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Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____

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).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions)

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print
or
Type**AMERICAN SOCIETY OF PLANT BIOLOGISTS**

Number, street, and room or suite no. If a P.O. box, see instructions.

15501 MONONA DRIVE

City or town, state or province, country, and ZIP or foreign postal code

ROCKVILLE, MD 20855-2768**53-0258999**E Unrelated business activity codes
(See instructions)**541800**C Book value of all assets
at end of year**16,657,199.**

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity. **ADVERTISING FROM PERIODICALS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **CLARA WOODALL**Telephone number **301-251-0560****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

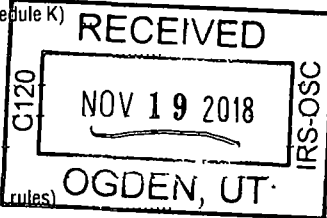
(C) Net

1a	Gross receipts or sales		1c			
b	Less returns and allowances		2			
2	Cost of goods sold (Schedule A, line 7)		3			
3	Gross profit. Subtract line 2 from line 1c		4a			
4a	Capital gain net income (attach Schedule D)		4b			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4c			
c	Capital loss deduction for trusts		5			
5	Income (loss) from partnerships and S corporations (attach statement)		6			
6	Rent income (Schedule C)		7			
7	Unrelated debt-financed income (Schedule E)		8			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		9			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10	35,022.		35,022.
10	Exploited exempt activity income (Schedule I)		11	5,847.	14,079.	-8,232.
11	Advertising income (Schedule J)		12			
12	Other income (See instructions, attach schedule)		13	40,869.	14,079.	26,790.
13	Total. Combine lines 3 through 12					

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	35,022.
27	Excess readership costs (Schedule J)	27	46.
28	Other deductions (attach schedule)	28	2,220.
29	Total deductions. Add lines 14 through 28	29	37,288.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-10,498.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-10,498.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-10,498.



SEE STATEMENT 2

SEE STATEMENT 1

Part III Tax Computation**35. Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

- a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1) \$ (2) \$ (3) \$

- b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

- c Income tax on the amount on line 34

35c 0.

36. Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37. Proxy tax. See instructions

37

38. Alternative minimum tax

38

39. Tax on Non-Compliant Facility Income. See instructions

39

40. Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

Part IV Tax and Payments**41a. Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b. Other credits (see instructions)

41b

c. General business credit. Attach Form 3800

41c

d. Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e. Total credits. Add lines 41a through 41d

41e

42. Subtract line 41e from line 40

42 0.

43. Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44. Total tax. Add lines 42 and 43

44 0.

45a. Payments: A 2016 overpayment credited to 2017

45a 5,030.

b. 2017 estimated tax payments

45b

c. Tax deposited with Form 8868

45c

d. Foreign organizations. Tax paid or withheld at source (see instructions)

45d

e. Backup withholding (see instructions)

45e

f. Credit for small employer health insurance premiums (Attach Form 8941)

45f

g. Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

46. Total payments. Add lines 45a through 45g

46 5,030.

47. Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48. Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49. Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 5,030.

50. Enter the amount of line 49 you want: Credited to 2018 estimated tax 5,030. Refunded

50 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

- 51.** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
	X

- 52.** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes	No
	X

- 53.** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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

Signature of officer

Date 11/14/18

CHIEF EXECUTIVE OFFICER

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

R MICHAEL SORRELLS

R Michael Sorrells

11/14/2018

P00001737

Firm's name TATE AND TRYON

Firm's EIN 52-1855942

2021 L STREET, NW SUITE 400

Firm's address WASHINGTON, DC 20036

Phone no. (202) 293-2200

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2017.05000 AMERICAN SOCIETY OF PLANT 53-02581

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I line 9, column (A)		Enter here and on page 1, Part I line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) MEETING					STMT 3	
(2) PROGRAM						
(3) WEBSITE	35,022.		35,022.		138,000.	35,022.
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		35,022.	0.			35,022.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) THE PLANT CELL	4,935.	7,687.	-2,752.			
(2) PLANT PHYSIOLOGY	613.	6,139.	-5,526.			
(3) NEWSLETTER	299.	253.	46.	4,801.	133,583.	46.
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 5,847.	Enter here and on page 1, Part I, line 11, col (B) 14,079.				Enter here and on page 1, Part II, line 27 46.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

2,220.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,220.

FORM 990-T	SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 3
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WEBSITE		138,000.	
- SUBTOTAL -	3		138,000.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			138,000.

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CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

133,617

TOTAL CARRYOVER

133,617

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE

133,617

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

133,617

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

133,617

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0