#### PUBLIC DISCLOSURE COPY

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2022 calendar year, or tax year beginning and e	ending				
	Check if pplicable	C Name of organization		D Employer identi	fication number		
	Addre	AMERICAN SOCIETY OF AGRONOMY					
	Name chang	Doing business as		39-08085	552		
	Initial return Final return	5585 GUILFORD ROAD	Room/suite	E Telephone numb	-4958		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,794,079.		
	Ameno	MADISON, WI 53/II		H(a) Is this a group			
	Applic tion pendir	Finame and address of principal officer: WED METAELDFERGER		for subordinate			
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527	1	a list. See instructions		
	Nebsil	te: WWW.AGRONOMY.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exempti	M State of legal domicile: WI		
	art I	Summary					
ø.	1	Briefly describe the organization's mission or most significant activities: PROMO					
Governance		CROPS AND SOILS, FOSTER HIGH STANDARDS IN					
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	1	1		
Š	3			3			
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)					
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10		
ţį		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			100		
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11					
		Not diriotated business taxasic income from our 1,1 art 1, line 11		Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)		0.	33,340.		
Revenue	ı	Program service revenue (Part VIII, line 2g)		5,208,471			
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,166,041			
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		173,529	157,864.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,548,041	5,871,045.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,404	23,644.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 .			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		2,882,814			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ž.	b	Total fundraising expenses (Part IX, column (D), line 25) 20,87		0 565 445	0.024.020		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,565,447			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,471,665			
		Revenue less expenses. Subtract line 18 from line 12	Po	1,076,376 aginning of Current Year			
Net Assets or	200	Total assets (Part X, line 16)	БС	22,150,446			
ASSe Rais	20 21	Total liabilities (Part X, line 16)		1,852,990			
let/	22	Net assets or fund balances. Subtract line 21 from line 20		20,297,456			
Pa	art II	Signature Block		20,23,,130	20/00//2001		
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of n	ny knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which					
Sig	n	Signature of officer		Date			
Her							
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		KIMBERLY ANDERSON, CPA KIMBERLY ANDERSO	N, C 0	5/02/23 self-empl			
	arer	Firm's name CLIFTONLARSONALLEN LLP	^	Firm's EIN	41-0746749		
Use Only Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. 608-662-8600							
	. 41 25	MIDDLETON, WI 53562		Phone no. 6			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Check if Schedule Contains a response or note to any line in this Part III  Briefly describe the organization in Simiston: PROMOTE EFFECTIVE RESEARCH IN CROPS AND SOILS, FOSTER HIGH STANDARDS IN CROPS AND SOILS EDUCATION, PROMOTE IMPROVEMENTS IN THE AGRONOMIC PROFESSION, ENDEAVOR TO MAINTAIN HIGH STANDARDS OF ETHICS IN CROP AND SOILS CIENCE, MARE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND DO THE PROFESSION, ENDEAVOR TO MAINTAIN HIGH STANDARDS OF ETHICS IN CROP AND SOILS CIENCE, MARE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND DO THE Property of the Part of th	Pa	Statement of Program Service Accomplishments
PROMOTE EFFECTIVE RESEARCH IN CROPS AND SOILS, FOSTER HIGH STANDARDS IN CROPS AND SOILS EDUCATION, PROMOTE IMPROVEMENTS IN THE AGRONOMIC PROFESSION, ENDEAVOR TO MAINTAIN HIGH STANDARDS OF ETHICS IN CROP AND SOIL SCIENCE, MAKE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND  10 bid the organization undertake any significant program services during the year which were not listed on the prior form 800 or 806-22?    Ves   X   No   Yes,   Careforb these new services on Schedule O.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Ves   X   No   Yes,   Careforb these changes on Schedule O.   Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.   (focal program service reported.   (focal program service reported.   (focal program service sported.   SCIENTIFIC PERIODICALS:   AGRONOMY JOURNAL 290 SUBSCRIBERS   JOURNAL OF ENVIRONMENTAL QUALITY 2100 SUBSCRIBERS   JOURNAL OF ENVIRONMENTAL QUALITY 2100 SUBSCRIBERS   JOURNAL OF ENVIRONMENTAL QUALITY 2100 SUBSCRIBERS   OTHER SCIENTIFIC PERIODICALS, MEETING ABSTRACTS, BOOKS, MONOGRAPHS AND SPECIAL SERIES    AGRONOMY JOURNAL PROVIDES MEMBERSHIP PROGRAMS SUCH AS COMMUNICATION TO PROMOTE IMPROVEMENT IN THE AGRONOMIC PROFESSION    AGRONOMY JOURNAL SUBSCRIBERS   (focal program services) PROGRAM: PROVIDES MEMBERSHIP PROGRAMS SUCH AS COMMUNICATION, PUBLICATION, PUBLICATION, INFORMATION, AWARDS, FELLOWSHIPS, ETC. FOR APPROXIMATELY 8, 400 MEMBERS.   (focal program services) Describe on Schedule O.   (fo		Check if Schedule O contains a response or note to any line in this Part III
TIN CROPS AND SOILS EDUCATION, PROMOTE IMPROVEMENTS IN THE AGRONOMIC PROFESSION, ENDEAVOR TO MAINYAIN HIGH STANDARDS OF ETHICS IN CROP AND SOIL SCIENCES AND SOIL SCIENCE, MAKE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND DID HE organization undertake any significant program services during the year which were not listed on the prior from 980 or 980-227	1	
PROFESSION, ENDBAVOR TO MAINTAIN HIGH STANDARDS OF ETHICS IN CROP AND SOIL SCIENCE ARE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND PROFESSION SOIL SCIENCES AND SOIL SCIENCES AND PROFESSION SOIL SCIENCES AND SOIL SCIENCES AND PROFESSION SOIL TYPES, "General Soil Science		
SOLL SCIENCE, MAKE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27  1 "Yes," describe these new services on Schedule O.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  2 Yes IX No  11 "Yes," describe these new services on Schedule O.  3 Did the organization or program service accomplishments for each of its three largest program services, as measured by expenses.  3 Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service organization and allocations to others, the total expenses.  3 Sci ENTIFIC PERIODICALS:  3 CIENTIFIC PERIODICALS, relating grants of a supplied of the program services, as measured by expenses.  4 (coast)   (proposes 1 1,791,486. relating grants of 23,644.) (pressure 2,521,194.)  4 (coast)   (proposes 1 1,791,486. relating grants of 23,644.) (pressure 2,521,194.)  4 (coast)   (proposes 1 1,232,544. relating grants of 3 1,000,000,000,000,000,000,000,000,000,0		IN CROPS AND SOILS EDUCATION, PROMOTE IMPROVEMENTS IN THE AGRONOMIC
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?    Yes X No   17 Yes, "describe these new services on Schedule 0.   3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes   X No   17 Yes, "describe these changes on Schedule 0.   4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 ((s)) and 501((s)) departations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.		PROFESSION, ENDEAVOR TO MAINTAIN HIGH STANDARDS OF ETHICS IN CROP AND
prior Form 980 or 980-627    Yes X No   If Yes, "describe these new services on Schedule O.   16 Yes, "describe these new services on Schedule O.   Yes, "describe these new services on Schedule O.   Yes, "describe these exhanges on Schedule O.   Yes, "describe these changes on Schedule O.   Yes, "describe these changes on Schedule O.		SOIL SCIENCE, MAKE AVAILABLE INFORMATION ON CROP AND SOIL SCIENCES AND
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## 1 **Yes." describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 51(cl), and 501(cl) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (cose ) (cupremes 10,263.**  AGRONOMY JOURNAL 2900 SUBSCRIBERS  JOURNAL OF ENVIRONMENTAL QUALITY 2100 SUBSCRIBERS  OTHER SCIENTIFIC PERIODICALS, MEETING ABSTRACTS, BOOKS, MONOGRAPHS AND SPECIAL SERIES  4 (cose ) (Exercise 11,791,486.**  **REPORT REPORT OF THE AGRONOMIC PROFESSION**  4 (cose ) (Exercise 11,232,544.**  **Including grants of 23,644.**) (Revenue 22,521,194.**)  CERTIFICATION PROGRAM: PROVIDES CERTIFICATION & CONTINUING EDUCATION TO PROMOTE IMPROVEMENT IN THE AGRONOMIC PROFESSION**  4 (cose ) (Exercise 11,232,544.** including grants of 8 ) (Revenue 3 506,009.**)  MEMBERSHIP PROGRAM: PROVIDES MEMBERSHIP PROGRAMS SUCH AS COMMUNICATION, PUBLICATIONS, EDUCATION, INFORMATION, AWARDS, FELLOWSHIPS, ETC. FOR APPROXIMATELY 8,400 MEMBERS.  4 Other program services (Describe on Schedule O.) (Expenses 15,237.** inclusing grants of 3 ) (Revenue 3 905,238.**)  4 Other program services (Describe on Schedule O.) (Expenses 15,237.** inclusing grants of 3 ) (Revenue 3 905,238.**)	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
40 Coole   Coo		3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue. If any, for each program service reported  4a (code:     (Expenses   702, 263.   Including grants of \$	4	
revenue, if any, for each program service reported.  4a (Code:) (Expenses	7	
4a (code:   (Expenses \$ 1,232,544. including grants of \$ 23,644.) (Revenue \$ 2,521,194.)  4b (code:   (Expenses \$ 1,232,544. including grants of \$ 23,644.) (Revenue \$ 2,521,194.)  CERTIFICATION PROGRAM: PROVIDES CERTIFICATION & CONTINUING EDUCATION TO PROMOTE IMPROVEMENT IN THE AGRONOMIC PROFESSION  4c (code:   (Expenses \$ 1,232,544. including grants of \$ 23,644.) (Revenue \$ 2,521,194.)  4c (code:   (Expenses \$ 1,232,544. including grants of \$ 23,644.) (Revenue \$ 2,521,194.)  4d Other program services (Describe on Schedule O), (Expenses \$ 755,237. including grants of \$ 2,521,294.) (Revenue \$ 2,521,294.)  4d Other program services (Describe on Schedule O), (Expenses \$ 755,237. including grants of \$ 2,521,294.) (Revenue \$ 2,5238.)		
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MEMBERSHIP PROGRAM: PROVIDES MEMBERSHIP PROGRAMS SUCH AS COMMUNICATION, PUBLICATIONS, EDUCATION, INFORMATION, AWARDS, FELLOWSHIPS, ETC. FOR APPROXIMATELY 8,400 MEMBERS.  4d Other program services (Describe on Schedule O.) (Expenses \$ 755,237. including grants of \$ ) (Revenue \$ 905,238.)  4e Total program service expenses 4,481,530.	4c	(Code: ) (Expenses \$ 1,232,544. including grants of \$ ) (Revenue \$ 506,009.)
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(Expenses \$ 755,237 • including grants of \$ ) (Revenue \$ 905,238 • )  4e Total program service expenses 4,481,530 •	44	Other program services (Describe on Schedule O.)
4e Total program service expenses 4,481,530.	<del>-r</del> u	
	40	1 101 -00
	-70	

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		-25
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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 endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<del></del>
u		11d		X
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
		116	- 21	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	• •	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	1990 (2022) AMERICAN SOCIETY OF AGRONOMY 39-0	808552	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	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 organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	· · · · · · · · · · · · · · · · · · ·		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	81		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

232004 12-13-22

(gambling) winnings to prize winners?

Form **990** (2022)

022) AMERICAN SOCIETY OF AGRONOMY

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X					
b								
4a	<b>a</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)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does 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?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			37				
a	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?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х				
ام	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Α				
d		7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>6</del>		X				
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
9 h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a	1						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
•	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	1						
C 1/12		14a		Х				
14a		14b		-25				
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10						
.0	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the 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		х				
. •	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

232005 12-13-22

Form **990** (2022)

AMERICAN SOCIETY OF AGRONOMY 39-0808552 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done ..... Did the organization have a written whistleblower policy? Х 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

53711

WES MEIXELSPERGER - 608-268-4958 5585 GUILFORD ROAD, MADISON, WI

39-0808552

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CENTERPLATE - MADISON, 1919 ALLIANT ENERGY	FOOD CATERING	
	SERVICES	238,660.
PRESTIGE AV AND CREATIVE SERVICES	AUDIO AND VISUAL	-
4835 PARA DR., CINCINNATI, OH 45237	SERVICES	230,357.
MICHAEL TORREY ASSOCIATES, LLC	DC LEGAL SERVICE	
50 F ST NW, WASHINGTON, DC 20001	CONSULTING	180,657.
PROTECH ASSOCIATES, INC., 5457 TWIN KNOLLS		
RD. SUITE 400, COLUMBIA, MD 21045	IT SUPPORT	166,760.
WIPFLI LLP		
2501 W BELTLINE HWY #401, MADISON, WI 53713	BI SERVICES	126,250.
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	
\$100,000 of compensation from the organization 9		
		222

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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Form 990 AMERICAN Part VII Section A. Officers, Directors, Tru													
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	lighe	est (	t Compensated Employees (continued)					
<b>(A)</b> Name and title	(B) Average hours	(c		Pos	C) ition that	ı app	ly)						
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
27) TRACY CAMPBELL DIRECTOR	2.00	Х						0.	0.	0			
TRECTOR		Α_						0.	0.	0			
Fotal to Part VII, Section A, line 1c													

Form 990 (2022) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any lir	ne in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b		-			
<u>@</u> 8		Fundraising events 1c		-			
ifts ir A		d Related organizations 1d	33,340.	-			
nii,		Government grants (contributions)		-			
Sign		All other contributions, gifts, grants, and					
her her		similar amounts not included above <b>1f</b>					
풀현		Noncash contributions included in lines 1a-1f	<u> </u>	-			
Sor	ì	Total. Add lines 1a-1f		33,340.			
			Business Code				
e	2 8	CERTIFICATION FEES	541900	2,521,194.	2,521,194.		
Ş Ç	ŀ	SUBSCRIPTIONS	513190	1,267,476.	1,267,476.		
Set	(	MEETINGS & CONFERENCES	541900	905,238.	905,238.		
an eve	(	MEMBERSHIP DUES	541900	350,365.	350,365.		
Program Service Revenue	•	ADVERTISING	541800	120,418.		120,418.	
Pro	1	All other program service revenue					
		Total. Add lines 2a-2f	•	5,164,691.			
	3	Investment income (including dividends, i					
		other similar amounts)		432,760.			432,760.
	4	Income from investment of tax-exempt bo					
	5	Royalties					
		(i) Rea	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securit	ies (ii) Other				
		assets other than inventory <b>7a</b> 1,005,4	124.	_			
	ŀ	Less: cost or other basis					
nue		and sales expenses 7b 923,0		_			
Ver		Gain or (loss) 7c 82,3					
her Revenue		d Net gain or (loss)	·····	82,390.			82,390.
the	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a	-			
		Less: direct expenses	8b				
		Net income or (loss) from fundraising ever					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	9a	-			
		Less: direct expenses	9b				
		Net income or (loss) from gaming activitie	S				
	10 8	Gross sales of inventory, less returns	40-				
		and allowances	10a	-			
		Less: cost of goods sold	[10b]				
$\dashv$		Net income or (loss) from sales of invento	Business Code				
sn	11 4	a LIST RENTAL FEES	513190	2,220.		2,220.	
neo Tue		ROYALTIES	541900	170.	170.		
ella							
Miscellaneous Revenue	`	d All other revenue	900099	155,474.	155,474.		
Σ		e Total. Add lines 11a-11d		157,864.			
	12	Total revenue. See instructions		5,871,045.	5,199,917.	122,638.	515,150.

232009 12-13-22

Form **990** (2022)

# Form 990 (2022) AMERICAN SOCIETY OF AGRONOMY Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
00011	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	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	23,644.	23,644.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	323,501.	323,501.							
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0 455 445	1 006 015	640 555	10 650					
7	Other salaries and wages	2,457,445.	1,826,015.	612,777.	18,653.					
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
a	Management	22 610	10 100	2 420						
b	•	22,618.	19,189.	3,429.						
	Accounting	16,886.		16,886.						
	Lobbying									
	,	103,137.		103,137.						
f	Investment management fees	103,137.		103,137.						
g	Other. (If line 11g amount exceeds 10% of line 25,	761,100.	734,521.	26,579.						
40	column (A), amount, list line 11g expenses on Sch 0.)	160,141.	159,516.	20,375	625.					
12	Advertising and promotion	431,730.	293,870.	136,272.	1,588.					
13 14	Office expenses	317,378.	182,554.	134,824.	1,500.					
	Information technology	317,370.	102,334.	134,024.						
15 16	Royalties	101,402.	65,559.	35,843.						
17	Occupancy	101,832.	86,508.	15,311.	13.					
18	Payments of travel or entertainment expenses	101/0320	0073001	13/3111						
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	393,533.	347,004.	46,529.						
20	Interest	223,3331	,0010							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	99,905.	25,317.	74,588.						
23	Insurance	26,392.	-,	26,392.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	·		·						
_	amount, list line 24e expenses on Schedule 0.) CERTIFICATION PROGRAM	318,242.	318,242.							
a	PROPERTY TAXES	35,476.	35,476.							
b	DUES/SUBSCRIPTIONS	17,167.	17,167.							
q	DODD' DODDCKII IIOND	11,1010	11,1010							
d	All other expenses	27,293.	23,447.	3,846.						
e 25	All other expenses   Total functional expenses. Add lines 1 through 24e	5,738,822.	4,481,530.	1,236,413.	20,879.					
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,130,022•	-, -UI, JJU •	1,230,4130	20,019					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	[ 11 10 110 11 11 11 10 10 10 10 10 10 10				000					

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments			318,651.	2	382,534
3	3	Pledges and grants receivable, net		3			
4	4	Accounts receivable, net	20,703.	4	0		
5	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
6	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
<u>م</u> ع	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹   9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,329,763.			1 000 650
	b			347,104.	2,022,597.		1,982,659
11	1	Investments - publicly traded securities			19,779,430.	11	15,917,509
12	2	Investments - other securities. See Part IV, line 1				12	
13	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets			0.065	14	10 540
15	5	Other assets. See Part IV, line 11	9,065.	15	10,548		
16	6	Total assets. Add lines 1 through 15 (must equa			22,150,446.	16	18,293,250
17		Accounts payable and accrued expenses	0.	17	109		
18		Grants payable			1 046 051	18	1 420 175
19		Deferred revenue			1,846,251.	19	1,430,175
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete F				21	
S 22	2	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst					
Liabilities	_	controlled entity or family member of any of thes	-			22	
23		Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
24		Unsecured notes and loans payable to unrelated		Г		24	
25	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	·	6,739.	0.5	5,060
0.0	e	of Schedule D			1,852,990.		1,435,344
26	0	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che			1,052,550.	20	1,433,344
တ္ဆ		and complete lines 27, 28, 32, and 33.	CK HEI				
ğ 27	7	Net assets without donor restrictions			20,297,456.	27	16,857,906
Ba 28		Net assets with donor restrictions  Net assets with donor restrictions			20,237,4300	28	10,037,300
<u> </u>	0	Organizations that do not follow FASB ASC 9				20	
필		and complete lines 29 through 33.	Jo, Cile	CK Here			
5 29	۵	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances 32 32 33 32 33 35 35 35 35 35 35 35 35 35 35 35 35		Paid-in or capital surplus, or land, building, or eq				30	
ASS 31		Retained earnings, endowment, accumulated inc				31	
35 de t		Total net assets or fund balances			20,297,456.	32	16,857,906.
Ž 33					22,150,446.	33	18,293,250.
33					,,	55	Form <b>990</b> (202

Par	t XI Reconciliation of Net Assets				1 43	90
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	, 871	L,04	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,738	3,8	22.
	Revenue less expenses. Subtract line 2 from line 1	3		132	2,2	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	, 29	7,4	56.
5	Net unrealized gains (losses) on investments	5	-3	, 571	L,7'	73.
	Donated services and use of facilities	6				
	Investment expenses	7				
	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	<u>, 851</u>	7,9	<u>06.</u>
Par	Tinancial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
			_		Yes	No
	Accounting method used to prepare the Form 990:		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1		v	
	Were the organization's financial statements audited by an independent accountant?		·····- }	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis	aa!:4				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?			2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			20		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	edule O	.			
				За		х
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			Ja		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou add	"	3b		
	or addition, explain with our outloads of and decorbe any steps taken to undergo such addition				000	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**Open to Public

Inspection

AMERICAN SOCIETY OF AGRONOMY Society of Agronomy 39-0808552

Pa	rt I	Reason for Public (		(All organizations must c		nis part.) S		J 0000332		
		ı ization is not a private found								
	Organ	•	•	•	•	,	IV A V:\			
1		A church, convention of chi				ר)(מ)טזר חי	I)(A)(I).			
2	$\square$	A school described in <b>sect</b> i								
3		A hospital or a cooperative					•			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin		•				-		
		See section 509(a)(2). (Cor		,			, 0	,		
11		An organization organized a	•	ively to test for public sat	etv. See	section 50	09(a)(4).			
12	$\Box$	An organization organized a	•	•	•			purposes of one or		
		more publicly supported or	•	•	-		•			
		lines 12a through 12d that	-							
а		Type I. A supporting orga						aivina		
·		the supported organization	· · · · · · · · · · · · · · · · · · ·			-				
		organization. <b>You must o</b>			majority c	in the direc	1010 01 11001000 01 1110 01	apporting		
b		Type II. A supporting org			ion with it	e sunnorte	nd organization(s) by hav	vina		
	, г	control or management o	•					•		
		-			anie perso	iis iiiai coi	ntiol of manage the supp	Jorted		
_		organization(s). You mus			in connoct	ion with c	and functionally integrate	od with		
C	, L		= ::					with,		
_		its supported organization		·				ration(a)		
C	·						• • • • • • •			
		that is not functionally int	-		-		•	/eness		
		requirement (see instructi	·	-						
e	•						Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.				
f		er the number of supported o	•							
		vide the following information  (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	(,	(described on lines 1-10	in your governi	T T	support (see instructions)	support (see instructions)		
		•		above (see instructions))	Yes	No				
_										
_										
Tota	ai						I	I		

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-			•		
800	organization, check this box and stop						
	ction C. Computation of Publi			(6)			0.4
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o					15	<u>%</u>
ıba	• •	· ·		•		ŕ	
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		-		lling 15 ig 22 1/20/		
D							
17^	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test						
11 d	and if the organization meets the fact						
	meets the facts-and-circumstances te				*	vi now the Organiz	-241011
h	10% -facts-and-circumstances test	-	•		-	I7a and line 15 is	10% or
IJ	more, and if the organization meets the	_					10/0 01
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
	is an add in it to organization	sia not oncort a	22.2.1.1.10 10, 10	<u>., 100, 110, 01 111</u>	5, 51100K 1110 DOX 11		(Form 990) 2022

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	, ,		33,340.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5083334.	5218708.	4536801.	5208471.	5164691.	25212005.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge	500000	504.050.0	4526001	5000451	5100001	05045045	
	Total. Add lines 1 through 5	5083334.	5218708.	4536801.	5208471.	5198031.	25245345.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	: Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						25245345.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	5083334.	5218708.	4536801.	5208471.	5198031.	25245345.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	344,201.	397,012.	342,725.	416,509.	432,760.	1933207.	
b	Unrelated business taxable income (less section 511 taxes) from businesses				F 2.7		F 2.7	
	acquired after June 30, 1975	344,201.	397,012.	342,725.	527. 417,036.	432,760.	527. 1933734.	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	344,201.	397,012.	342,723.	417,030.	432,700.	1933/34.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,430.	113,654.	156,206.	173,002.		634,156.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	5460965.	5729374.	5035732.	5798509.	5788655.	27813235.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
_								
	ction C. Computation of Publi					г		
	Public support percentage for 2022 (I		•	olumn (f))		15	90.77 %	
	Public support percentage from 2021					16	90.97 %	
	ction D. Computation of Inves					Г. <b>_</b> Г	6 05	
	Investment income percentage for 20					17	6.95 %	
	Investment income percentage from					18	7.12 %	
198	33 1/3% support tests - 2022. If the						7 is not	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10-		
	10a		
d. el e	10b	- 000	2000

Part	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supervised to apply the province of the organization described by the province of the organization of the org	'		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ig trie <b>1</b>		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
а		•		
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instructior	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 AMERICAN SOCIETY OF AGE			39-0808552 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLGIIO III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
۵	Evoess from 2022				

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2018 AMOUNT: \$ 33,430. 2019 AMOUNT: \$ 113,654. 2020 AMOUNT: \$ 156,206. 173,002. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 157,864.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** AMERICAN SOCIETY OF AGRONOMY 39-0808552 Organization type (check one):

Filers of:		Section:				
Form 990 c	or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-F	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
,	J	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	ule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Ru	iles					
Se	ections 509(a)(1) a ontributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
co lit	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
y∈ is pı	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No	o" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990)				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# AMERICAN SOCIETY OF AGRONOMY

39-0808552

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$33,340.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# AMERICAN SOCIETY OF AGRONOMY

39-0808552

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** AMERICAN SOCIETY OF AGRONOMY 39-0808552 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

AMERICAN SOCIETY OF AGRONOMY

Employer identification number 39-0808552

Total number at end of year   Capture   Capt	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Sir	milar Funds o	or Ac	coun	ts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of organization from (during year) 5 Did the organization in property, subject to the organization's exclusive legal control? 6 Did the organization in property, subject to the organization's exclusive legal control? 7 Or Charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 8 Part III Conservation Essements. Complete if the organization can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 9 Perservation Essements. Complete if the organization check all that apply. 9 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat 9 Protection of natural habitat 10 Preservation of legal of public use (for example, recreation or education) Preservation of a certified historic structure 11 Preservation of legal of the organization held a qualified conservation contribution in the form of a conservation easements 12 Again the form of a conservation easements 13 Aggregate value at a conservation easements 14 A Number of conservation easements on a certified historic structure included in (s) 15 Total anometry of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year 18 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 19 No provided in the organization has expected in the organization easements during the year organization organization easements during the year organization organization easements in protection organization spectration ease				ised	funds	(	<b>b)</b> Fun	ds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value at and of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of noon advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Tassements. Complete if the organization answered "Yea" on Form 1990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization 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 open space  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Teld at the End of the Tax Year  5 Total acreage restricted by conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements included in (a) Qualified after July 25,2006, and not on a historic structure included in (a) Lag.  7 Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure included in (a) Lag.  8 Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure included in (a) Lag.  9 Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure included in (a) included in (	1	Total number at end of year	(1)				,	
3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control?  Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Pert III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 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 parts and parts and protection of activate and protection of a historic structure induced in (c) acquired after July 25,2006, and not on a historic structure instead in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization								
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all graritees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charatable purposes and not for the the neft of the donor or donor advisors or or any other purpose conferring impermissable private benefit?  Part II Conservation Insesments. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 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 list of protection of natural habitat.  Preservation of open space  2 Complete lines 2 attrough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements.  2 Total number of conservation easements.  3 Total number of conservation easements on a certified historic structure included in (a).  4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure inservation easements included in (a).  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year.  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement 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 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,								
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat  Preservation of natural habitat  Preservation of natural habitat  Preservation of natural habitat  Preservation of conservation easements in the dat qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  5 Did all acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  1 Number of states where property subject to conservation easement is located  Number of expanization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcening conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the holds?  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)  9 In Part XIII, describe how th								
are the organization's property, subject to the organization's exclusive legal control?	5		vriting that the assets	helc	d in donor advise	d fund	s	
6 Did the organization inform all grantees, denors, 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 impormissible private benefit?    Part III   Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year		-	-					Yes No
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply).	6							·········· —
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of and for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of natural habitat   Preservation of open space   Preservation of open space   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   Pleasements   Pleasement   Pleasement								
Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of and for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space								
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of open space  Complete lines 2 a 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.  Total number of conservation easements Difference of the search of	Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes"	on Form 990, P	art IV,	line 7.	
Protection of natural habitat Preservation of a certified historic structure Preservation of open space  2 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.  3 Total number of conservation easements 2a Held at the End of the Tax Year 2b Total number of conservation easements 2b Complete lines 2a through 2d if the organization easements 2b Complete lines 2d in the National Register 2b Complete line 1b Protection of the National Register 2b Complete line 2b Complete l	1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
Preservation of open space		Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
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.  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easements is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements and balance sheet, and include, if applicable, the text of the footnote to 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 90, 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, not 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		Protection of natural habitat			Preservation of a	a certif	fied his	storic structure
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is 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  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  Does 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)?  Yes No  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 organization and saccounting 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, pro	b	Total acreage restricted by conservation easements					2b	
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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  Does 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.  Ia 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  (ii) Assets included in Form 990, Part XIII, line 1  (iii) Assets included in Form 990, Part XIII, line 1  (iv) Assets included on Form 990, Part XIII, line 1  (iv) Assets included on Form 990, Part XIII, line 1	4							
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and section 170(h)(4)(B)(ii)?	•			00	g comes run	J., J.,		is aumig and year
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$	па		•					
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 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		•	,	,			ce of p	DUDIIC
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 \$  (ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$		· · ·					-14	ada af
provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 \$	D							
(i) Revenue included on Form 990, Part VIII, line 1 \$			exhibition, education,	, or r	esearch in furthe	erance	ot pur	DIIC Service,
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>2 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:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>								φ
<ul> <li>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:</li> <li>a Revenue included on Form 990, Part VIII, line 1 \$</li></ul>								
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$	0	7						
a Revenue included on Form 990, Part VIII, line 1	2					yaın, p	rovide	;
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

	t III Organizations Maintaining Col					Other	Similar		Continu	Pag	<u> </u>
	•								(CONTINU	iea)	
3											
	collection items (check all that apply):  a Public exhibition  d Loan or exchange program										
a	Public exhibition	c									
b	Scholarly research	e	• [	Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle							se in Part	XIII.		
5	During the year, did the organization solicit or re								7		
Day	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Part X	·									
1a	Is the organization an agent, trustee, custodian								٦.,		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	llowing to	able:					A		—
							$\vdash$		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Forn						y?	L	Yes	$\square$	No
	If "Yes," explain the arrangement in Part XIII. Ch										
Par	00										
	<del> </del>	a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four y	ears ba	ıck
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	t year end balance	e (line 1g	ı, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possessi	on of the organiza	ation that	t are held ar	nd administer	ed for the			_		
	organization by:								\	es N	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Par	t VI Land, Buildings, and Equipmer										
	Complete if the organization answered "	Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other (other)		cumulate reciation	d	(d) Book	value	
12	Land	222.3 (1113011			7,045.	359	33.20071		407	,045	<del></del>
	Land Buildings				2,718.	3	47,10	) 4 .	1,575	. 61	4
	Buildings			-, - 2	_ , , _ 0 •		_ , , _ (		_, _, _	,	
											—
	Equipment Other										—
	. Add lines 1a through 1e. (Column (d) must equa	ol Form 000 D==	V 001::	n (D) line 1	00)				1,982	. 659	9 .
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AMERICAN SOC Part VIII Investments - Other Securities.	IETY OF AGRO		-0808552 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
1) Financial derivatives	( )	1	,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)		+	
(5)			
(6)			
(7) (8)		+	
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			F 0.00
(2) OTHER CURRENT LIABILITIES			5,060.
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

5,060.

(6) (7) (8)

Par	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		ines 2a through 2d		2e	
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	
4		ınts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		ines <b>4a</b> and <b>4b</b>			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Dona	ted services and use of facilities	2a		
b	Prior	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		ines <b>2a</b> through <b>2d</b>			
3		act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Dai	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li Supplemental Information.	ne 18.)	5	
		1 - 1 - 1	and 4. Dort IV. lines the and Ob. Day	t V. line 4. Dest V. line 0. Dest	VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		t v, iii le 4, Part A, iii le 2, Part	۸۱,
111162	Zu and	3 4b, and Fart Air, lines 2d and 4b. Also complete this part to provide	de arry additional information.		

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

ž Employer identification number Schedule I (Form 990) 2022 39-0808552 (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) AGRONOMY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table ОF AMERICAN SOCIETY General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part I Part II

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2022

Part III Grants and Other

(a) Type of grant or assistance (b) Number of cash grant of recipients cash grant (c) Amount of non- (d) Amount of non- (e) Method of valuation (f) Description of noncash assistance cash grant cash	PERFORMANCE AND RESEARCH AWARDS 40 23,644. 0.			Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	:, LINE 2:	ORGANIZATION PROVIDES RESEARCH GRANTS IN ORDER TO PROMOTE RESEARCH IN	PRODUCE MATERIALS RELATING TO AGRONOMY, SOILS AND CROPS. THE	ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNTS OF GRANTS	ED AND IT MONITORS THE USE THE FUNDS PROVIDED TO ENSURE GRANTS ARE	OR RESEARCH AND FURTHERING THEIR EXEMPT PURPOSE.	
(a) Typo	ACADEMIC, PERFORMANC			Part IV Supplementa	PART I, LINE	THE ORGANIZAT	AND PRODUCE M	ORGANIZATION 1	PROVIDED AND	USED FOR RESEA	

THE ORGANIZATION PROVIDES SCHOLARSHIPS, AWARDS AND LECTURESHIPS TO THOSE

WHO ARE NOMINATED AND ELIGIBLE TO RECEIVE THE FUNDS THROUGH AN APPLICATION

Part IV Supplemental Information
PROCESS. AMOUNTS ARE GIVEN TO THE UNIVERSITIES, WHO IN TURN DISTRIBUTES
THE SCHOLARSHIPS, AWARDS AND LECTURESHIPS TO THE INDIVIDUAL RECIPIENTS.
THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNTS OF
SCHOLARSHIPS, AWARDS AND LECTURESHIPS PROVIDED AND IT MONITORS THE USE THE
FUNDS.

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

AMERICAN SOCIETY OF AGRONOMY

Employer identification number 39-0808552

Pa	art I Questions Regarding Compensation					
			Yes	No		
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X   Compensation committee     Written employment contract					
	Independent compensation consultant  X  Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a 4b		X		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	c Participate in or receive payment from an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only continue $FO1(a)(2)$ , $FO1(a)(4)$ , and $FO1(a)(20)$ aggregations regard complete lines $F$					
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
5	contingent on the revenues of:					
2		5a		х		
a h		5b		X		
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	35				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
U	contingent on the net earnings of:					
a	The organization?	6a		х		
		6b		X		
b	If "Yes" on line 6a or 6b, describe in Part III.	05				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 AMERICAN S
Part III Supplemental Information

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vide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4

PART 1, LINE 3:
COMPENSATION METHODS ARE ESTABLISHED AND CARRIED OUT BY ALLIANCE OF
ROP, SOIL AND ENVIRONMENTAL SCIENCE SOCIETIES (ACSESS), A RELATED
7, BUT INCLUDE A COMPENSATION CC
INSATION STUDIES. THE BOARD OF DIRECTORS OF
RESPONSIBLE FOR THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD
ROM STAFF AND HZ
TRY TRENDS FOR DETERMINING FAIR MARKET COME
)ETERMINING OFFERS OF COMPENSATION. ALL STAFF, INCLUDING KEY
IMPLOYEES, ARE UNDER THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR.
COMPENSATION OF EMPLOYEES IS SHARED WITH AND APPROVED BY THE BOARD OF
)IRECTORS IN THE ANNUAL BUDGET.

Schedule J (Form 990) 2022

## **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SOCIETY OF AGRONOMY

**Employer identification number** 39-0808552

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE IMPROVEMENTS IN THE AGRONOMIC PROFESSION, ENDEAVOR TO MAINTAIN
HIGH STANDARDS OF ETHICS IN CROP AND SOIL SCIENCE, MAKE AVAILABLE
INFORMATION ON CROP AND SOIL SCIENCES AND COOPERATE WITH OTHER
ORGANIZATIONS IN THE CONSIDERATION OF AGRONOMIC PROBLEMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COOPERATE WITH OTHER ORGANIZATIONS IN THE CONSIDERATION OF AGRONOMIC
PROBLEMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ANNUAL MEETING: A NATIONAL CONFERENCE FEATURING THE PRESENTATION OF
APPROXIMATELY 3000 PAPERS AND HONORING OUTSTANDING SCIENTISTS
EXPENSES \$ 501,948. INCLUDING GRANTS OF \$ 0. REVENUE \$ 905,238.
SCIENCE POLICY PROGRAM: PROVIDES EDUCATIONAL OPPORTUNITIES AND
AWARENESS
EXPENSES \$ 253,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS HAD MEMBERS SINCE ITS INCEPTION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS IS OPEN TO ANY AND ALL MEMBERS WHO QUALIFY FOR OPEN
SEATS. CONTESTED SEATS ARE DETERMINED BY A GENERAL ELECTION BY THE GENERAL
MEMBERS. IF A SEAT IS UNCONTESTED, THE BOARD OF DIRECTORS WILL VOTE TO  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022
LEA FOI FAPELWOLK REGUCTION ACTIVOLICE, SEE THE INSTRUCTIONS FOI FOINT 390 OF 390-EZ. SCHEQUIE O (FORM 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

AMERICAN SOCIETY OF AGRONOMY

Benployer identification number 39-0808552

FORM 990, PART VI, SECTION A, LINE 7B:

ACCEPT THE SOLE NOMINEE.

ESTABLISHMENT AND TERMINATION OF SECTIONS OF THE BYLAWS REQUIRES TWO-THIRDS

AFFIRMATIVE VOTE OF ALL BALLOTS RECEIVED. ALL OTHER BYLAW CHANGES REQUIRE

AN AFFIRMATIVE MAJORITY OF BALLOTS RECEIVED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE 990 TO REVIEW PRIOR TO THE REQUIRED FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

POLICY ANNUALLY AND ALL CONFLICTS MUST BE DISCLOSED BEFORE VOTING ON

ISSUES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES THE FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES 734,521.

MANAGEMENT AND GENERAL EXPENSES 26,579.

FUNDRAISING EXPENSES

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization AMERICAN SOCIETY OF AGRONOMY	Employer identification number 39-0808552
TOTAL EXPENSES	761,100.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	761,100.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 39-0808552

AMERICAN SOCIETY OF AGRONOMY Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Partl

Direct controlling End-of-year assets (e) Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. PartII

(a)	(q)	(c)	(p)	(e)	(4)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	٤
				501(c)(3))		Yes	No
CROP SCIENCE SOCIETY OF AMERICA, INC -	TO PROVIDE INFORMATION						
39-6093141, 5585 GUILFORD ROAD, MADISON, WI	CONCERNING CROPS AND THE						
53711	CONDITIONS AFFECTING THEM.	WISCONSIN	501(C)(3)	LINE 10	N/A		×
SOIL SCIENCE SOCIETY OF AMERICA, INC -	TO PROVIDE INFORMATION						
39-0967853, 5585 GUILFORD ROAD, MADISON, WI	CONCERNING SOILS AND THE						
53711	CONDITIONS AFFECTING THEM.	WISCONSIN	501(C)(3)	LINE 10	N/A		×
AGRONOMIC SCIENCE FOUNDATION, INC -	TO RESEARCH AND PRODUCE						
39-6108542, 5585 GUILFORD ROAD, MADISON, WI	MATERIALS RELATING TO						
53711	AGRONOMY, SOILS & CROPS	WISCONSIN	501(C)(3)	LINE 7	N/A		×
ALLIANCE OF CROP, SOIL AND ENVIRONMENTAL	TO RESEARCH AND PRODUCE						
SCIENCE SOCIETIES, INC 26-251271, 5585	MATERIALS RELATING TO						
GUILFORD ROAD, MADISON, WI 53711	AGRONOMY, SOILS & CROPS	WISCONSIN	501(C)(3)	LINE 12A, I	N/A		×
					1		

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k) Derceptage	managing ownership									
(j)	naging tner?	YesNo								
ق ا	mar	ξ <del>V</del>								
(i) Code V.1 IBI	amount in box	K-1 (Form 1065								
400	nonate ns?									
(h)	UISPTO POTTIONATE all ocation s?	Yes No								
(g)	end-of-year	doodlo								
	income									
(e)	(related, unrelated, excluded from tax under	sections 512-514)								
(d)	entity									
(c)	domicile (state or	toreign country)								
(b)	rillialy activity									
(a) Name address and EIN	of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

, ,			ı		ı		ı		ı	
Section 512(b)(13) controlled entity?	No									
Sec 512(t contr	Yes									
(h) Percentage ownership										
(g) Share of end-of-year	d55615									
(f) Share of total income										
(e) Type of entity (C corp, S corp,	Ol tidati									
(d) Direct controlling entity										
(c) Legal domicile (state or foreign	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2022

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Ĺ	Yes	S
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Darks II.1V2	s with one or more re	i patal organizations listed i	in Parts II.IV?			
				;	Ī	þ
a receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity	γ.			В	†	4
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> P		×
c Gift. grant, or capital contribution from related organization(s)				2	×	
1   Const or loss at the suppression to or for voluted or accordant (s)				7		×
				2	T	1
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				<b>-</b>	7	×
f Dividends from related organization(s)				<b>#</b>		×
				5		×
				ה בי	T	1
h Purchase of assets from related organization(s)				두	1	×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				į.		×
						ł
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			<b>1</b>		×
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	ion(s)			-	×	
	(6)1.61			,	; >	
o sharing of paid employees with related organization(s)				2	4	
p Reimbursement paid to related organization(s) for expenses				<del>1</del> 0	×	
q Reimbursement paid by related organization(s) for expenses				10	T	×
				<b>+</b>	1	×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered r	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved		
(1)						
(3)						
(4)						
(5)						
(9)						
<b>15)</b> 232.163 09-14-22			Schedule	Schedule R (Form 990) 2022	(066	2022
	7					

Page 4

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

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.

(a)	(b)	(c)	(d) (d) Dradominant income	Are all	(f)	(g)	(h)	(i) Code V-11R1	(j)	(k)
Name, address, and Ein of entity	Frimary activity	(state or foreign country)	(related, unrelated, sections 512-514)	partners sec. 501(c)(3) orgs.?		onare or end-of-year assets	tionate allocations?	User Particular (1997)  September 20	managing partner?	ownership
								Schedule	B (For	Schedule R (Form 990) 2022

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	rn		o. 1545-0047
		For cal	endar year 2022 or other tax year beginning, and ending		21	<b>022</b>
	ment of the Treasury I Revenue Service	[	Go to www.irs.gov/Form990T for instructions and the latest information. On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	).	Open to Pu	blic Inspection for ganizations Only
Α 🗌	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmpl	oyer identifi	cation number
<b>В</b> Ех	empt under section	Print	AMERICAN SOCIETY OF AGRONOMY	3	9-08	08552
X	] 501( <b>c</b> )( <b>3</b> ) ] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  5585 GUILFORD ROAD		p exemption instructions)	number
	30(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt MADISON}$ , ${\tt WI}$ 53711	F [	Check	box if
		С Во	ok value of all assets at end of year		an am	ended return.
G (	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/เ	university
H (	Check if filing only to	)	Claim credit from Form 8941 Claim a refund shown on Form 2439			
l (	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J E	nter the number of	attache	ed Schedules A (Form 990-T)		1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? didentifying number of the parent corporation.		Yes	X No
L T	he books are in car	e of	WES MEIXELSPERGER Telephone number	608-	268-	4958
Pai	rt I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			1		948.
2	Reserved			2		
3	Add lines 1 and 2					948.
4	Charitable contrib	utions (	see instructions for limitation rules) STMT 1	. 4		0.
5	Total unrelated bu	siness :	taxable income before net operating losses. Subtract line 4 from line 3	5		948.
6	Deduction for net	operatii	ng loss. See instructions	. 6		
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from	m line 5	j	. 7		948.
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	. 8		1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	. 9		
10	Total deductions.	. Add lii	nes 8 and 9	. 10		1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
_	enter zero			11		0.
Pai	rt II Tax Com					
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1		0.
2			ates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)			
3	Proxy tax. See ins					
4	Other tax amounts				-	
5	Alternative minimu		**		-	
6			cility income. See instructions		-	
7			n 6 to line 1 or 2, whichever applies	.   7	<u> </u>	0.
LHA	For Paperwork F	Reducti	on Act Notice, see instructions.		Form	990-T <sub>(2022)</sub>

LHA For Paperwork Reduction Act Notice, see instructions.

Part		Tax and Payments					age z
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	•						
c		ral business credit. Attach Form 3800 (see instructions)					
d		t for prior year minimum tax (attach Form 8801 or 8827)					
e		credits. Add lines 1a through 1d			1e		
2		act line 1e from Part II, line 7			2		0.
3		amounts due. Check if from: Form 4255 Form 8611 Form		orm 8866	_		
_					3		
4	Total	tax. Add lines 2 and 3 (see instructions).					
		on 1294. Enter tax amount here	-		4		0.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5		0.
6a		ents: A 2021 overpayment credited to 2022					
b		estimated tax payments. Check if section 643(g) election applies	$\neg$ $\Box$				
С	Tax d	eposited with Form 8868	6c				
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)					
е	Backı	up withholding (see instructions)	6e				
f	Credi	t for small employer health insurance premiums (attach Form 8941)	6f				
g		credits, adjustments, and payments: Form 2439	_				
		Form 4136 Other Tot	tal <b>6g</b>				
7	Total	payments. Add lines 6a through 6g			7		
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		L	8		
9							
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		
11 David		the amount of line 10 you want: Credited to 2023 estimated tax	#: - · · · ·	Refunded	11		
Part		Statements Regarding Certain Activities and Other Informa				1	_
1		y time during the 2022 calendar year, did the organization have an interest in c	•	•	/	Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	· ·	•			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the for	reign country			37
_	here						X
2		g the tax year, did the organization receive a distribution from, or was it the gra					х
		n trust?					
2		s," see instructions for other forms the organization may have to file.		<b>Φ</b>			
3 4		the amount of tax-exempt interest received or accrued during the tax year available pre-2018 NOL carryovers here \$ Do not	t include any post	Ψ	Orn (O) (Or		
4		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by					
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201	•	•	•		
3		mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	,				
	tric ai	Business Activity Code		st-2017 NOL			
		541800	\$	<u> </u>	78.		
		<u> </u>	\$				
6a	Did th	ne organization change its method of accounting? (see instructions)	· ·				Х
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990	)-PF. or Form 1128	3? If "No."			
		in in Part V	,	,			
Part	V :	Supplemental Information					
Provide	e the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inforr	nation. See instru	ctions.			
0.	Uı	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, and to the	best of my knowl	ledge and belief, it is tru	ıe,	
Sign		rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prej		Î. r	May the IRS discuss th	is return v	vith
Here	_	OFFIC	ER		the preparer shown bel	ow (see	
	S	gnature of officer Date Title			instructions)? X Y	'es	No
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paid		KIMBERLY ANDERSON, KIMBERLY ANDERSON,		self- employed			
Prepa	arer		05/02/23		P00188		
Use C		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-074	674	9
	•	8215 GREENWAY BOULEVARD, SUIT	TE 600				
		Firm's address MIDDLETON, WI 53562		Phone no.	<u>608-662-8</u>		
223711 0	1-16-23				Form <b>9</b>	90-T	(2022)

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT 1	<u> </u>
	CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021	CONTRIBUTIONS 4,403 12,737 5,000 12,500			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBU	TIONS	34,640		
	RIBUTIONS AVAILABLE COME LIMITATION AS AD	JUSTED	34,640	_	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	-	34,640 0 34,640	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		0	
TOTAL CONT	RIBUTION DEDUCTION			0	

## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN SOCIETY OF AGRONOMY

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

B Employer identification number

39-0808552

<u>c </u>	Unrelated business activity code (see instructions) 54180	<b>D</b> Sequence	: 1	of 1		
<u>E</u> _[	Describe the unrelated trade or business ADVERTISING	IN V	ARIOUS PUBLI	CATIONS A	AND M	ATER
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	2,220.		44.	1,776.
11	Advertising income (Part IX)	11	120,418.	8,4	29.	111,989.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	122,638.	8,8	73.	113,765.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				3	
3 4	Repairs and maintenance				4	
-	Bad debts				5	
5 6	Interest (attach statement). See instructions				6	
7	Taxes and licenses					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	111,989.
14	Other deductions (attach statement)		SEE STAT	EMENT 2	14	750.
15					15	112,739.
16	Unrelated business income before net operating loss deduction. S				<u> </u>	
.5	column (C)				16	1,026.
17	Deduction for net operating loss. See instructions		STMT 3	STMT 6	17	78.
18	Unrelated business taxable income. Subtract line 17 from line 1				18	948.
			***************************************			

	1
Page	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on.		Page Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, st				
'	A	ate, Zii Codej. Offeck i	i a dual-use. See ilistit	actions.	
	В				
	c				
	D				
		Α	В	С	
2	Rent received or accrued	A	ь		
	From personal property (if the percentage of				
а					
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•	T			. (4)	0.
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	<u> </u>
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_			(5)		0.
5 Part	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se	ter here and on Part I, II	ne 6, column (B)		0.
	·		and if a dual was Can	in about the con-	
1	Description of debt-financed property (street address, c	ity, state, ZIP code). Gr	ieck if a dual-use. See	instructions.	
	A				
	B				
	C				
	D		В	0	
0		Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	<u> </u>	0.
	•			Т	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
_11_	Total dividends-received deductions included in line	10			0.

Part VI Interest, Annu	art VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)										
					Е	xempt Control	lled Or	ganization	s		
1. Name of controlle	d	2. Employer	<b>3.</b> Net	unrelated	4. Tota	al of specified	1	art of colur		<b>6.</b> D	Deductions directly
organization		identification	incon	ne (loss)	paym	nents made		s included rolling orga			connected with
		number	(see ins	structions)				s gross inc		ind	come in column 5
(1)											
(2)											
(3)											
(4)											
		Nor		Controlled Or		ons					
7. Taxable Income		Net unrelated	l	otal of specifi		10. Part of that is inc			11		ductions directly
		icome (loss)	pa	yments made	9	controlling					nnected with
	(see	e instructions)					incon		ır	icom	e in column 10
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here					lumns 6 and 11. ere and on Part I.
						line 8, c		,	EIIL		8, column (B)
								. ,			, , ,
Totals Part VII Investment		of a Saction EA	1/0\/7\ /	0) 04 (17)		i=ation :		0.			0.
art VII Investment Income of a Section 501(c)(7), (9), or (17) Organization of income 2. Amount of						1		tructions)		Į.	5. Total deductions
I. Desc	STIPLION OF	iricome		incom		3. Deduction directly connecting		4. Set- (attach st		' !	and set-asides
					(attach statement)					´	(add cols 3 and 4)
(1)										$\dashv$	
(2)										$\neg$	
(3)											
(4)										$\neg$	
( )				Add amou							Add amounts in
				column 2.							column 5. Enter
				here and or line 9, colu							here and on Part I, line 9, column (B)
Totals					0.						0.
	xempt A	ctivity Income,	Other 1	han Adve	rtising	Income	see in	structions)			
Description of exploite											
2 Gross unrelated busin			ess. Ente	r here and or	Part I,	line 10, columi	n (A)		2		2,220.
3 Expenses directly con											
line 10, column (B)									3		444.
4 Net income (loss) from											
lines 5 through 7									4		1,776.
5 Gross income from ac									5		0.
6 Expenses attributable									6		0.
7 Excess exempt expen											
4. Enter here and on F	art II, line	12							7		0.

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a co	nsolidated basis.		
	A CSA NEWS				
	B CROPS AND SOILS				
	c				
	D				
Enter a	amounts for each periodical listed above in the corres			Т -	
_		14,726.	<u>в</u> 105,692.	С	D
2	Gross advertising income				120,418.
_	Add columns A through D. Enter here and on Part I	, line 11, column (A)			120,410.
а 3	Direct advertising costs by periodical	1,031.	7,398.		
a	Add columns A through D. Enter here and on Part I.		7,330		8,429.
u	Add Coldmile A through B. Enter here and on hart	, iiilo 11, oolaliii (b)			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8		98,294.	,	
5	Readership costs	46,102.	171,895.		
6	Circulation income	3,685.	18,984.	,	
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	40 417	150 011		
_	than line 6, enter zero	42,417.	152,911.	•	
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	13,695.	98,294.		
а	Add line 8, columns A through D. Enter the greater		-	•	
а	Part II, line 13				111,989.
	V Ormanation of Officers Discosts	re and Trustees	e instructions)		,
Part	λ Compensation of Oπicers, Directo	rs, and rrustees (see			
<u>Part</u>	X Compensation of Officers, Directo	rs, and rrustees (see		3. Percentage	4. Compensation
<u>Part</u>	1. Name	2. Title		3. Percentage of time devoted	4. Compensation attributable to
<u>Part</u>				- 1	· · · · · · · · · · · · · · · · · · ·
				of time devoted	attributable to
1)				of time devoted to business %	attributable to
1) 2) 3)				of time devoted to business %	attributable to
1) 2) 3) 4)				of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name			of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name  Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
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1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Name      I. Name      Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business

DESCRIPTION TAX PREP FEE	AMOUNT
TAX PREP FEE	
	750.
TOTAL TO SCHEDULE A, PART II, LINE 14	750.
FORM 990-T (A) POST 2017 NOL SCHEDULE	STATEMENT 3
PRIOR YEAR POST 2017 NOL NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
78.	0.
FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	O STATEMENT 4

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/21	78.	0.	78.	78.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	78.	78.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 6
	FROM ALL ENTITIES DRTION OF TAXABLE INCOME	1,026. 1,026.
	ERCENTAGE OF PRE-2018 NET OPERATING LOSS LOWED PRE-2018 NET OPERATING LOSS	100.00%
TAXABLE INCOME A	AFTER PRE-2018 NET OPERATING LOSS	1,026. 821.
POST-2017 AVAILA	ABLE 2017 NET OPERATING LOSS OR 80% LIMITATION	78. 78.

FORM 990-T (A) PART VIII - EXPENSES I PRODUCTION OF UNRELA	STATEMENT 7		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT EXPENSE - SUBTOTAL		444.	444.
TOTAL OF FORM 990-T, SCHEDULE A, PART	VIII, COLUMN	3	444.

Form **41** 

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

## Wisconsin Exempt Organization Business Franchise or Income Tax Return

20	<b>22</b>
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income Tax Return					
For calendar year 2022 or tax year beginning	ar	nd ending			
MM DD YYYY		MM DD YY	YY		
	5th month (4	1th month for certain trusts	and IRAs) following	ng close of taxab	le year.
Exempt Organization Name					
AMERICAN SOCIETY OF AGRONOMY				Cuita Numb	
Number and Street 5585 GUILFORD ROAD				Suite Numb	er
City	State	ZIP (+ 4 digit suffix if known)	A Federal Empl	over ID Number	
MADISON	WI	53711	39 080		
D Check ✓ if applicable and attach explanation:	<b>B</b> Busine	ss Activity (NAICS) Code	C State of Orga		Year
1 Amended return (Include Schedule AR)	54180		TAT T Enter a		1948
2 First return - new corporation or entering Wisconsin 4 S	Short period -	change in accounting period	foreign below.	country, enter	YYYY
3 Final return - corporation dissolved or withdrew 5 S	Short period -	stock purchase or sale			
Check ✓ if applicable and see instructions:					
If you have an extension of time to file, enter extended due date	IM DD YY	/ V V			
		7 7			
If you have related entity expenses and are required to file Schedule RT with th	is return				
G If you changed your organization name					
H Internal Revenue Service adjustments became final during the year					
Enter years adjusted					
I Check ✓ type of organization:	_	J Name of Trustee if Tax	able as Trust		
1 X Corporation 2 Trust - due 4th month 3 Trust - due 5	5th month				
ENTER NEGATIVE NUMBERS LIKE THIS -	1000 <u>NO</u>	$\underline{T} LIKE THIS \longrightarrow (1000)$	<u>N</u>	O COMMAS; NO	<u>CENTS</u>
Organizations Taxable as Corporations (Trusts do not fill in lines					
1 Unrelated business taxable income (from federal Form 990-T,					78.
_2 Additions (from Part 1, Page 3)			2		/8.
O Add lines 1 and 0			2		78.
3 Add lines 1 and 2					78.
<ul> <li>4 Subtractions (from Part 2, Page 3)</li> <li>5 Total net nonapportionable unrelated business taxable incom</li> </ul>					70.
Total flet floriapportionable difference business taxable incom	ie (1055) (11011		3		<u> </u>
6 Subtract lines 4 and 5 from line 3. This is apportionable unrel	ated busines	ss taxable income	6		
7 Wisconsin apportionment percentage. Enter the apportionme			7	100.	0000 %
If 100% apportionment, check ( ) the space after the arrow			<u>X</u>		
If using separate accounting, check ( $\checkmark$ ) the space after the a					
8 Multiply line 6 by line 7			8		
9 Wisconsin net nonapportionable unrelated business taxable i	ncome (loss	) (from Form N, line 9)	9		
10 Combine lines 8 and 9. This is Wisconsin unrelated business					
<ul><li>11 Enter 7.9% (0.079) of amount on line 10. This is gross tax</li><li>12 Nonrefundable credits (from Schedule CR)</li></ul>			11		
12 Nonrefundable credits (from Schedule CR)			12		· ·
13 Subtract line 12 from line 11. If line 12 is greater than line 11,	enter zero (l	n) This is net tax	13		0.
Organizations Taxable as Trusts (Corporations do not fill in lines					
14 Unrelated business taxable income (from federal Form 990-T,	-	•			
federal Form 4720)	•		14		
15 Additions (from Part 1, Page 3)					
16 Add lines 14 and 15					
17 Subtractions (from Part 2, Page 3)					
18 Subtract line 17 from line 16. This is Wisconsin unrelated bus	siness taxabl	e income	18		
Tax from tax table on amount on line 18. This is gross tax			10		

202	2 Form 41			Page 2 of 3
20	Nonrefundable credits (from Schedule CR)		20 _	
21	Net income tax paid to other states		21	
22	Add lines 20 and 21			
23	Subtract line 22 from line 19. If line 22 is greater than lin			
24	Tax from line 13 or 23		24	
<u>25</u>	Economic development surcharge (see instructions)		25	
26	Endangered resources donation (decreases refund or in			
27	Veterans trust fund donation (decreases refund or incre	ases amount owed)	27 _	<u>.</u>
28	Add lines 24 through 27		20	
29	Estimated tax payments less refund from Form 4466W			<u>-</u>
30	Wisconsin tax withheld			
<u>31</u>	Refundable credits (from Schedule CR)			
<u></u>	Troid reads create (norm conseque only			
32	Amended Return Only - amount previously paid	32		
33	Add lines 29 through 32			
34	Amended Return Only - amount previously refunded	34	<u> </u>	
<u>35</u>	Subtract line 34 from 33		35	442.
06	Interest, panelty, and late fee due (from Form II line 17	or 26 or Sahadula II. lina 15 a	or 20\	
<u> 36</u>	Interest, penalty, and late fee due (from Form U line 17 If you annualized income on Form U or Schedule U, che			
37	Amount due. If the total of lines 28 and 36 is larger tha			<u>-</u>
	of lines 28 and 36			
38	Overpayment. If line 35 is larger than the total of lines		<u>-</u>	
	28 and 36 from line 35		38	442.
<u> 39</u>	Enter amount of line 38 you want credited on 2023 esti	mated tax 39	442.	
	Cubbrat line 00 from line 00. This is a survey aftered		40	
<u>10</u> 11	Subtract line 39 from line 38. <b>This is your refund</b> Enter total gross receipts from all unrelated trade or but			10000
<u>''</u>	Effici total gross receipts from all difference trade of but	Siliess activities		122030 :
	ditional Information Required	ITVEL CDEDCED		0
	Person to contact concerning this return: WES ME			6 Fax #:0002/32021
	City and state where books and records are located for a Are you the sole owner of any limited liability companies		•	dule DE and include with this
3	return. Did you include the incomes of these entities in t	· / — —	• • • •	dule DE and include with this
4	Did you purchase any taxable tangible personal property	or taxable services for storag	e, use, or consumption in Wis	consin without payment
	of a state sales or use tax? YesX No	If yes, you may owe Wisco	onsin use tax. See instructions	for how to report use tax.
	(You will not be liable for Wisconsin use tax if you hold a		npt Status.)	
5	List the locations of your Wisconsin operations: MAD	DISON, WI		
	Do you want to allow another person to discuss t	his return with the department?	X Yes Complete the fo	ollowing. <b>No</b>
Γh	iu	nis return with the department?	125 Complete the id	bilowing No
<sup>2</sup> a	ty Print Designee's	Phone	Number Pers	sonal Identification Number (PIN)
Эе	signee Name KIMBERLY ANDERS	O 6086628600	)	88889
Inc	er penalties of law, I declare that this return and all attacl	nments are true correct and o	omplete to the hest of my kno	wledge and helief
	gnature of Officer or Trustee	Title	ompiete to the best of my KHO	Date
	J	CHIEF FINANCIA	L OFFICER	
Р	reparer's Signature	Preparer's Federal Employer		Date
	KIMBERLY ANDERSON, CPA	41 0746749		05 02 2023

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2022 Form 4T Page **3 of 3** 

#### Part 1 - Additions:

1	Interest income (less related expenses) from state and municipal of	bligations	1		
2	State and local franchise or income taxes				
3	Capital gain/loss adjustment				
			_	7.0	
<u>4</u>	Federal net operating loss carryover		4	78 -	
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, c	or 5K-1)	5	<u>.</u>	
6	Reserved for future use		6		
7	Transitional adjustments		7	•	
8	Credit computed (see instructions):				
O	,	90			
	Business development credit				
	<u>b</u> Community rehabilitation program credit	80	<u> </u>		
	<u>c</u> Development zones credits	8c			
	d Economic development tax credit	8d	•		
	e Electronics and information technology manufacturing	······			
	zone credit	8e	_		
	<u>f</u> Employee college savings account contribution credit	8т	<u>·</u>		
	Entropy to a many taken and 4th	0			
	g Enterprise zone jobs credit				
	<u>h</u> Farmland preservation credit		<u>-</u>		
	<u>i</u> Jobs tax credit	8i	<u>-</u>		
	<u>j</u> Manufacturing and agriculture credit (computed in 2021)				
	k Manufacturing investment credit	8k	<u> </u>		
	I Research expense credit	8I	<u> </u>		
	<u>m</u> Reserved for future use	8m	<u>.</u>		
	Tabel and the (add the accordance to the control of		0		
_	n Total credits (add lines 8a through 8m)		8n	•	
9	Other additions:	_			
	a	9a	<u>-</u>		
	b	9b	<u>-</u>		
	c	9c	<u> </u>		
	<u>d</u> Total other additions (add lines 9a through 9c)		9d	<u>.</u>	
<u>10</u>	Total additions (add lines 1 through 7, 8n, and 9d and enter on	page 1)	10	78.	
Pa	rt 2 - Subtractions:				
1	Interest income (less related expenses) from United States govern	ment obligations	1		
2	Capital gain/loss adjustment				
				_	
3	Wisconsin net operating loss carryforward		3	78 .	
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2				
5					
Ť	·	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)			
6					
<u>6</u>	Transitional adjustments			<u>-</u>	
7	Other subtractions:				
	a	7a			
	b	7b	<del></del>		
		<del></del>			
	С	7c			
	d Total other subtractions (add lines 7a through 7c)			_	
Q	Total subtractions (Add lines 1 through 6 and 7d and enter on p			70	
8	Total Juvi doubles (Add illies Tull bugil b allu fu allu elitet bil	rugo 1/		, , ,	

