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Department of the Treasury

932001 02-04-10

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Form 990 (2009)

	Interna	i Revenue	Service The organization may have to use a copy of this return to satisfy state	reporting requiremen	inspection				
	A Fo	or the 2	009 calendar year, or tax year beginning and ending						
	B Ch	eck if	Please use IRS	D Employer iden	tification number				
	X	Address change	label or Indicator AMERICAN SOCIETY OF AGRONOMY						
		Name change	type. Doing Business As	39-	-0808552				
		Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/suite	E Telephone num	ber				
	〒	Termin-	Specific 5585 GUILFORD ROAD		3-268-4958				
	\vdash	lated Amended		G Gross receipts \$	5,274,690.				
	<u> </u>	retum IApplica-							
	<u> </u>	Applica- tion pending		H(a) Is this a group	<u> </u>				
			F Name and address of principal officer:	for affiliates?	Yes X No				
			SAME AS C ABOVE	H(b) Are all affiliates	ıncluded? Yes No				
			pt status: X 501(c) (3) ◀ (insert no.)	If "No," attacl	h a list. (see instructions)				
	J W	ebsite:	▶ WWW.AGRONOMY.ORG	H(c) Group exemp	otion number				
	K Fo	rm of o	ganization X Corporation	ar of formation 1907 M State of legal domicile W					
	Pa		Summary						
			iefly describe the organization's mission or most significant activities: PROMOTE EF	FECTIVE RE	SEARCH IN				
	ဦ		ROPS AND SOILS, FOSTER HIGH STANDARDS IN CROP						
	Activities & Governance	_	neck this box if the organization discontinued its operations or disposed of more	· · · · · · · · · · · · · · · · · · ·					
	ě			1	1 10				
	Ĝ		umber of voting members of the governing body (Part VI, line 1a)	· ·	1.0				
(∞ಶ		umber of independent voting members of the governing body (Part VI, line 1b)	· · · -					
3	ies		otal number of employees (Part V, line 2a)	''' ' T	5 40				
3	₹	6 To	otal number of volunteers (estimate if necessary)		6 590				
0 2010	इ	7a To	otal gross unrelated business revenue from Part VIII, column (C), line 12		7a 95,461.				
2	\perp	b No	et unrelated business taxable income from Form 990-T, line 34		7b 3,462.				
9				Prior Year	Current Year				
AUG		8 C	ontributions and grants (Part VIII, line 1h)						
440	Revenue		ogram service revenue (Part VIII, line 2g)	3,570,986	4,116,768.				
	8		vestment income (Part VIII, column (A)-lines 3,4, and 7d)	264,487					
	œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,500					
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,858,973					
83	\rightarrow			370307373	1/303/4001				
ELWELOPE POSTULANK DATE			rants and similar amounts paid Part (X) Columb (A) Lines 1-3)		- 				
			enefits paid to or for members (Part IX, column (A), line 4)	1,577,789	1 669 100				
	Expenses	15 S	plaries, other compensation, employes benefits (Rart M oblumn (A), lines 5-10)	1,311,103	1,668,199.				
	ű		rofessional fundraising fees (Fart IX, column A), line-11e)	~~~~··································					
	훘		otal fundraising expenses (Part IX, column (D), line 25)						
	ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,136,512					
	1	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,714,301					
		19 R	evenue less expenses. Subtract line 18 from line 12	144,672	380,348.				
	Assets or d Balances		Be	ginning of Current Yea	End of Year				
	ast Figure	20 To	otal assets (Part X, line 16)	8,938,213	9,487,761.				
	AB	21 To	otal liabilities (Part X, line 26)	2,325,914	1,589,865.				
	Pund /		et assets or fund balances. Subtract line 21 from line 20	6,612,299					
e=-			Signature Block	•					
2010	L.F	T.T. T.	Inder penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and complete Declaration of preparer has any knowledge	and to the best of my know	riedge and belief, it is true, correct,				
7		٤	and complete Declaration of preparer (other than of ficer) is based on all information of which preparer has any knowledge		1.0/1-				
` ₩	C:	. 1	VIIIIVED ATT VIEW	-1 $>$ $/$	(0///)				
6	Sign		Signature of officer.	Date /					
<u>ਪ</u> ਰਹ	Here	• ;	CHIEF EINANCIAL OFFICER						
\sim		- 11	Type or print name and title						
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<u>u</u>	Paid		separer s	f (se	parer's identifying number e instructions)				
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Ž.	Use	1 '	im's name (or CLIFTON CUNDERSON LLP	EIN -					
SCANNED	J00	····, ;	welf-employed), 8215 GREENWAY BOULEVARD, SUITE 600						
G Y			MIDDLETON, WI 53562	Phone no.	(608) 662-8600				
	May	the IRS	S discuss this return with the preparer shown above? (see instructions)	-	X Yes No				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION 23 pt

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			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?	2		X
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.			
•	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.			
•	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			
	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.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	,		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\neg	
	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,"			
	complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	aan σ	יטטטי

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 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 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 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-E2? If "Yes," complete Schedule L, Part II 25b Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's	
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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	
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Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	
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Schedule L, Part III	
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	<u>X</u>
Instructions for applicable filing thresholds, conditions, and exceptions):	
A compact outcome officer diseases tripted and loss confession 2 ld Was II accomplate Calendy (a. J. Dant III.)	v
	<u>X</u> X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 2 C An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	<u>~</u>
	X
	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u></u>
	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?	-
	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_
	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_
sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	X
34 Was the organization related to any tax-exempt or taxable entity?	_
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	
If "Yes," complete Schedule R, Part V, line 2	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
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	<u>X_</u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_
Note. All Form 990 filers are required to complete Schedule O	

Form **990** (2009)

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable 1b 0 0 Do the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamhing) vanished of Forms 420 famility with backup withholding rules for reportable payments to vendors and reportable gaming (gamhing) vanished forms 420 famility with backup withholding rules for reportable payments to vendors and reportable gaming (gamhing) vanished to report with backup withholding rules for reportable payments to vendors and reportable gaming (gamhing) vanished to report with the vendors and reportable gaming (gamhing) vanished to report with the vendors and reportable gaming (gamhing) vanished to report with the vendors and value of the transmitted of Wage and Tax Statements. 2	Par	Statements Regarding Other IRS Filings and Tax Compliance			
LUS. Information Returns. Enter 0-f into applicable Enter the number of Forms WGS (included in in a E. Enter 0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (garnibing) winnings to prize winners? Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If a lead no is reported on line 2A, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Bid the organization have unreated business gross income of \$1 000 or more dump the year covered by this return? At any time during the calendar year, sld 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)? At any time during the calendar year, sld the organization file requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. By Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? By Was the organization and it was or is a party to a prohibited tax shelter transaction? The Shelter Transaction? Describe the organization file Form 8885-T, Desclosure by Tax-Exempt Entity Regarding Prohibited Tary contributions that were not tax deductible? The contributions that was precise deductible contributions under section 70(c). Did the organization receive by apayment in excess of \$75 made party			 	Yes	No
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Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 By H at least one is reported on line 23, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? (see instructions) By H if Vea's near filed a Form 990-71 for the year If I'No, *provide an explanation in Schedule O H **Yea,** and **If filed a Form 990-71 for the year I'No, **provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) if so refer occurring (such as a bank account, securities account, or other financial account)? By H **Yea,** and **Intervitions for exceptions and filing requirements for Form ID F 90 22.1, Report of Foreign Bank and Financial Accounts. By Was the organization a party to a prohibited tax shelter transaction? By Was the organization aparty to a prohibited tax shelter transaction? By Was the organization are party to a prohibited tax shelter transaction? By Was 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? H **Yea,** (did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? H **Yea,** (did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? To granizations that may receive deductible contributions under section 170(c). By Was,** (did the organization section and the property is a party to a presental benefit contract? To granizations that may receive			Ł		ł
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Page 6

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body	-		
ь	Enter the number of voting members that are independent	1		į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ł ·		İ
_	officer, director, trustee, or key employee?	2	•	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
ŭ	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
	Does the organization have members of stockholders, or other persons who may elect one or more members of the	├		·
<i>1</i> a		7a	x	
	governing body?	7b		Х
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/6		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			ŧ
	by the following:		х	f
_	The governing body?	_8a	X	_
b	Each committee with authority to act on behalf of the governing body?	_8b_		\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		v
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			r
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь				
	and branches to ensure their operations are consistent with those of the organization?	10b	-	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X	ļ
11A		ł		ŧ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	İ		
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	L
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			ĺ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	[]		É
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	[]		į
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			ĺ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		,	ĺ
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: ▶	•	
	WES MEIXELSPERGER - 608-268-4958			
	5585 GUILFORD ROAD, MADISON, WI 53711	-		
		Form	990	(2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours	(6)	heck	Pos			hΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	⊢ <u>`</u>					'',, 	from	from related	other
	hodrédzial trustee or direc Institutional trustee Officer Kay employee Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the					
		Individual trustee or director	Institutional trustee		g	Esuada		(W-2/1099-MISC)	(W-2/1099-WII3C)	organization
		t tag	utional	١	Kay employee	st con	8			and related
		를	Instit	Officer	Ş	캶	F			organizations
KENNETH J. MOORE		l								
PAST PRESIDENT	2.00	X		X	<u> </u>			0.	0.	0.
MARCUS M. ALLEY										
PRESIDENT	2.00	X		X		<u> </u>		0.	0.	0.
JOHN G. GRAVEEL								_	_	
DIRECTOR	2.00	X				ļ		0.	0.	0.
JIM R. KINIRY						l		_		_
DIRECTOR	2.00	X						0.	0.	0.
DEANNA L. OSMOND	2 00				l				•	
DIRECTOR	2.00	X		_	-	_	_	0.	0.	0.
STEVEN E. PETRIE	2 00				ĺ	l		_		•
DIRECTOR T. SCOTT MURRELL	2.00	X	<u> </u>	-		┢	\vdash	0.	0.	0.
DIRECTOR	2.00	x		1				0.	0.	0.
ROBERT MITCHELL	2.00	^	┢		├─	╁─╴	 	0.	0.	
DIRECTOR	2.00	x				1		o.	0.	0.
KATHLEEN M. YEATER	2.00	1			<u> </u>	 	-			<u> </u>
DIRECTOR	2.00	x						o.	0.	0.
THOMAS W. BRUULSEMA			_			<u> </u>	1			
DIRECTOR	2.00	X						0.	0.	0.
ELLEN BERGFELD	-									
DIRECTOR/CEO	40.00	X	1	X		l		158,774.	0.	52,213.
FRANCIS PIERCE										
PRESIDENT ELECT	2.00	X		Х				0.	0.	0.
WARREN DICK										
DIRECTOR	2.00	X					L	0.	0.	0.
LEE SOMMERS					ļ	1				
DIRECTOR	2.00	X	<u> </u>	_		lacksquare		0.	0.	0.
JOHN SHANAHAN	1	l							_	_
DIRECTOR	2.00	X	<u> </u>		_	<u> </u>		0.	0.	0.
CHAD LEE										_
DIRECTOR	2.00	X	<u> </u>	<u> </u>	├_	 _	<u> </u>	0.	0.	0.
J. MARK POWELL	2 00]							_
DIRECTOR	2.00	X	<u> </u>	<u> </u>				0.	0.	0.

932007 02-04-10

Form 990 (2009)

Part VIII Section A. Officers, Directors, Tru	•	nplo	yee			ligh	est		ees (continued)			
(A)	(B)	1	(C)					(D)	(E)	(F)		
Name and title	Average	١,,		Pos				Reportable	Reportable	l l		
	hours	(C	heck	(all 1	that	app	ily)	compensation	compensation	1	mou	
	per week	actor						from the	from related organizations		oth moen	er Isation
	Week	8				page	ł	organization	(W-2/1099-MISC)		from	
		Sta	trustae			pens		(W-2/1099-MISC)	(** 2 1000 111100)		rganiz	
		F	E E		훓	E G		,		a	nd re	lated
		individual trustee or director	Institutional t		Key employee	Highest compensated employee	E S			or	ganiz	ations
DIGK CEDUADE		<u> </u>	 	Ľ	Ë	-	<u> </u>					
DICK GEBHART DIRECTOR	2.00	v						0.	О	Ì		0.
FRANCES KATZ	2.00	ı.	├	\vdash	\vdash	┢				-		
CHIEF OPERATING OFFICER	40.00			X	}	X		109,803.	0		25.	516.
WES MEIXELSPERGER	10.00	\vdash	-			-	\vdash	103,003.		'		310.
CHIEF FINANCIAL OFFICER	40.00		1	х				98,823.	0		32.	410.
KARL GLASENER	10.00		 		\vdash	t		30,0230	•	*	<i>J L y</i>	110.
DIRECTOR OF SCIENCE POLI	40.00				1	X		104,846.	0		43.	121.
LUTHER SMITH		t				†==				1 -		
DIRECTOR OF CERTIFICATIO	40.00			1		X		101,275.	0		41.	936.
						Ť				1		
		ľ										
		<u> </u>	T	 		T				1		
]		l					
										\top		
						1	ł					
	-				Π							
1b Total	<u> </u>			<u></u>		<u> </u>		573,521.	0	. 19	95 <u>,</u>	196.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 in reportable			
compensation from the organization											12	4
										l	Ye	s No
3 Did the organization list any former officer,			-	•	•	•	or r	nighest compensated er	nployee on	1		x
line 1a? If "Yes," complete Schedule J for s							اد د	 		3	 	
4 For any individual listed on line 1a, is the su	•		-					•	tne organization		x	ŧ
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										4	╅	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	•			HOH	i au iy	y um	Clai	ed organization for serv	ices rendered to	5	Ť	х
Section B. Independent Contractors	ule o foi sucii	pers	<u>svii</u>			<u> </u>			•••••			1 22
Complete this table for your five highest co	moensated in	den	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of compe	nsatior	from	
the organization. NONE									4100,000 o. oompo	1000.01		
(A)	·							(B)			(C)	
Name and business	address							Description of s	ervices	Comp	ensat	tion
							- 1					
									!			
							_					
							<u>.</u>					
2 Total number of independent contractors (i		not l	ımıte	ed to		se li O	stec	above) who received n	nore than			
\$100,000 in compensation from the organi	zation 🚩					<u> </u>			L			1 10000
										Forr	n 990	(2009)

roim 9			CAN DOCI	HII OI A	31(01(01)1		37-0000	JJZ Page 5
Part	VIII	Statement of Rever	nue					
.′				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S 1	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1ь			-		
<u> </u>		Fundraising events	1c					
		Related organizations	1d					
8 <u>5</u>		Government grants (contribut	· 					
<u>g</u> . <u>g</u>		All other contributions, gifts, gran	· / / · · · ·					
ž ž		similar amounts not included abor	1 1		-	1		
E 6								
2 2	_	Noncash contributions included in lines			1	ł		
-	n	Total. Add lines 1a-1f		Business Code			*****************	
		CERTIFICATION F	יביביכ	541900	1767184.	1767184.		
ğ ²		SUBSCRIPTIONS	BEO	511120	1192573.	1192573.		
<u> </u>	_	MEETINGS & CONF	PRENCEC	541900	718,083.	718,083.		
E 5	_	MEMBERSHIP DUES		541900	343,467.	343,467.		
<u> </u>	_		<u> </u>	541800		343,407.	05 461	
Program Service Revenue	e ADVERTISING			241000	95,461.		95,461.	
_		All other program service reve	enue		4116768.			
		Total. Add lines 2a-2f			4110/00.			
1		Investment income (including	dividends, intere		221 655			221 655
		other similar amounts)			231,655.			231,655.
		Income from investment of ta	x-exempt bond p	proceeds P				
'	5	Royalties	·				***************************************	·······
-			(i) Real	(ii) Personal				
	6 a	Gross Rents		 		1		
	b	Less: rental expenses				*		
	C	Rental income or (loss)			1	1		
	d	Net rental income or (loss)		>			······································	
7	7 a	Gross amount from sales of	(i) Securities	(ii) Other	•	1		
		assets other than inventory	896587.		:	1		
	b	Less: cost or other basis	011000]		
		and sales expenses	911222.		-	†		
	C	Gain or (loss)	-14635.			1		
	d	Net gain or (loss)		>	-14,635.			-14,635.
g 1	8 a	Gross income from fundraisin	g events (not			+		
E		including \$			•			
<u>§</u>		contributions reported on line	1c). See	}		1		,
7		Part IV, line 18	a		·	1		
Other Revenue	b	Less: direct expenses	b		,	,1		
~	c	Net income or (loss) from fund	draising events	<u></u>				
1	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а			1		
	b	Less: direct expenses	b			1	,	,
	c	Net income or (loss) from gan	ning activities .	<u></u>				
10	0 a	Gross sales of inventory, less	returns			4		
		and allowances .	a				-	3.7
	b	Less: cost of goods sold	b			1		•
	С	Net income or (loss) from sale	es of inventory	🕨			······	
		Miscellaneous Revenu	ıe	Business Code		-		
1	1 a	ROYALTIES		541900	19,888.	19,888.		
}	ь	MISCELANEOUS RE	EVENUE	900000	9,792.	9,792.		
Ì	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d			29,680.			· · · · · · · · · · · · · · · · · · ·
- 1 .		Total revenue. See instructions			4363468.	4050987.	95,461.	217,020.
1	-							

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the U.S.	İ		1	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	367,370.	367,370.		_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	i		1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,174,321.	948,737.	225,584.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	126,508.	108,553.	17,955.	
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal	19,446.	11,004.	8,442.	
c	Accounting	20,512.		20,512.	
d	Lobbying			•	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,589.		25,589.	
g	Other	74,591.	56,058.	18,533.	
2	Advertising and promotion	57,768.	57,768.	•	
3	Office expenses	620,869.	498,038.	122,831.	
4	Information technology	72,470.	25,463.	47,007.	
5	Royalties				
6	Occupancy	69,554.		69,554.	
7	Travel	75,959.	69,262.	6,697.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1	}	
9	Conferences, conventions, and meetings	372,893.	304,813.	68,080.	
0	Interest	6,781.		6,781.	
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	165,252.		165,252.	
:3	Insurance	15,596.		15,596.	
24	Other expenses Itemize expenses not covered		7,7		
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			1	
	expenses shown on line 25 below.)	,			
а	CERTIFICATION PROGRAM	562,807.	562,807.		······································
b	AWARDS	74,625.	74,625.		
c	SCIENCE POLICY	50,927.	50,927.		···
d	DUES & SUBSCRIPTIONS	13,164.	13,164.		
e			•		
1	All other expenses	16,118.	15,076.	1,042.	
25	Total functional expenses. Add lines 1 through 24f	3,983,120.	3,163,665.	819,455.	
<u></u> 26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X Balance Sheet (A) **(B)** Beginning of year End of year Cash - non-interest-bearing 1 1,690,681. 858,414. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 480,188.131,058. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 of Schedule L . . . Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 61,568. 60,415. 8 Inventories for sale or use 213,064. 232,741. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,011,011. basis. Complete Part VI of Schedule D 10a 2,216,427. 794,584. 734,105. 10ь b Less: accumulated depreciation . 5,739,607. 7,391,549. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets . . 19,000. 19,000. Other assets. See Part IV, line 11 15 15 9,487,761. 179,350. 8,938,213. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 822,023. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,498,272. 1,405,736. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L -23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 5,619. 4,779. Other liabilities. Complete Part X of Schedule D 25 25 2,325,914. 1,589,865. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,612,299. 7,897,896. 27 27 Unrestricted net assets Temporarily restricted net assets ... 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,612,299. 7,897,896. 33 33 8,938,213. 9,487,761. Total liabilities and net assets/fund balances

Form 990 (2009)

Pai	XI Financial Statements and Reporting		TV	N.
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother	ŧ	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	ŀ]	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
_	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	Ī	1	
_	consolidated basis, separate basis, or both:	-		
	Separate basis X Consolidated basis Both consolidated and separate basis	E		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
-	Act and OMB Circular A-133?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
	Of audito, ovpitali mity in sociosio s and second and second and second auditorial auditorial auditorial auditorial auditorial auditorial auditorial auditorial auditorial audit	Form	990	(2009)

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN SOCIETY OF AGRONOMY

Employer identification number

			N SOCIETY OF						3:	7-0000	<u> </u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he orga	anization is not a	a private foundation t	oecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🗀	A church, co	nvention of churches	, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(ī)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	al service organization o	tescribed i	n section	170(b)(1)(A)(iii).					
4	A medical res	search organization o	perated in conjunction	with a hos	ortal descr	ıbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospita	l's nam	ıe,
	city, and stat	e:										
5	An organizati	on operated for the l	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7	_		erves a substantial part o					r from the	general p	oublic desc	onbed i	in
	section 170((b)(1)(A)(vi). (Complet	te Part II.)									
8 🗆	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 X	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembershi _l	p fees, an	nd gross re	celpts	from
	activities rela	ated to its exempt fur	nctions - subject to certa	in exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	tment
	income and u	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June :	30, 197	75.
	See section	509(a)(2). (Complete	Part III.)									
10 🗀	An organizati	ion organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11 🗀			perated exclusively for the									or
	more publicly	y supported organiza	tions described in secte	on 509(a)(1	I) or sectic	n 509(a)(2). See se c	tion 509(a)(3). Che	ck the box	x that	
	describes the	e type of supporting	organization and comple						_	1		
_	_ a Type		_ ,,		e III - Func	-	-		d	Type III -		
e L			t the organization is not									
			han one or more publicly						9(a)(1) or s	section 509	9(a) (2).	
f	If the organiz	zation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				$\overline{}$
	, , ,	organization, check th								• •	••	. Ш
g			rganization accepted ar									<u> </u>
	• • •		irectly controls, either al			persons o	lescribed i	in (ii) and (iii) below,		Yes	No
	•	• •	upported organization?						••	11g(i)		<u> </u>
			described in (i) above?		_				•	11g(ii)		-
	· •	_	person described in (i)							. (11g(iii	ш	L
h	Provide the 1	following information	about the supported or	ganization	(S).							
	me of supported	(ii) EIN	(III) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your	organizat	ion in col	(vi) is organizatio (i) organiz	on in col. ed in the		mount o	of .
			above or IRC section		document?			U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
								1				
		<u> </u>		<u> </u>		<u> </u>				 		
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			*	İ					1			
Total		<u> </u>	1	<u> 1</u>	<u>t </u>	1	Ŧ	ł.,	<u> </u>			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in)▶ (a) 2005 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 12,500 366,423. 733,649. 354**,**726. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 3,705,914. 2,731,211 3,126,127. 3,570,986. 4,021,307 17,155,545. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 3,085,937. 3,492,550 3 718 414 3,570,986 4,021,307 17,889,194. 6 Total. Add lines 1 through 5 . . 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) 17,889,194. Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 3,718,414 3,085,937, 3,492,550 3,570,986 4,021,307 17,889,194. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 264,487. 380,978. 402,787. 217,020. 327,272. 1,592,544. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 402,787. 264,487. 327,272. 380,978. 217,020. 1,592,544. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 3,462. 163,183. 190,232. 78,253. 34,878. 470,008. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 54,926. 25,860. 23,500. 29,680. 206,479. 72,513 assets (Explain in Part IV.) 4,091,637. 4,337,293. 3,937,226, 4,271,469 20 158 225. 3,520,600. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88.74 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 88.31 % Section D. Computation of Investment Income Percentage 7.90 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 7.82 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

conservation easements.

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number

Name of the organization AMERICAN SOCIETY OF AGRONOMY 39-0808552 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 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's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a_ a Total number of conservation easements **b** Total acreage restricted by conservation easements ... 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical

In Part XIV, 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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Part # Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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

(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

16

Schedule D (Form 990) 2009

794,584.

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

Schedule D (Form 990) 2009

932053 02-01-10

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN SOCIETY OF AGRONOMY

Employer identification number 39-0808552

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

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Schedule J (Form 990) 2009

AMERICAN SOCIETY OF AGRONOMY

Schedule J (Form 990) 2009

39-0808552

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Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part 图 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(j)-(D)	reported in prior Form 990 or Form 990-EZ
	6	158,774.	0	0	52,213.	0	210,987.	0
ELLEN BERGFELD	: 3		0	0	0.	0.	0	0
	ε							
	(ii)							
	(1)							
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

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 \$ 321275. INCLUDING GRANTS OF \$ 0. REVENUE \$ 677892.				
SCIENCE POLICY PROGRAM: PROVIDES EDUCATIONAL OPPORTUNITIES AND				
AWARENESS				
EXPENSES \$ 137719. INCLUDING GRANTS OF \$ 0. REVENUE \$ 40191.				
CONTRACT MEETING SERVICES: INCLUDES ESA AND FARMING SYSTEMS				
EXPENSES \$ 201748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS HAD MEMBERS				
SINCE ITS INCEPTION.				
DALIVE LEG ANGELLAVITO				

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS OPEN TO

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

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN SOCIETY OF AGRONOMY 39-0808552 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 ACCEPT THE SOLE NOMINEE. FORM 990, PART VI, SECTION B, LINE 11: 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 B, LINE 15: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD ACTS INDEPENDENTLY FROM STAFF AND HAS ACCESS TO COMPARABILITY DATA AND INDUSTRY TRENDS FOR DETERMINING FAIR MARKET COMPARISIONS WHEN DETERMINING OFFERS OF COMPENSATION. ALL STAFF, INCLUDING KEY EMPLOYEES, ARE UNDER THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR. COMPENSATION OF EMPLOYEES IS SHARED WITH AND APPROVED BY THE BOARD OF DIRECTORS IN THE ANNUAL BUDGET. 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

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Schedule O (Form 990) 2009

AVAILABLE TO THE PUBLIC UPON REQUEST.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

í,

Employer identification number 39-0808552

OF AGRONOMY AMERICAN SOCIETY Name of the organization

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

Part

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions.

Direct controlling entity End-of-year assets **@** Total income ਉ Legal domicile (state or foreign country) Primary activity 3 Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part H

(a) Name, address, and EIN of related organization CROP SCIENCE SOCIETY OF AMERICA, INC - I 39-6093141, 5585 GUILFORD ROAD, MADISON, WI C SOIL SCIENCE SOCIETY OF AMERICA, INC - I 39-0967853, 5585 GUILFORD ROAD, MADISON, WI C 53711 AGRONOMIC SCIENCE POUNDATION, INC - II 39-640842, 5585 GUILFORD ROAD, MADISON WI WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WI WILLIAMED ROAD, MADISON WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAMED ROAD, WILLIAM	(b) Primary activity TO PROVIDE INFORMATION CONCERNING CROPS AND THE CONDITIONS AFFECTING THEM. TO PROVIDE INFORMATION CONCERNING SOILS AND THE CONCERNING SOILS AND THE TO RESEARCH AND PRODUCE MATERIALS RELATING TO	(c) Legal domicile (state or foreign country) WISCONSIN	(d) Exempt Code section 501(C)(3)	(e) Public charity status (if section 501(c)(3)) LINE 9 LINE 9	Direct controlling entity
	AGRONOMY SOILS & CROPS	MISCONSIN	501(C)(3)	LINE 7	
ALLIANCE OF CROP, SOIL AND ENVIRONMENTAL T SCIENCE SOCIETIES, INC 26-251271, 5585	TO RESEARCH AND PRODUCE MATERIALS RELATING TO				
GUILFORD ROAD MADISON WI 53711	AGRONOMY, SOILS & CROPS	WISCONSIN	501(c)(3)	LINE 11A, I	

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

Schedule R (Form 990) 2009

24

39-0808552

Page 2

Schedule R (Form 990) 2009 AMERICAN SOCIETY OF AGRONOMY

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

Percentage ownership General or managing partner? Yes No Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 9 Ξ amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \in ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets B Type of entity (C corp, S corp, or trust) Ē Share of total income ε (d)
(d)
(d)
(d)
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d)
(Direct controlling entity 25 Primary activity 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (e) 932162 02-04-10 Part IV

Page 3

Schedule R (Form 990) 2009 AMERICAN SOCIETY OF AGRONOMY

神歌性 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

21,464. 676,560. 982,942, 137,247 94,585 224,711 (c) Amount involved Yes ξ 9 무 Ę ٥ 7 9 2 ₽ 10 = ŧ ¥ 5 = 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. (b) Transaction type (a-r) Σ \mathbf{z} 0 Z Z Z During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? INC (3) ALLIANCE OF CROP, SOIL AND ENVIRONMENTAL SCIENCE SOCIETIES, Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) (a)
Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) (1) CROP SCIENCE SOCIETY OF AMERICA, INC (2) SOIL SCIENCE SOCIETY OF AMERICA, INC (4) CROP SCIENCE SOCIETY OF AMERICA, INC 5 SOIL SCIENCE SOCIETY OF AMERICA, INC Lease of facilities, equipment, or other assets to other organization(s) 16) AGRONOMIC SCIENCE FOUNDATION, INC m Sharing of facilities, equipment, mailing lists, or other assets r Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) Reimbursement paid to other organization for expenses. q Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) n Sharing of paid employees Exchange of assets N

Schedule R (Form 990) 2009

26

932163 02-04-10

39-0808552

Page 4

Schedule R (Form 990) 2009 AMERICAN SOCIETY OF AGRONOMY

part 秋 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

General or managing partner? Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 6 Dispropor-tionate allocations? Yes No $\boldsymbol{\varepsilon}$ Share of end-ofyear assets Are all partners section 501(c)(3) organizations? Yes Ē Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

Schedule R-1 (Form 990) 2009 AMERICAN SOCIETY OF AGRONOMY

Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) ALLIANCE OF CROP, SOIL AND ENVIRONMENTAL SCIENCE SOCIETIES, INC	В	74,344.
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
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uη		
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(21)		
(22)		
(53)		
(24)		
	Schedu	Schedule R-1 (Form 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

THE REAL PROPERTY.	totalio da los			
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. 				
Par				
		-1-4-		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.				
Туре	Name of Exempt Organization	Employer identification number		
print	AMERICAN SOCIETY OF AGRONOMY	39-0808552		
File by to due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.	37 0000332		
return See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53711				
Check type of return to be filed (file a separate application for each return):				
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27 69		
Tel • If ti	WES MEIXELSPERGER be books are in the care of ▶ 677 SOUTH SEGOE ROAD - MADISON, WI 5371 be books are in the care of ▶ 678 SOUTH SEGOE ROAD - MADISON, WI 5371 be be organization does not have an office or place of business in the United States, check this box chis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box and attach a list with the names and EINs of all respectively.	▶ ☐ s is for the whole group, check this		
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untion AUGUST 15, 2010, to file the exempt organization return for the organization named all is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return			
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a \$		
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25. 6		
	tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b \$		
-	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	See instructions. INTERNAL REVENUE SERVICE	3c \$ N/A		
Cauti	on. If you are going to make an electronic fund withdrawal with the share that DASSISTANCE and Form to MADISON WI 53719	8879-EO for payment instructions.		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions. MAY 1 4 2010	Form 8868 (Rev. 4-2009)		

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