

Short Form
Return of Organization Exempt From Income Tax

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

2949200814506 2

OMB No 1545-0047

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

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

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ▲ (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

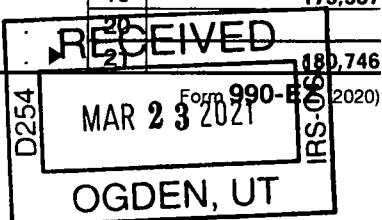
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3,000
SCANNED APR 1 8 2022	2 Program service revenue including government fees and contracts	2
Expenses	3 Membership dues and assessments	3 1,295
	4 Investment income	4 591
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a 27,313
	b Less: cost of goods sold	7b 312
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 27,001
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 31,887
	10 Grants and similar amounts paid (list in Schedule O)	10 19,926
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 2,145
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 4,457
	17 Total expenses. Add lines 10 through 16 ►	17 26,528
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 5,359
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 175,387
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 180,746

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421



Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>				
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year		
	134,578	22	151,340	
	12,312	23	12,312	
	32,497	24	33,352	
	179,387	25	197,004	
	4,000	26	16,258	
	175,387	27	180,746	
Part III Statement of Program Service Accomplishments (see the instructions for Part III)				
Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>				
What is the organization's primary exempt purpose? _____				
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.				
28 _____	_____	_____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	_____		
29 _____	_____	_____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	_____		
30 _____	_____	_____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	_____		
31 Other program services (describe in Schedule O) _____	_____	_____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	_____		
32 Total program service expenses (add lines 28a through 31a) _____	32	_____		
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated...see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Richelle Plummer, President	5	_____	_____	_____
Cody Beus, Vice President	1	_____	_____	_____
Vern Stockwell, Treasurer	1	_____	_____	_____
Don Berberich, PR Officer	1	_____	_____	_____
Katie Sunderland, Director	1	_____	_____	_____
Suzy Crozby, Director	1	_____	_____	_____
Kim Bergey, Secretary	1	_____	_____	_____
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40a	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Deidre Berberich Telephone no. ► (907) 745-0262 Located at ► 12255 E Outer Springer Loop, Palmer, AK ZIP + 4 ► 99645		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a
b	If "Yes," was the related organization a section 527 organization?	49b
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ <i>Vern Stockwell</i> Signature of officer	Date
	▶ Vern Stockwell, Treasurer Type or print name and title	<i>3.9.21</i>

Paid Preparer Use Only	Prnt/Type preparer's name Deidre Berberich	Preparer's signature 	Date 3.9.21	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01063992
	Firm's name ► Deidre RS Berberich Accounting Services		Firm's EIN ►		
Firm's address ► 12255 E Outer Springer Loop, Palmer AK 99645		Phone no		907-745-0262	

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

Form 990-EZ (2020)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020Open to Public
Inspection

Name of the organization

Mat-Su Chapter Alaska Farm Bureau, Inc.

Employer identification number

202647591**Form 990-EZ, Part 1, Line 10 - Grants and Similar Amounts Paid****Alaska FFA** 4000**Palmer High School FFA** 8000**Alaska Farmland Trust** 7926**Total** 19,926**Form 990-EZ, Part 1 Line 16 - Other Expenses****AK State Fair Expenses** 300**Annual Meeting** 1642.92**Liability Insurance** 812.00**Licenses and Permits** 1063.04**Promotion** 313.04**PO Box Rent** 326.00**Total** 4457.00**Form 990-EZ, Part II, Other Assets****Inventory** 17545.00**Accounts Receivable** 1217.00**Market Trailers** 7700.00**Vending Machine** 6890.00**Total** 33352.00**Form 990-EZ, Part II, Liabilities****Accounts Payable** 16257.85