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  50. If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  50. If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  50. If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  50. If 'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  50. If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  50. If 'Yes', did the organization encourse a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  50. If 'Yes', did the organization notify the donor of the value of the goods or services provided?  50. If 'Yes', did the organization notify the donor of the value of the goods or services provided?  50. If 'Yes', did the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract?  50. If 'Yes', digitate the number of Forms 8822 filed during the year of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  51. If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  52. Sponsoring organization have excess business holdings at any time during the year?  53. Sponsoring organization mathatining donor advised funds of the organization file Form 1098-C?  54. If the organization have excess business holdings at any time during the year?  54. Section 501(c)(17) organizations and statisticution to a donor, donor advised funds maintained by the sponsoring organization make a distribution or donor, a					
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6 I Vees' to line 5a or 5b, did the organization file Form 8886-T?  6 I Vees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 I Vees' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 D of the organization select a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If Yes', did the organization notify the donor of the value of the goods or services provided?  9 If Yes', did the organization notify the donor of the value of the goods or services provided?  10 If Yes', did the organization or themse dispose of frangible personal property for which it was required to file Form 8282?  11 If Yes', did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 D of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 D of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  15 Sponsoring organization have excess business holdings at any time during the year?  16 Sponsoring organization have excess business holdings at any time during the year?  17 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  18 Section \$51(c)(72) organization make a distribution to a donor, donor advisor, or related person?  19 Section \$51(c)(72) organization make a distribution to a donor, donor advisor, or related person?  19 Section \$51(c)(72) organization make a distribution to a donor, donor advisor, or related person?  19 S					
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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?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross income from members or shareholders  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from other sources (Do not net amounts due or paid to other sources)  Did Gross income from them )  Did Gross income from them one state?  Did Gross income from the all the lalth plans in more than one state?  Did Gross income from them			8		
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If "Yes," see instructions and file Form 4720, Schedule N  16   , Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16   X   X   If "Yes," complete Form 4720, Schedule O	15				12
16 , Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16  X  16  Yes, "complete Form 4720, Schedule O		1)	15		X
If "Yes," complete Form 4720, Schedule O	ا	' , 41			
	16		16		
	+	If "Yes," complete Form 4720, Schedule O			

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***	1990 (2020) Missouri Farmers Care 01-0958163			age b
Pa	at VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			÷ -
- ;	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e insti	ructio	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			à
,	• • • • • • • • • • • • • • • • • • • •		Yes	Nö
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8			Ĭ,
, -	If there are material differences in voting rights among members of the governing body, or	1 1		
;	if the governing body delegated broad authority to an executive committee or similar			1,0
	committee, explain on Schedule O			
b ا	Enter the number of voting members included on line 1a, above, who are independent 1b 8			'
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1		
. 3	any other officer, director, trustee, or key employee?	2		<b>X</b> .
, 3	Did the organization delegate control over management duties customarily performed by or under the direct			_
٠	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x.
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
. 4	$\cdot$ $\gamma$	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	$\overline{}$	X	\$
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		•	10,
1	one or more members of the governing body?	7a	X	
. p	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
:	stockholders, or persons other than the governing body?	7b	<u> X</u>	100
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
''a	The governing body?	8a	<u> </u>	15,3
, b	Each committee with authority to act on behalf of the governing body?	8b	X	ـــــ
· ģ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			35
,	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>X</u> -
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)		<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X.
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			19 m
1	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ĺ	.,
,11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
,,,ıa b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			7.
1	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	j.,
12a	$\epsilon = \frac{1}{2} i \frac{1}{2} \frac{1}{2}$	12b		X
۶ <b>p</b>	$oldsymbol{1}$ .	120	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	140-		<del>'</del>
	describe in Schedule O how this was done	12c		X.
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			ا ا
a	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		X-
į ,	If "Yes" to ine 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			3,4
; ;	with a taxable entity during the year?	16a		X-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
i 1	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
f	organization's exempt status with respect to such arrangements?	16b	ĺ	(A)
	ction C. Disclosure		•	٤.
17	List the states with which a copy of this Form 990 is required to be filed None			A Property of the Party of the
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			4, .
· · ·				j.
ţ, :	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			کتهال ۱
	Own website Another's website X Upon request Other (explain on Schedule O)	•		£ 1
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			Ç≨.
į į	financial statements available to the public during the tax year			<b>F</b> .
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			-
	ary Wheeler 734 S. Country Club Drive		_	_ 4 <u>.</u> /
<u>;</u> <del>j</del>	efferson City MO 65109 57:	<u>3-63</u>	<u>5-3</u>	81.9

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# 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

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

Name and title	(B) Average hours per week (list any	bo:	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	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)	organization and related organizations
(1) Bradley Schad										
	3.00								_	, , , , , , , , , , , , , , , , , , ,
Chairman	1.00	X	<u> </u>	X	<u> </u>	$\vdash$		0	0	-70
(2) Jeff Houts	2.00									2.33 +
Vice Chairman	0.50	x		x				0	0	
(3) Dan Cassidy	0.50	^						<u> </u>	<u>_</u>	<u> </u>
;}	2.00									3
Secretary:	0.50	x		x				0	0	
(4) Gary Wheeler										· O
77	2.00									,
Treasurer	0.50	X		X	ļ			0	0	۶0
(5) Don Nikodim	1 00									•
Board Member	1.00 0.50	x						_		1 0
(6) Alan Wessler	0.30	^				++		0	0	
(O)ATAIT WESSIEL	1.00									<u>~~</u>
Board Member	0.50	x				1		О	o	<u>.</u> 0
(7) Mike Deering						t = t				3 14
	1.00									<u>()</u>
Board Member	0.50	X						0	0	, o, c,
(8) James, Greer					ŀ					C
(11 4)	1.00									)
Board Member	0.50	X	<b> </b>		<u> </u>			0	0	, ,0
(9)			:		   					<u>0</u> 
(10)	-									+20
										<u>.0.1.0</u>
# ' '		L								20
(11) (1) (1)										O.
1 1 1			L		Ц	<u> </u>		<u> </u>		000

<u>Pa</u>	rt VII 'Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			• • • •
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck iss pe	rson i	than o s both r/truste	an 90)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated a of othe compens from the	er ation he	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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)	organizatio related organ		一 おがればま
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													1/4 2/4 2/4
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4.5													7.5 7.5 7.5 7.5
<del>2 .</del>													13 6-2 <sub>1</sub>
	;;				~								* 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
1	· · · · · · · · · · · · · · · · · · ·					   							
	,												<u> </u>
; c	Subtotal' Total from continuation sheel Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	\ \	<u> </u>		<b>&gt;</b>			,		7. 27.25 325
່ 2	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of			<u>, , , , , , , , , , , , , , , , , , , </u>
· 9 :						دما		-1				Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	<i>complete Sche</i> e and the sum	<i>dule</i> of re	J for	<i>suci</i> able	h ind com	dividu ipens	<i>ial</i> satio	on and other compensation	from the	3		X
5	individual  Did any person listed on line 1 for services rendered to the or	a receive or acceganization? If "Y	rue (	comp	ens	atıoı	n fror	n an	ny unrelated organization or		5		<u>x</u> :
Sect 1	tion B. Independent Contractors  : Complete this table for your fix	ve highest comp	ensa	ited i	nde	oenc	lent o	onti	ractors that received more	than \$100,000 of	<del></del>		<u>رم</u>
.:	compensation from the organi	zation Report co (A) business address	omp	ensa	tion	for t	he ca	lend		nin the organization's tax year (B) Nicon of services		(C)	
ar Minn	Name and	business address							Descrip	lion of services	Coi	npensatio	۰ <u>۰ no</u> دربه شه
15 ;	·												lot City
41.	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						<del></del> -						
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	-											
2	Total number of independent conceived more than \$100,000	contractors (incli of compensation	uding 1 fror	but n the	not org	lımıtı anız	ed to	tho:	se listed above) who	0			
DÃA										•	*Forn	n 990 (	(2020)

MOFARMCARE 11/17/2021 1 28 PM

Form 990 (2020) Missouri Farmers Care

Part VIII Statement of Revenue

<u> </u>		Check if Schedule O cont	ains a respon	se or note	to any line in this	s Part VIII		;
	: ,	***			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
}	1: 4-	Fadavated compares	4-					5.1
and Other Similar Amounts	i ia	Federated campaigns Membership dues	1a   1b					
֓֞֝֞֝֟֝֝֟֝֟֝֟֝֞֩֟	, D	Fundraising events	1c	<del></del>				***
¥	: 4	Related organizations	1d					
<u>=</u>		Government grants (contributions)	1e					
Š	٠ .	All other contributions, gifts, grants,	ie					
ē	;	and similar amounts not included above	1f	246,100				
ö	į .	Noncash contributions included in lines 1a-1f	1g \$	240,100				
20	, y	Total. Add lines 1a-1f	19 19		246,100			
<del>1</del> 1	7	10411740 11105 14 11		Business Code	210,200			
<u>;</u>	- 2a	Membership Dues		545,1055,0040	95,185	95,185		ليخ
2	l: .					30,100		harm
	· c	•			· · · · · · · · · · · · · · · · · · ·			-:
Revenue	d						·	
2	ı e						·	€.
ź	f	All other program service revenue						2 7
4		Total. Add lines 2a-2f		<b></b>	95,185			
ζ,	3	Investment income (including dividend	ls, interest, and					\$ 500 A
2	:	other similar amounts)		<b>•</b>	80	80	•	, , ,
;	; 4	Income from investment of tax-exemp	t bond proceeds	▶ [				1500
1	, 5	Royalties		▶				: ,
5	3	(ı) Real	(n) F	Personal				,
ا	} 6a	Gross rents 6a						,
	, b	Less rental expenses 6b						
ž	į c	Rental inc or (loss) 6c						,
5	d	Net rental income or (loss) Gross amount from (1) Securities		<b>•</b>				*** **
Ē	: 'a	sales of assets (i) Securities	; (11)	Other				
3		other than inventory 7a						
jre	, b	Less cost or other						
Other-Revenue		basis and sales exps 7b						` `
ž	1	Gain or (loss) 7c						
Ē	4	Net gain or (loss)						```
Ō	; 8a	Gross income from fundraising events (not including \$						
2	1	•						
ž	;	of contributions reported on line 1c) See Part IV, line 18	8a					,
ره دا ۱	i h	Less direct expenses	8b					
ļ,		Net income or (loss) from fundraising		•			••••••	20.00
}		Gross income from gaming activities	1				· · · · · · · · · · · · · · · · · · ·	-
į		See Part IV, line 19	9a					
5	Ь	Less direct expenses	9b					
7		Net income or (loss) from gaming acti		<b>&gt;</b>				
•		Gross sales of inventory, less		ľ		· · · · · · · · · · · · · · · · · · ·	····································	
2		returns and allowances	10a					,
ę.	i b	Less cost of goods sold	10b					ι.
	1	Net income or (loss) from sales of inve		<b>•</b>				
ć	1	4.1		Business Code				
يو را	11a	Reimbursed Expenses			148,323	148,323		15.
Revenue	; ь	Other			454	454		(%) (%) (%)
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, "	, d	All other revenue						بيرة عرب
?		Total. Add lines 11a-11d	<del>.</del> .	<b>•</b>	148,777			
	12	Total revenue. See instructions		▶ 1	490.142	244 042		0

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Form 990 (2020) Missouri Farmers Care
Part IX Statement of Functional Expenses

Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(C)	ر (D) (D) (D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				`
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals See Part IV, line 22				
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				ь.
5 Compensation of current officers, directors,				
trustees, and key employees		-		1
6 Compensation not included above to disqualified				). 
persons (as defined under section 4958(f)(1)) and				a significant sign
persons described in section 4958(c)(3)(B)				in or
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				,
section 401(k) and 403(b) employer contributions)				%
9 Other employee benefits				12 g* 4-7. 55-
(10 Payroll taxes				
(11 Fees for services (nonemployees)	51,621			, , , ,
/ ja Management - ž b' Legal	31,021			
'身 b' Legal 《 c. Accounting	1,110			
d Lobbying	2,220			12.44 ×
e Professional fundraising services See Part IV, line 17				- 444
f Investment management fees				C in
g Other (If line 11g amount exceeds 10% of line 25, column				nage. Lesse
(A) amount, list line 11g expenses on Schedule O)	26,829			
12 Advertising and promotion	42,611			الماد الماد ع
13 Office expenses	769			1 37 26
14 Information technology				Æ,
15 Royalties				- 12 - 12
16 Occupancy				4, 4
17 Travel	1,388			ù,
18 Payments of travel or entertainment expenses				مرسمه مار م
for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	. Sup.
19 Conferences, conventions, and meetings	425			£
20 Interest				v 1
21 Payments to affiliates				
, 22, Depreciation, depletion, and amortization	419			i Ilau
23 <sup>13</sup> Insurance	2,302			151
Other expenses Itemize expenses not covered				~
above (List miscellaneous expenses on line 24e If				cens
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)  a Reimbursed Expenses	148,323			<u> </u>
1	54			
i b concr impenses	54			ره مراقع مراقع مراقع مراقع مراقع مراقع م
'nc'				,
ਵਿੱਚ ਵੈe All other expenses				
25 Total functional expenses. Add lines 1 through 24e	275,851	0	0	<u>,</u>
26 Joint costs. Complete this line only if the	2,3,031			
2 , organization reported in column (B) joint costs				ماسد پشتید
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				S bear

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing 159,766 336,400 1 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 17,035 46. 906 4 Accounts receivable, net 4 5 Loans, and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Assets ... controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined والمع الما under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 -Prepaid expenses and deferred charges 9 1. 4. 10a Land, buildings, and equipment cost or other 5,049 basis Complete Part VI of Schedule D 302000 1Ua 4,645 823 404 b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 4. 14 14 Intangible assets 2 / 15 Other assets See Part IV, line 11 15 383, 177,624 710 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 36,481 28, 27.6 17 Accounts payable and accrued expenses 17 4 Grants payable 18 18 19 19 Deferred revenue 1 20 20 Tax-exempt bond liabilities ĭ 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 ,, 7,17 23 Secured mortgages and notes payable to unrelated third parties 23 3 -6 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X } of Schedule D ., : 25 36,481 Total liabilities. Add lines 17 through 25 -Net Assets or Fund Balances --Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 141,143 355,434 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Totalinet assets or fund balances 141,143 355,434 32 32 177,624 383, Total liabilities and net assets/fund balances

Form 990 (2020)

990 (2020) Missouri Farmers Care	01-0958163			Page <b>12</b>
Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any	line in this Part XI	<del> </del>		
Total revenue (must equal Part VIII, column (A), line 12)		1		,142
Total expenses (must equal Part IX, column (A), line 25)		2		, 851°
Revenue, less expenses Subtract line 2 from line 1		3	214	<u>,291</u>
Net assets or fund balances at beginning of year (must equal Part X, line	32, column (A))	4	141	,143
Net unrealized gains (losses) on investments		5		7.57
Donated services and use of facilities		6		1. 7
Investment expenses		7		
Prior period adjustments		8		
Other changes in net assets or fund balances (explain on Schedule O)		9		,
Net assets or fund balances at end of year Combine lines 3 through 9 (m	nust equal Part X, line			1,0
32, column (B))		10	355	, 434
rt XII Financial Statements and Reporting				خزده
Check if Schedule O contains a response or note to any	line in this Part XII			*
·			Ye	s Not
Accounting method used to prepare the Form 990	Accrual Other		_	1 3
If the organization changed its method of accounting from a prior year or	checked "Other," explain in			
Schedule O				
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 f	·	\$		
reviewed on a separate basis, consolidated basis, or both	•			
	ed and separate basis			-
Were the organization's financial statements audited by an independent			2b	х
If "Yes," check a box below to indicate whether the financial statements f				<del></del>
separate basis, consolidated basis, or both				
	ed and separate basis			- 43
If "Yes" to line 2a or 2b, does the organization have a committee that ass	•		1 1	ئى أ
the audit, review, or compilation of its financial statements and selection			2c	1525.6
If the organization changed either its oversight process or selection process				
Schedule O	233 during the tax year, explain on			``
· · · · · · · · · · · · · · · · · · ·			].	7.7
As a result of a federal award, was the organization required to undergo a	an audit or audits as set forth in the			<b>⊕</b> 75
Single Audit Act and OMB Circular A-133?			3a	<b>X</b> (1)
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits?	organization did not undergo the			<b>X</b>
Single Audit Act and OMB Circular A-133?	organization did not undergo the		3b	100
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits, explain why on Schedule O and describe any steel of the control of the contro	organization did not undergo the		3b	90 (2020)
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits, explain why on Schedule O and describe any steel of the control of the contro	organization did not undergo the	-	3b	90 (2020)
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits, explain why on Schedule O and describe any steel of the control of the contro	organization did not undergo the	-	3b	90 (2020)
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits? If the organization undergo the required audit or audits, explain why on Schedule O and describe any steel of the control	organization did not undergo the	-	3b	90 (2020)
Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization undergo the required audit or audits, explain why on Schedule O and describe any steep in the control of the contro	organization did not undergo the	-	3b	90 (2020)
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### **SCHEDULE C** (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No 1545-0047

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 221 If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then 🖟 • Śection 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 • Section 501(c)(4), (5), or (6) organizations. Complete Part III Name of organization Employer identification number Missouri Farmers Care 01-0958163 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (See instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (See instructions) ▶ \$ 3 Volunteer hours for political campaign activities (See instructions) Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes 4a Was a correction made? No b If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3) Enter the amount directly expended by the filing organization for section 527 exempt function 2 Lenter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 44 Did the filing organization file Form 1120-POL for this year? Yes No. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such 10 as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political - 14 contributions received andfiling organization's ? funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(2) (3): / (4)(5)For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

15%

e Grassroots ceiling amount
(150% of line 2d, column (e))

f; Grassroots lobbying expenditures

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Schedule C (Form 990 or 990-EZ) 2020 Missou	ıri Farme	rs Care		01-0958163	Pagé 2
Part II-A Complete if the organization 501(h)).	ition is exem	pt under section 5	i01(c)(3) and	filed Form 5768 (ele	
A Check  If the filing organization be address, EIN, expenses,  B Check  If the filing organization organizat	and share of e	xcess lobbying exper	ndıtures)		per's name, אל ייי
Limits on Lobb	ying Expend	itures		(a) Filing corganization's totals	(b) Affiliated ຕ່າງເປັດ group totals
13 1a. Total lobbying expenditures to influence pub					,
b. Total lobbying expenditures to influence a le	gislative body (di	rect lobbying)			
🧘 c. Total lobbying expenditures (add lines 1a an	d 1b)	•			
d Other exempt purpose expenditures					रे leg
👯 e, Total exempt purpose expenditures (add line	es 1c and 1d)				-1
f Lobbying nontaxable amount. Enter the amo	ount from the follo	owing table in both			در ۱۵ ام م سام
If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount is.			
Not over \$500,000	20% of the amo	unt on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess over \$50	0,000		ė
1 Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 1	0% of the excess over \$1,0	000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess over \$1,5	00,000	,	.,
Over \$17,000,000	\$1,000,000				
ृह g' Grassroots nontaxable amount (enter 25% c	of line 1f)				
h Subtract line 1g from line 1a If zero or less,	enter -0-				
i Subtract line 1f from line 1c If zero or less, o	enter -0-		L		· · · · · · · · · · · · · · · · · · ·
j If there is an amount other than zero on eith reporting section 4911 tax for this year?	er line 1h or line	1i, did the organization f	file Form 4720		Yes No
i A	4-Year Avera	ging Period Under S	Section 501(h)		ر ر
(Some organizations that made	a section 501	(h) election do not h	ave to compl	ete all of the five colun	nns below.
Se	e the separate	instructions for line	es 2a through	2f.)	
<u> </u>	<del> </del>	<del></del>			L'z
Lob	bying Expend	itures During 4-Year	r Averaging P	eriod 1	1 2 2
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					7,000 1,000
b Lobbying ceiling amount (150% of line 2a, column (e))					
c' Total lobbying expenditures					io.
d Grassroots nontaxable amount					e

Schedule C (Form 990 or 990-EZ) 2020'

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Schedule C (Form 990 or 990-EZ) 2020 Missouri Farmers Care	01-095	816	3		F	Page j
Part II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT filed	Forr	n 5768			•:
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	3)		(b)		
description of the lobbying activity	Yes	No		Amou	ınt	
1 . During the year, did the filing organization attempt to influence foreign, national, state, or local						
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e, Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
, g Direct contact with legislators, their staffs, government officials, or a legislative body?						٤.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total Add lines 1c through 1i						7
152a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						4
b. If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		<del></del>	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ection			ح `
	•			-	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			ļ	1		X
2' Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X	,
23 4 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior				3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section						<del>-</del>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No" OR (b)	Part	t III-A, I	ine 3	, is	~
answered "Yes."			1			
1 Dues, assessments and similar amounts from members		1				<del>-</del> -
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						6
political expenses for which the section 527(f) tax was paid).				•		Q.
a Current year		<u>2a</u>	ļ ·			***
b Carryover from last year		2b	i	-		هم ا
c Total		2c	ļ			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_				·
4, If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		}				1
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						4-
and political expenditure next year?		4	ļ			2. <u>r</u>
55: Taxable amount of lobbying and political expenditures (See instructions)		5				
Part IV Supplemental Information						

Provide the 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 II-A, lines 1 and 2'(See instructions), and Part II-B, line 1 Also, complete this part for any additional information

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Part IV Supplemental Information (continued)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 7    Total number at end of year   Aggregate value of contributions to (during year)   Aggregate value of grants from (during year)   Aggregate value of and the organization property, subject to the organization's exclusive legal control?   West le	Missouri Farmers C	are			01-095816	<b>3</b>
Aggregate value of contributions to (during year)  3 Aggregate value of contributions to (during year)  4 Aggregate value of contributions to (during year)  5 Did the organization inform all dinors and donor advisors in writing that the assets held in donor advised from (during year)  5 Did the organization inform all dinors and donor advisors in writing that the assets held in donor advised from (during year)  5 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 impermisable private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7  Preservation of Lagrant answered in the last apply)  Preservation of lagrant answered in the last apply in Preservation of a conservation easements held by the organization (check all that apply)  Preservation of lagrant habitat  Preservation of a conservation easements held by the organization of preservation of a conservation of preservation of a conservation easements.  10 Total agreege restricted by conservation easements  10 Total agreege restricted by conservation easements  10 Total agreege restricted by conservation easements.  11 Total agreege restricted by conservation easements and certified historic structure included in (a)  12 Total number of conservation easements and certified historic structure included in (a)  13 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the lax year.  14 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year valuations, and enforcing conservation easements during the year valuations, and enforcement of the conserv						9.0
2 Aggregate value of contributions to (during year)  4 Aggregate value at end of year  5 Dot the organization inform all donors and donor advisors in writing that grant funds can be used  6 Dot the organization inform all donors and donor advisors in writing that grant funds can be used  6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used  7 Conspirate the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used  8 Donoservation Easements  8 Deposed of conservation Easements  9 Part II Conservation Easements  9 Preservation of part of the organization answered "Yes" on Form 990, Part IV, line 7  9 Preservation of a land for public use (for example, recreation or education) Preservation of a historically important land area  9 Preservation of open space  1 Protection of natural habitat  1 Preservation of open space  2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year  2 a Total number of conservation easements on a certified historic structure included in (a)  2 b Total acregate estiticted by conservation easements on a certified historic structure included in (a)  2 c Interest the structure is the structure included in (b)  3 total number of conservation easements included in (c) accurred after 7725/06, and not on a historic structure listed in the National Register  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the part of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year violations, and enforcement of the conservation easements included in (a)  1 Number of conservation easements modified, transferred released, extinguished, or terminated by the organization during the year violations, and enforcement of the conservation easements in the structure inc	;	·		a) Donor advised funds	(b) Funds and	other accounts
Aggregate value of grants from (during year)  Aggregate value at each of year  Aggregate value at each of year  Aggregate value at each of year  Dut the organization inform all donors and donor advisors in writing that the assets hold in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used funds are the organization 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 impermisable prusposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable prusposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable prusposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable prusposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable prusposes.  Part II Conservation Easements.  Preservation of law for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of purposes and the preservation of a certified historic structure Preservation or of a conservation easements.  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements on a certified historic structure included in (b) accurate a structure listed in the National Register is a historic structure listed in the National Register is a historic structure listed in the National Register is a historic structure listed in the National Register is a historic structure listed in the National Register is a historic structure listed in the National Register is a view of conservation easements on a certified historic structure	1 Total number at end of year					
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Aggregate value at end of year	, , , , , , , , , , , , , , , , , , , ,					
by Did the organization inform all disonors and donor advisors in writing that the assets held in donor advisord   yes   No   No   No   No   No   No   No   N		3,44,				
Constant	4	nors and donor advisors in w	riting that the assets	held in donor advised	<u> </u>	
19   Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charaltable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?	•					☐ Yes ☐ No
only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Conservation Easements.  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 land for public use (for example, recreation or education)  Preservation of a land for public use (for example, recreation or education)  Preservation of a land habitat  Preservation of one space  Complete lines 2 at 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  a Total number of conservation easements  b Total argage restricted by conservation easements  c. Number of conservation easements  d Number of conservation easements included in (c) acquired after 7725/06, and not on a  historic prividure listed in the National Register  Number of conservation easements included in (c) acquired after 7725/06, and not on a  historic prividure listed in the National Register  Number of states where property subject to conservation easements is cloated ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thicks?  Number of states where property subject to conservation easements in thicks?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ▶ S  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  ▶ S  Does ach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(t)  and section 170(h)(4)(B)(t)?  In Part X(t), describe how the organization in essement reported on line 2(d) above satisfy the requirements of section 170(h			=			
Confermal impermissable private benefit?    Part II   Conservation Easements.	17 3 337		_	-		Fre.
Purpose(s) of conservation assements 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 land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of perservation of a cartified historic structure   Preservation of perservation of a cartified historic structure   Preservation of perservation of a certified historic structure   Preservation of perservation of a conservation   Preservation of a certified historic structure incompleted   Preservation of a certified historic structure   Preservation	ite i			— · · · · · · · · · · · · · · · · · · ·		Yes No
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   Protection of natural habitat   Preservation of pen space	Part II Conservation East	sements. ganization answered "Yo	es" on Form 990.	. Part IV. line 7		- The state of the
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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  a Total number of conservation easements  b¹ Total agreage restricted by conservation easements  c. Number of conservation easements on a certified historic structure included in (a)  c. Number of conservation easements on a certified historic structure included in (a)  c. Number of conservation easements on a certified historic structure included in (a)  c. Number of conservation easements on a certified historic structure included in (a)  c. Number of conservation easements on a certified historic structure included in (a)  c. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the lax year b₁  lax year b₁  lax year b₁  law there organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 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  law staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  law staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  law staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year law staff and section 170(h)(4)(B)(li)  in Part XIII, describe how the organization reports conservation easements in its revenue and expense 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, pro		-		**	umportant land area	
Preservation of open space  2 Complete lines 2s 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  a Total number of conservation easements  b Total agreege restricted by conservation easements  c. Number of conservation easements in a certified historic structure included in (a)  2 c  d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure lined in the National Register  3, Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the last year   1		c use (for example, recreation	in or education)			! 
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b   Total acreage restricted by conservation easements c. Number of conservation easements in acutefied historic structure included in (a) 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,	•					e End of the Tax Yea
c. Number of conservation easements on a certified historic structure included in (a)  d. Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register  7. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  1. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  2. Number of states where property subject to conservation easement is located.  5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  5. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.  7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.  8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  3. 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 organizations Saintaining Collections of Art, Historical Treasures, or Other Similar Assets.  1. Complete if the organization answered "Yes" on Form 990, Part IV, line 8  1. 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  1. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasu					<del></del>	
d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. ▶  4. Number of states where property subject to conservation easement is located ▶  5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thota?  6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements buring the year ▶  7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8. 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)?  9. 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  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  1. Complete if the organization answered "Yes" on Form 990, Part IV, line 8  1. 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  1. 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 resear	- F # F					<del>- y</del> o
historic structure listed in the National Register  3, Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  5 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li)  and section 170(h)(4)(B)(li)?  9 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  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  1 If the organization elected, as permitted under FASB ASC 958, not to report in ris 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 in Part XIII the text of the footnote to its financial statements that describes these items  b If the organization elected, as	15		` '		2c	<u> </u>
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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  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Solves each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  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  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  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  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 XIII, line 1  Signal of 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	•					-
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and section 170(h)(4)(B)(III)?  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  Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  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  \$\$\$\$  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 XIII, line 1  \$\$\$\$\$  \$\$\$\$  B S S S S S S S S S S S S S S S S S S						22
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<u>^^ b ^ Assets included in Form 990, Part X</u>	, 53		ו relating to these ו	tems	_	,
	1				<b>&gt;</b> \$	line.
			000		<u> </u>	-:

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

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Part III Organizations Maintaini	ng Collections o	f Art, Historica	l Treasures,	or Other Sir	nilar Assets	(contin	ued)	)
3 Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	ds, check any of the	following that n	nake significant	use of its			
	. $\Box$							
a Public exhibition	d	Loan or exchange	program					
b Scholarly research	е	Other						ડ્રેસ.
c Preservation for future generations	collections and avale	- ha tha for all a t	.h		5 - 1			
4 Provide a description of the organization's	collections and explai	n now they further t	ine organization	s exempt purpo	se in Part			***
15 During the year, did the organization solicit	or receive donations	of art, bistorical tra	acures or other	cimilar				r ´
\$2 , assets to be sold to raise funds rather than							es 「	ې No
Part IV Escrow and Custodial A		part of the organica	NOTE OF THE PARTY				,,,	
Complete if the organization		" on Form 990.	Part IV, line !	9, or reported	an amount	on Forr	n	
990, Part X, line 21		·		,,				વૃદ્
1a, Is the organization an agent, trustee, custo	dian or other intermed	diary for contribution	ns or other asse	ts not				
included on Form 990, Part X?						_	es 「	No
b If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table						
						Amoun	it	
ဲ ငု Beginning balance					1c			jk.
d Additions during the year					1d			٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
e Distributions during the year					1e			
f Ending balance					1f			
2a, Did the organization include an amount on						Y	es 📙	_ Nc
b If "Yes," explain the arrangement in Part X	III Check here if the e	explanation has bee	n provided on P	art XIII				124
-Part V Endowment Funds.	1.00	" = 000	<b>5</b>					
Complete if the organization		<u>s" on Form 990,</u>	Part IV, line	10		-r		
	(a) Current year	(b) Prior year	(c) Two yes	ars back (d)	Three years back	(e) Fou	ır years	back '.
1a Beginning of year balance	****	ļ		ļ	· <del>_</del> ·	ļ		
b Contributions						<del>                                     </del>		125
c Net investment earnings, gains, and								,
losses		<u> </u>			·	<u> </u>		
d Grants or scholarships			<del>-  </del>			<del> </del>		. 61
e Other expenditures for facilities and								
programs								
f Administrative expenses g End of year balance				<del>                                      </del>		<del>                                     </del>		12
,[; ^_ <sup>1</sup> 13			(a)) bald	<u> </u>				٠.٠
v.2, <sup>§</sup> Provide the estimated percentage of the ci § a Board designated or quasi-endowment ►	irrent year end balant %	se (line 1g, column	(a)) neid as					32
b Permanent endowment > %								777
c Term endowment ▶ %	•							
The percentages on lines 2a, 2b, and 2c s	hould equal 100%							<u> </u>
3a Are there endowment funds not in the post	•	ation that are held :	and administere	d for the				- بر دد.
organization by	occount of the organiz	ation that are new	and daministere	a for the			Yes	Nô
(i) Unrelated organizations						3a(ı)	163	+"
(ii) Related organizations						3a(ii)	···	+
b If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ured on Schedule R	17		-	3b		.th
4 Describe in Part XIII the intended uses of t			•					<u> </u>
Part VI Land, Buildings, and Eq								
Complete if the organization		on Form 990.	Part IV. line	11a. See For	m 990. Part	X. line 1	0	
Description of property	(a) Cost or other		t or other basis	(c) Accumu		(d) Book		<u>-</u> -
1.17	(investment	I	(other)	depreciat		. ,	-	Ž.
1a Land								
' b Buildings								
c Leasehold improvements				-				<del></del>
d Equipment			5,049		4,645	_		404

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.. ?<sub>.</sub>;

Part VII	Investments – Other Securities.  Complete if the organization answered "\	Yes" on Form 990, Part IV, lir	ne 11b See Form 990, Pa	art X. line 12
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation
(1) Financial			Cook of one of your	3. 3.
	eld equity interests			- F
(3) Other	ora oquity intersects			
(A)	1			ŕ
(B)	,			
(C)	<u> </u>			~
- (D)	•			<del></del> ;
(E)	* Y			
(F)	4			
' (G)				V.
. (H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	, •		
Part VIII	Investments – Program Related.			ì.
<b>1</b>	Complete if the organization answered "	Yes" on Form 990, Part IV, Iir	ne 11c See Form 990, Pa	art X, line 13 💢 🕾
12 1 12	(a) Description of investment	(b) Book value	(c) Method of v	
	•		Cost or end-of-year	
(1)	1			;
(2)				
(3)	•			•
(4) ,	* [		:	•
(5) (	**			le .
(6)				
(7)	1			Ţ
(8)				~
. (9)				pro-
	nn (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX	Other Assets.			
4	Complete if the organization answered "	Yes" on Form 990, Part IV, Iir	ne 11d See Form 990, Pa	art X, line 15.
ů	· (a) Desc	cription		(b) Book value
(1)				-
(2)				<b></b>
(3)				7
(4)				
<u>. (5) '</u>				-
. (6)	1-			
<del>- (7) +</del>	••			
. (8)				·
(8)				
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	_
· Part X	Other Liabilities.			•
, ;	Complete if the organization answered "	Yes" on Form 990, Part IV, lir	ne 11e or 11f. See Form	
<u>: '</u>	line 25			
1:	(a) Description of liability			(b) Book value
(1) Federa	l income taxes	·		
(2)	,			······································
(3)				
<u>- (4) ;</u>	· · · · · · · · · · · · · · · · · · ·			, 42
(4) : (5) ; (6) . (7) ; (8) . (9) .	, 1			
(6) .	- 1			
· (7) (				, p
(8)				
; (9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)		<b></b>	te the
	r uncertain tax positions. In Part XIII, provide the text	of the footnote to the organization's	financial statements that repor	ts the
•	s liability for uncertain tax positions under FASB ASC			<del></del>

chedule D (Form 990) 2020 Missouri Farmers Care	01	-0958163	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1 · Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2 · Amounts included on line 1 but not on Form 990, Part VIII, line 12			<b>.</b> .
a Net unrealized gains (losses) on investments	2a		: .
b. Donated services and use of facilities	2b		w mw
Recoveries of prior year grants	2c		2
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e '	1 .
3 Subtract line 2e from line 1		3	<b>\$</b> -
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	<b> </b>		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		
c, Add lines 4a and 4b		4c	Arthur Martin
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	7.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expo	enses per Return.	·····
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		upate u
1 Total expenses and losses per audited financial statements		1	-
Ż Amounts included on line 1 but not on Form 990, Part IX, line 25			• •
a Donated services and use of facilities	2a		. 1
b. Prior year adjustments	2b		
c Other losses	2c		•
d Other (Describe in Part XIII )	2d		775
e Add lines 2a through 2d		2e -	
3 Subtract line 2e from line 1		3	
4. Amounts included on Form 990, Part IX, line 25, but not on line 1			
t a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		1
Ç Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	. ,
Part XIII Supplemental Information.			
Provide the descriptions required for Port II, lines 2, 5, and 0. Dort III, lines 4a and 4	Dod IV Jugge 1h and 2h D	last V line 4 Dark V line	V- 14

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) 2020 Missouri Farmers Care

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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.

2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

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Missouri Farmers Care

Employer identification number 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 Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization

Missouri Farmers Care

Employer identification number

01-0958163

with the IRS.

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

Upon request.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

ÓMB No 1545-0047

2020

Open to Public Inspection

Employer identification number

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

Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

(g) Section 512(b)(13) controlled entry? (f)
Direct controlling entity Š × 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 controlling
entity (e) End-of-year assets 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 2 (d) Total income (d) Exempt Code section 501c3 Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) S Primary activity (b) Primary activity Advocacy 81-4133368 (a)Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization 62109 Missouri Farmers Care Foundation 옃 734 S. Country Club Drive Jefferson City Part II Part ! Ξ 3  $\widehat{\Xi}$ ල 3 9 (2) 3 ₹ ල

's Schedule R (Form 990) 2020

§ 1 Schroule R (Form 530) 2023.

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b, see 'ForlBaperwork:Reduction/Act Notice, see the Instructions for Form,990.
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Page 2

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Schedule R (Form 990) 2020 Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No 3 (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year 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 Percentage ownership Ξ (i)
Code V—UBI , ` , amount in box 20 of Schedule K-1 (Form 1065) 15 WEER. end-of-year assets Share of (h) --Dispro-portionate Yes No 6 alloc 2 And the personality of the first (g) Share of end-of- "year assets Share of total income (f) Share of total income Type of entity (C corp. S corp. or trust) Predominant.
Income (related, unrelated, excluded from tax under sections 512-514) יי א ינוני יייי יייי לחלי . י יי (d)
Direct controlling entity (d)
-Direct controlling (c) Legal domicale foreign country) (state or (c)
Legal
domicile
(state or
foreign Primary activity Primary admity Ð Schedule R (Form 990) 2020 Missouri Farmers Care Name, address, and EIN of related organization . . Part IV Part III Ξ lΞ 8 (9) € 3 3 4

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-Schedule R. (Form 990) 2020 Missouri Farmers' Care

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Page 3

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Yes

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- 1 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? · Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s) Exchange of assets with related organization(s)
- k Lease of facilities, equipment, or other assets from related 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)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

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lationships and transact	
e, including covered re	:
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	
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	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Missouri Farmers Care Foundation	q	100	100 Check
(2)	Missouri Farmers Care Foundation	ט	54	Check
(3)	Missouri Farmers Care Foundation	לים	148,323 Check	Check
(4)				
(5)				
(9)				

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Page 4

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Schedule R (Form 990) 2020 Missouri Farmers Care

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

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

sections 512-514)	Name, address, and EIN of entity	Primary activity	domicile (state or foreign		section section 501(c)(3) organizations?	ingers (3) tions?	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		Percentage ownership
	1)		country)	<u>"                                     </u>	Yes	2				9			9	
	2)													
	3)													
	4)													
	(9													
	(9													
	7)													
	3)									-				
	(6													
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Schedule R (Form 990) 2020 Missouri Farmers Care

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions