			** PUBLIC DISCLOSURE COPY					
	Δ	00	Return of Organization Exempt From	n Income I ax	OMB No. 1545-0047			
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation	tions) 2022			
_			Do not enter social security numbers on this form as it ma	y be made public.	Open to Public			
Depa Interr	rtment o Ial Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection			
AF	or the	e 2022 calend	lar year, or tax year beginning $ m JUL1$, 2022 and ending	JUN 30, 202	23			
Bc	heck if	C Name o	forganization	D Employer iden	ntification number			
а	pplicabl	NATI	ONAL ASSOCIATION OF STATE					
	Addre	pe DEPA	RTMENTS OF AGRICULTURE					
	Name Chang	pe Doing b	usiness as	52-0845	5105			
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone num	E Telephone number			
	Final return	/350	NORTH FAIRFAX DRIVE 810	202-296	5-9680			
	termir ated	2-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	38,929,308.			
	Amen return	ded ADTT	NGTON, VA 22203	H(a) Is this a grou	ıp return			
	Applic tion	F Name a	nd address of principal officer: TED MCKINNEY	for subordina				
	tes included? Yes No							
I Tax-exempt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or 527 If "No," attach a list. Se								
J۷	Vebsi	te: WWW.	NASDA.ORG	H(c) Group exemp	ption number			
ΚF	K Form of organization: X Corporation Trust Association Other L Year of formation: 1966 M Stat							
	art I	Summary						
	1	Briefly describ	be the organization's mission or most significant activities: SEE PART	r III, LINE 1	- •			
Governance		2	· · · <u> </u>					
naı	2	Check this bo	if the organization discontinued its operations or disposed of r	nore than 25% of its net	assets.			
ver	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3 10			
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)		4 10			
ې د			of individuals employed in calendar year 2022 (Part V, line 2a)		5 2046			
Activities &			of volunteers (estimate if necessary)		6 185			
cti			d business revenue from Part VIII, column (C), line 12		7a 0.			
◄			business taxable income from Form 990-T, Part I, line 11		7ь 0.			
				Prior Year	Current Year			
-	8	Contributions	and grants (Part VIII, line 1h)	883,315	5. 984,120.			
nu	9	Program serv	ice revenue (Part VIII, line 2g)	26,243,950	0. 37,908,264.			
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	20,414	4. 36,924.			
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,147,679	9. 38,929,308.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	-	0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.			
Ś	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	17,328,576				
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	C	0.			
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 0.					
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,183,667	7. <u>15,209,679.</u>			
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,512,243	3. 37,663,763.			
	19	Revenue less	expenses. Subtract line 18 from line 12	635,436				
or Sec				Beginning of Current Ye				
Net Assets or - und Balances	20	Total assets (I	Part X, line 16)	11,534,503				
AS	21	Total liabilities	s (Part X, line 26)	5,757,242				
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20	5,777,261	1. 6,846,460.			
Pa	art II	Signatur	e Block					
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	f my knowledge and belief, it is			
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.				
Sig	า	Signature of o		Date				
Her	е	TED MCK						
		Type or print r	name and title					
		Print/Type pre		Date Check				
Paid		RICHARD	J. LOCASTRO, CPA Kuband J. Locastro	5/15/2024 self-en				
Prep	arer	Firm's name	GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	52-1392008			
	Only	Firm's address	3 4550 MONTGOMERY AVE SUITE 800N					

			BETHESD	А, MI	D 208	814-29	930		Phone no.301-	951-	909	0
May the IRS discuss this return with the preparer shown above? See instructions					X Ye	es [No					
								 -		_	00	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

ra	n 990 (2022) DEPARTMENTS OF AGRICULTURE 52-0845105 Page rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE (NASDA)
	ENHANCES AMERICAN FOOD AND AGRICULTURAL COMMUNITIES THROUGH POLICY,
	PARTNERSHIPS AND PUBLIC ENGAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X N
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "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 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 \$ including grants of \$) (Revenue \$)
	NASDA-NASS COOPERATIVE PROGRAM:
	THIS PROGRAM'S OBJECTIVE IS TO SERVE THE UNITED STATES, ITS
	AGRICULTURAL PRODUCERS, AND RURAL COMMUNITIES BY PROVIDING MEANINGFUL,
	ACCURATE, AND OBJECTIVE STATISTICAL INFORMATION AND SERVICES. UNDER THE
	COOPERATIVE AGREEMENT, NASDA EMPLOYS OVER 2,500 PART-TIME ENUMERATORS WHO COLLECT AND SUPPLY NASS WITH STATISTICAL DATA FROM PRODUCER
	SURVEYS. THIS COOPERATIVE AGREEMENT HAS BEEN IN PLACE SINCE 1972.
	SURVEIS. INTS COUPERAIIVE AGREEMENT HAS BEEN IN PLACE SINCE 1972.
4b	
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Part IV Checklist	of Required Schedules		
Form 990 (2022)	DEPARTMENTS OF A	GRICULT	URE
	NATIONAL ASSOCIA	TION OF	STATE

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
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	N/	<u>A</u>
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_	<u> </u>
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,		v	
	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	441.		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
А	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	11c		
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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		Х
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		Х
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		X
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,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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NATIONAL ASSOCIATION OF STATE

Form	990 (2022) DEPARTMENTS OF AGRICULTURE 5	2-08451	105	Р	age 4
Par	t 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	ſ			
	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 cu				
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
			23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o	of the	20		<u> </u>
270					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		04-		x
L.	Schedule K. If "No," go to line 25a	F	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Г	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	se	~ 1		
	any tax-exempt bonds?	····· .	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	····· .	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			/	L
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	F	25a	N/	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	nd			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	te			
	Schedule L, Part I		25b	N/	A
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 employ				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cc				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pa.		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? <i>If</i>				
u	"Yes," complete Schedule L, Part IV		28a		x
h	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		200		<u> </u>
U			28c		x
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
29		Г	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		~~		v
•	contributions? If "Yes," complete Schedule M	····· .	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		
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 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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	d			
	Part V, line 1		34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Х	L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent	ity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ				_
	If "Yes," complete Schedule R, Part V, line 2		36	N/	A
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	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	·····			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>		Yes	No
4.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	54		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir				
С			4.4	х	
	(gambling) winnings to prize winners?		1c		(0000)
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Form	990 (2022) DEPARTMENTS OF AGRICULTURE		52-0845	105	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					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	2a	2046			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country	looodiii	9	10		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-			5a 5b		X
				50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-	х	
	any contributions that were not tax deductible as charitable contributions?			6a	<u> </u>	├──
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts		v	
_	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		──
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as requ	ired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the)			
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U		126				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	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 investmen	t incom	ne?	16		X
	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 ac		/ _			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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2022.05090 NATIONAL ASSOCIATION OF S 24073_1

	has the organization provided a complete copy of this Form 990 to an members of its governing body before hing the form?			<u> </u>			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
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	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15 Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		X			
	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						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	<u> </u>				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
40	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						
18	Section 0104 requires an organization to make its roms 1023 (1024 or 1024 A, ir applicable), 330, and 330 r (section 30 r(c)(3))s only) (availal	ble			
18	for public inspection. Indicate how you made these available. Check all that apply.)s only)	availai	ble			
18)s only)	availa	ble			
18	for public inspection. Indicate how you made these available. Check all that apply.	, ,		ble			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	, ,		ble			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents. Image: Check all that apply.	, ,		ble			
19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Check all that apply. Own website Another's website Image: Check all that apply. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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	, ,		ble			
19 20	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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 <u>TED MCKINNEY - 202-296-9680</u>	nd financ					
19 20 32006	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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 <u>TED MCKINNEY - 202-296-9680</u> <u>4350 NORTH FAIRFAX DRIVE, 810, ARLINGTON, VA 22203</u>	nd financ	cial				

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.

Check if Schedule O contains a response or note to any line in this Part VI

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization delegate control over management duties customarily performed by or under the direct supervision

of officers, directors, trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization have members or stockholders?

more members of the governing body?

52-0845105

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8b

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10a

10b

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Yes

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No

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No

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Yes

Page 6

22)	DEPARTM

Section A. Governing Body and Management

officer, director, trustee, or key employee?

persons other than the governing body?

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 0.

Enter the number of voting members included on line 1a, above, who are independent

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes." provide the names and addresses on Schedule O

a The governing body?

10a Did the organization have local chapters, branches, or affiliates?

and branches to ensure their operations are consistent with the organization's exempt purposes?

experimentian averaided a complete even of this Form 000 to all momentains of the according hadre before filling

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

Each committee with authority to act on behalf of the governing body?

Form 990 (20

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NATIONAL A	ASSOCIATION	OF	STATE
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Form 990 (2022) DEPARTMENTS OF AGRICULTURE 52-(Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

		T	mzu			ipen	Jour			
(A)	(B)			ຼ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee,	npen		1099-NEC)	1099-1120)	and related
	below	dual t	utiona	_	nploy	st cor	1			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TED MCKINNEY	20.00		_							
CEO	20.00			х				326,502.	0.	22,591.
(2) MARTHA DALE	20.00									
<u>coo</u>	20.00				Х			225,762.	0.	5,021.
(3) RJ KARNEY	40.00									
SENIOR DIRECTOR OF PUBLIC POLICY	0.00					Х		171,950.	0.	5,154.
(4) CHARLES INGRAM	40.00									
DIRECTOR OF NASS	0.00					X		163,692.	0.	12,240.
(5) BOB EHART	2.00									
SR. POLICY & SCIENCE ADVISOR	38.00					X		160,789.	0.	14,892.
(6) JOE REARDON	2.00									
SR. DIRECTOR OF FOOD & SAFETY	38.00					X		166,700.	0.	1,784.
(7) MEGAN MCDONALD	40.00									
SR. DIRECTOR OF INTERNATIONAL TRADE	0.00					X		108,977.	0.	19,760.
(8) RICHARD BALL	1.00									
PRESIDENT/PAST PRES. (TRANS. 9/2022)	1.00	Х		Х				0.	0.	0.
(9) DOUG MIYAMOTO	1.00									
VICE PRESIDENT/PRES. (TRANS. 9/2022)	1.00	Х		Х				0.	0.	0.
(10) BRUCE KETTLER	1.00									
VICE PRESIDENT (UNTIL 1/2023)	1.00	Х		Х				0.	0.	0.
(11) BLAYNE ARTHUR	2.00									
VICE PRESIDENT (FROM 1/2023)	0.00	Х		Х				0.	0.	0.
(12) WES WARD	1.00									
SEC. & TREAS./2ND VP (TRANS. 9/2022)	1.00	Х		Х				0.	0.	0.
(13) AMANDA BEAL	1.00									
SEC. & TREAS. (START 9/2022)	1.00	Х		Х				0.	0.	0.
(14) RYAN QUARLES	1.00									
PAST PRESIDENT (END 9/2022)	0.00	Х		Х				0.	0.	0.
(15) RUSSELL REDDING	1.00									
MEMBER-AT-LARGE (END 9/2022)	1.00	Х						0.	0.	0.
(16) DOUG GOEHRING	1.00									
MEMBER-AT-LARGE (END 9/2022)	1.00	Х						0.	0.	0.
(17) DEREK SANDISON	1.00									
MEMBER-AT-LARGE (START 9/2022)	1.00	Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022)

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2022.05090 NATIONAL ASSOCIATION OF S 24073_1

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Form 990 (2022) DEPARTMEN	ITS OF A	GR	IC	UL	TU	RE			52-0845	105 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	hours per box, unless person is both an compensation				Reportable compensation	Estimated amount of			
	(list any hours for related	director						from the organization	from related organizations (W-2/1099-MISC/	other compensation from the
	organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(18) KENT LEONHARDT	2.00			0	×	e T	4		0	
MEMBER-AT-LARGE (END 9/2022)	0.00 2.00	Х						0.	0.	0.
(19) JERRY COSTELLO II MEMBER-AT-LARGE (END 9/2022)	0.00	x						0.	0.	0.
(20) KATE GREENBERG MEMBER-AT-LARGE	2.00	x						0.	0.	0.
(21) THOM PETERSEN	2.00									
MEMBER-AT-LARGE	0.00	х						0.	0.	0.
(22) SHAWN JASPER MEMBER-AT-LARGE	2.00	x						0.	0.	0.
(23) RICK PATE	2.00									
MEMBER-AT-LARGE	0.00	х						0.	0.	0.
1b Subtotal					I	L		1,324,372.	0.	81,442.
c Total from continuation sheets to Part VI								0.	0.	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 								1,324,372.	0.	81,442.
compensation from the organization		000	1010	u us		,				7
3 Did the organization list any former officer,	director truste	e k	ev e	mol	ove	e or	hia	hest compensated emp	ovee on	Yes No
line 1a? If "Yes," complete Schedule J for s	uch individual								·	3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									-	4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or su	ich <u>r</u>	oers	on .	<u></u>			5 X
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin 	the organization's tax y	ear.	(C)
Name and business	address	NC	ONE	2				Description of s	ervices C	compensation
2 Total number of independent contractors (ii \$100.000 of compensation from the organized statement of		ot lin	nited	l to i	thos C		ted	above) who received mo	ore than	

Form **990** (2022)

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			2022) DEPARTMENTS O				52-0845	105 Page 9
Pa	rt VI							_
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d f g h c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$ COOPERATIVE AGREEMENT EXHIBIT BOOTH FEES MEMBER DUES MANAGEMENT FEE REGISTRATION FEES All other grants	97,375. 886,745. Business Code 900099 900099 900099 900099 900099	984,120. 34,933,624. 1,127,588. 669,900. 661,783. 474,166.	34933624. 1,127,588. 669,900. 661,783. 474,166.		sections 512 - 514
ב			All other program service revenue	900099	41,203.	41,203.		
	3	g	Total. Add lines 2a-2f Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond providence in the second providence	st, and roceeds	37,908,264. 36,924.			36,924,
enue	1 ((7 1	b c d a b	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) 6c Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	(ii) Personal (ii) Other				
Other Reve	8 a 	a b c	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19					
	0 10 a	c a b	Less: direct expenses 9b Net income or (loss) from gaming activities					
Miscellaneous Revenue	11 a 	a b c d		Business Code				
	12	~	Total revenue. See instructions		38,929,308.	37908264.	0.	36,924.
	9 12-1	13-0			, ,	1	1	, Form 990 (20

NATIONAL ASSOCIATION OF STATE

		OF AGRICULTU		52-08	345105 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respor				
	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				
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,				
5	trustees, and key employees	295,362.			
6	Compensation not included above to disgualified	255,502.			
0	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	19,883,528.			
7	Other salaries and wages	19,003,520.			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	90,499.			
9	Other employee benefits	2,184,695.			
10	Payroll taxes	2,104,095.			
11	Fees for services (nonemployees):				
a	Management	46,539.			
	Legal	38,796.			
	Accounting	50,190.			
	, .				
	Professional fundraising services. See Part IV, line 17	15,895.			
	Investment management fees	15,055.			
g	column (A), amount, list line 11g expenses on Sch 0.)	1,002,373.			
12	Advertising and promotion	145,996.			
13	Office expenses	45,667.			
14	Information technology	357,134.			
15	Development	,			
16	Royanties Occupancy	120,794.			
17	Travel	6,960,075.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,364,537.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,592.			
23	Insurance	169,866.			
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.)	2 254 442			
а	FOOD SHOW EXPENSE	3,354,442.			
b	PAYROLL PROCESSING FEE	792,095.			
С	TRAINING	612,354.			
d	MEMBERSHIPS/SPONSORSHIP	53,977.			
	All other expenses	95,547.			
25	Total functional expenses. Add lines 1 through 24e	37,663,763.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				1	- 000 (2222

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Form 990 (2022)

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NATIONAL	ASS	OCI	ATION	OF	STATE
DEPARTMEN	TS	OF	AGRICU	JLTU	JRE

	1 990 (i	NATIONAL ASSO 2022) DEPARTMENTS O				52-	0845105 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,233,124.	1	5,404,674.
	2	Savings and temporary cash investments			40,436.	2	36,969.
	3	Pledges and grants receivable, net			397,510.	3	648,617.
	4	Accounts receivable, net			220,699.	4	290,388.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				215,748.	9	197,025.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	357,978.			
	b	Less: accumulated depreciation		184,479.	177,621.	10c	173,499.
	11	Investments - publicly traded securities	· · · · · ·		2,343,361.	11	2,852,991.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,906,004.	15	4,231,645.
	16	Total assets. Add lines 1 through 15 (must eq			11,534,503.	16	13,835,808.
	17	Accounts payable and accrued expenses			2,513,586.	17	1,303,603.
	18	Grants payable				18	
	19	Deferred revenue			906,763.	19	1,343,012.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or for	mer offic	er, director,			
litie		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
Ë	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables t	to related third			
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X			
		of Schedule D			2,336,893.	25	4,342,733.
	26	Total liabilities. Add lines 17 through 25			5,757,242.	26	6,989,348.
		Organizations that follow FASB ASC 958, ch	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,777,261.	27	6,846,460.
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC	958, che	ck here			
Ę		and complete lines 29 through 33.					
<u>s</u>	29	Capital stock or trust principal, or current fund				29	
sei	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i				31	
Ne	32	Total net assets or fund balances			5,777,261.	32	6,846,460.
	33	Total liabilities and net assets/fund balances			11,534,503.	33	13,835,808.
							Form 990 (2)

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	NATIONAL ASSOCIATION OF STATE				
	990 (2022) DEPARTMENTS OF AGRICULTURE	52	-0845105	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	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	38,92		
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,66		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,77		
5	Net unrealized gains (losses) on investments	5	13	4,6	<u>.46</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-33	0,9	92.
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	6,84	6,4	60.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	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	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 on Sch	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

232012 12-13-22

223451 11-15-22

** PUBLIC DISCLOSURE COPY

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

Employer identification number

52-0845105

Sc	hedule	В

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

NATIONAL ASSOCIATION OF STATE

DEPARTMENTS OF AGRICULTURE

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing 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 (Fo	rm 990) (2022)
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Employer identification number

52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>22,425.</u>	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
2		\$ <u>10,000.</u>	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
3		\$ <u>20,810.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>5,000.</u>	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
5		\$ <u>5,000.</u>	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
6_		\$13,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

15 2022.05090 NATIONAL ASSOCIATION OF S 24073_1

223452 11-15-22

12540515 745960 24073

Schedule B (F	Form 990) ((2022)
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$63,275.	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
8		\$ <u>11,250.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>25,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	Name, address, and Zir + 4	\$7,350.	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
		\$21,250.	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
12		\$11,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12540515 745960 24073

223452 11-15-22

2022.05090 NATIONAL ASSOCIATION OF S 24073_1

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Schedule B (Fo	rm 990) (2022)
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Employer identification number

52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	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
14_		\$ <u>31,325.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>58,175.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$31,100.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>9,650.</u>	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
18_		\$ <u>21,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12540515 745960 24073

Schedule B (Form	i 990)	(2022)	
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>15,000.</u>	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
		\$20,000.	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
		\$5,000.	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
22		\$ <u>48,675.</u>	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
		\$ <u>5,000.</u>	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
24		\$42,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule B (Form	i 990)	(2022)	
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_		\$ <u>7,975.</u>	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
26		\$6,600.	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
27_		\$ <u>5,700.</u>	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
28		\$12,500.	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
29		\$ <u>60,750.</u>	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
30		\$ <u>19,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12540515 745960 24073

Schedule B (Fo	rm 990) (2022)
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	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
32		\$ <u>25,935.</u>	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
33		\$ <u> </u>	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
34_		\$23,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$13,600.	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
223452 11-15-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Fo	rm 990) (2022)
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Page 2

52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u> </u>	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
38_		\$ <u>7,200.</u>	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
39		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$9,250.	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
		\$ <u>66,200.</u>	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
42		\$14,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12540515 745960 24073

21 2022.05090 NATIONAL ASSOCIATION OF S 24073_1

Schedule B (Forr	n 990) (2	2022)
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u> </u>	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
44_		\$ <u>41,350.</u>	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
<u>45</u>		\$ <u>5,000.</u>	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
46		\$5,000.	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
47		\$ <u>15,000.</u>	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
48		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12540515 745960 24073

Schedule B (Forr	n 990) (2	2022)
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52-0845105

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ <u>25,000.</u>	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
50		\$9,450.	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.)

Schedule B (Form 990) (2022)

12540515 745960 24073

23 2022.05090 NATIONAL ASSOCIATION OF S 24073_1

EPART	MENTS OF AGRICULTURE		52-0845105
Part II	Noncash Property (see instructions). Use duplicate copies of P	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)

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4			
Name of o	organization		Employer identification number			
NATIO	NAL ASSOCIATION OF STATE	3				
	TMENTS OF AGRICULTURE		52-0845105			
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ss for the year. (Enter this info. once.) \$			
	Use duplicate copies of Part III if additional s	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(a) Transfer of gift				
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22		Schedule B (Form 990) (2022)			

25 2022.05090 NATIONAL ASSOCIATION OF S 24073_1

(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 20222 Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and B. Do not complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then	SCHEDULE C	Po	olitical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
Complete if the organization is described below. A tach to Form 990 r Form 990 EZ. Complete if the organization answered "Ves," on Form 990, Part IV, line 3, or Form 990, PZ, Part V, line 46 (Political Campaign Activities), then Section 501 (c)3) organizations in 501 (c)3) organizations in Scomplete Part IA. Section 501 (c)3) organizations in Sol (c)3)	(Form 990)			-	-		2022
Construction of a mean service to a form \$900, Part IV, line 3, or Form \$900-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(6) organizations complete Part IA and B. Do not complete Part IA. Section 501(6) (other than section 501(6) (organizations: Complete Part IA. Section 501(6) organizations: Complete Part IA and Section 501(6) (organizations: Complete Part IA. Section 501(6) organizations that Part IA and IV. Section 501(6) organizations that Part IA. The organization answered Yes, " on Form 990, Part IV, line 5, or Forxy Tax) [See separate instructions] or Form 990-EZ, Part V, line 56; (Proxy Tax) [See separate instructions), then Section 501(6), By, or 60 organizations Complete Part III. Name of organization INATIONALL ASSOCIATION OF STATE Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete If the organization is exempt under section 501(c)(3). Fart I-B Complete If the organization is exempt under section 501(c)(3). Fart I-B Complete If the organization is exempt under section 501(c)(3). Fart I-B Complete If the organization is exempt under section 501(c)(3). Fart I-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart I-B complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart I-B complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart I-B complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart I-B complete If the organization is exempt under section 501(c), except section 501(c)(3). Fart I-B amount of any exoce tax incurred by organization for section 527 organiz		-	•		.,		
Section 501(c)(3) organizations: Complete Parts I.A and B. Do not complete Part I.C. Section 512(c) (other than section 501(c)(3) organizations: Complete Parts I.A and C below. Do not complete Part I.B. Section 512(c)(3) organizations that have field FOM 5788 (section under section 501(h): Complete Part I.B. Do not complete Part I.B. Section 501(c)(3) organizations that have field FOM 5788 (section under section 501(h): Complete Part I.B. Do not complete Part I.B. Section 501(c)(3) organizations that have field FOM 5788 (section under section 501(h): Complete Part I.B. Do not complete Part I.B. Section 501(c)(4), Go, ref 0) organizations: Complete Part I.B. Name of organization answerd "Ves," on FOM 300, Part IV, line 47 (Lobby) and Diffy: Complete Part I.B. The organization answerd "Ves," on FOM 300, Part IV, line 47 (Lobby) and Diffy: Complete Part I.B. Name of organization answerd "Ves," on FOM 300, Part IV, line 47 (Lobby) and Diffy: Complete Part I.B. Name of organization answerd "Ves," on FOM 300, Part IV, line 47 (Lobby) and Diffy: Complete Part I.B. The organization answerd "Ves," on FOM 300, Part IV, line 47 (Lobby) and Diffy: Complete Part I.B. Name of organization answerd "Ves," on FOM 300, Part IV (Line 47 (Lobby) and Diffy: Complete Part I.B. Part I-B. Complete if the organization is exempt under section 501(c) (3). 1 Enter the anount of any excise tax incurred by the organization under section 4955 3 If the organization is exempt under section 501(c) (3). 1 Enter the anount of any excise tax incurred by organization under section 501(c) (3). 1 Enter the anount of any excise tax incurred by comparization excise the section 501(c) (3). 1 Enter the anount of any excise tax incurred by comparization excise the section 501(c) (3). 1 Enter the anount of any excise tax incurred by comparization excise the section 501(c) (3). 1 Enter the anount of any excise tax incurred by comparization excise the section 501(c) (3). 1 Enter the anount of any excise tax incurred by conclead ton ano	Department of the Treasury Internal Revenue Service	-	-			•	
	If the organization answ	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lin	ne 46 (Political Cam	baign Activ	vities), then
	 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-E2, Part V, line 47 (Lobbying Activities), then • Saction 501(c)(3) organizations that have NGT field Form 5786 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT field Form 5786 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Saction 501(c)(4): (5), or (6) organizations: Complete Part II. • Name of organization in NATTONIA LASSOCTATION OF STATE • Section 501(c)(4): (5), or (6) organizations: Complete Part II. • Section 501(c)(4): (5), or (6) organizations: Complete Part II. • Part I-A • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-B • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-C • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-C • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-C • Complete if the organization is direct and indirect political campaign activities in Part IV. • Part I-C • Complete if the organization in the active part III. • Inter III. • Organization is direct and indirect political complete part III. • Inter IIII. • Organization IIII. • Ore	 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Par	rt I-B.	
• Section 501(s)(3) organizations that have NIT field Form 5768 (section under section 501(s)): Complete Part II-A. In the complete Part II-A. In the organization answered "Yes." on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 356 (Proxy Tax) (See separate instruction section 501(c) (See Separate political organization	•	•	•				
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) that Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization NATTIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICOLLPTORE S2-0845105 PartI-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Portide a description of the organization is exempt under section 501(c) or is a section 527 organization. Portide a description of the organization is exempt under section 501(c) (3). PartI-B Complete If the organization is exempt under section 4955 S Tentr the amount of any excise tax incured by the organization under section 4955 S Tentr the amount of any excise tax incured by up organization mages under section 4955 S Tentr the amount of any excise tax incured by up organization mages under section 501(c), except section 501(c)(3). PartI-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). PartI-C Complete If the ling organization is exempt under section 501(c), except section 501(c)(3). PartI-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). PartI-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). PartI-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). PartI-B Complete If the organization is exempt under section 501(c), except section 501(c)(3). PartI-B Complete If the filing organization for section 527 political organization function activities S C Complete If the filing organization is due on throw organization for section 527 exempt function activities S C C Complete If the organization is due on throw organization for granization function activities S C C C Complete If the organization is due on throw organization for granization function activities S C C C Complete If the organization is due on throw orga			,	()/			
Tax) (See separate instructions), then 9 Section 501(c)(4), (5), or (6) or oganizations: complete Part III. Name of organization NATIONAL ASSOCIATION OF STATE Employer identification number DEPARTMENTS: OP AGRICUL/TURE Employer identification number 9 Tat LA Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization sidect and indirect political campaign activities in Part IV. 2 Political campaign activities 9 Volunteer hours for political campaign activities \$ 9 Valuateer hours for political campaign activities \$ 9 Tat LB Complete if the organization under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 501(c)(a). 2 Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the fling organization is exempt under section 527 political organization stativities \$ 2 Enter the amount of the fling organization is and 2. Enter here and on Form 1120-POL, line 17b, ense, addressers and employer identification number (EN) of all section 527 political organization the fling organization is fund, section 527		•	· ·	•			•
Name of organization NATIONAL ASSOCIATION OF STATE Employer identification number 52-0845105 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.	-			,, (eee eep			·
DEPARTMENTS OP AGRICULTURE 52-0845105 PartI-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ 2 Political campaign activities \$ PartI-B Complete if the organization is exempt under section 501(c)(3). \$ 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did file Form 4720 for this year? \vec loss of loss o	 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. S 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3). Image: Complete if the organization is exempt under section 4955 2 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? Yes No 4 Was a correction made? Yes No Dif Yes,' describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of any except and the filing organization for section 527 political organizations to which the filing organization imparts (IM of all section 527 political organization to any except and the enter organization intered and property and directly delivered to a separate political organization the amount of a proparization interef and page in provide information in Part IV. § 5 Tert the	Name of organization						
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2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$	Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3	3).		
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Image: Second	(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
delivered to a separate political organization. If none, enter -0. Image: Constraint of the separate political organization. If none, enter -0. Image: Constraint of the separate political organization. Image: Constraint of th					filing organization	on's co	ntributions received and
political organization. If none, enter -0·.					funds. If none, en		
							political organization.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022							If none, enter -U
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.							
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022							
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232041 11-08-22

			SOCIATION O			
Schedule C (Form 990) 2022	DEPART	MENTS	OF AGRICUL	TURE	52-0	845105 Page 2
Part II-A Complete if the orga section 501(h)).	anization	is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
A Check if the filing organizat	tion belongs	s to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess	lobbying e	expenditures).			
B Check if the filing organizat	tion checke	d box A ar	nd "limited control" pro	visions apply.		
	s on Lobby litures" me	• •	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zero	o or less, en	ter -0				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	o on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	/ear?					Yes No
(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns be	elow.
	Lobby	ring Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						ula O (Earra 000) 0000

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)			
	e lobbying activity.	Yes	No	Amo	ount		
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
с	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), o	or sec	tion			
	501(c)(6).						
				Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			X			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	1:00	X		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is		
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al					
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year		2b				
с	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical					
	expenditures next year?		4				
5	Taxable amount of lobbying and political expenditures. See instructions		5				
	t IV Supplemental Information						
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, li	nes 1 a	nd 2 (See			

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D	Sup	plementa	al Financial	Statement	S		OMB No.	1545-0	047
	Form 990) Complete if the organization answered "Yes" on Form 990,								122	
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. epartment of the Treasury Attach to Form 990.								to Pub	olic
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								
Nam	e of the organization	-						er identificat		mber
Pa	t I Organiza	DEPARTMENT ions Maintaining D			r Similar Funde	or Ac		52-0845		
ra		answered "Yes" on Form					counts.	Complete	rtne	
			, , ,	(a) Donor ad	vised funds	(b) Funds a	nd other acc	ounts	
1	Total number at en	l of year								
2		contributions to (during y								
3		grants from (during year)								
4	Aggregate value at	end of year								
5	v	inform all donors and do		v						_
		's property, subject to the						🔄 Yes		No
6		inform all grantees, don	-	•	0		•			
		ses and not for the benef		,	<i>,</i> , ,		0		_	٦
Pa	impermissible priva	tion Easements. Co	mploto if the or	appization answord	"Vos" on Earm 000	Dort IV	lino 7	Yes		<u>No</u>
1		rvation easements held b				Faitiv,				
•		of land for public use (for			Preservation of	of a histo	rically impo	ortant land a	rea	
		natural habitat	oxample, reerea		Preservation of		• •		lou	
		of open space								
2	Complete lines 2a	nrough 2d if the organiza	tion held a qualif	fied conservation cor	tribution in the form	of a cor	servation e	easement on	the las	st
	day of the tax year						Held	l at the End of	f the Tax	(Year
а	Total number of co	servation easements					2a			
b	•	cted by conservation eas					2b			
С	Number of conserv	tion easements on a cer	tified historic str	ucture included in (a)			2c			
d		tion easements included	., .	•						
		ted in the National Regist					2d			
3		tion easements modified	l, transferred, rel	leased, extinguished,	or terminated by th	e organiz	ation durin	ig the tax		
4	year		oonoor ation oo	amont is leasted						
4 5		here property subject to o on have a written policy r			pection bandling of	-				
5	•	rcement of the conservat	• • •		, C			Yes		No
6		hours devoted to monitor			s. and enforcing cor				vear	
•					-,			j	,	
7	Amount of expense	— s incurred in monitoring,	inspecting, hand	dling of violations, and	d enforcing conserva	ation eas	ements du	ring the year		
		_								
8	Does each conserv	tion easement reported	on line 2(d) abov	e satisfy the requiren	nents of section 170)(h)(4)(B)(i)			_
	and section 170(h)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes		No
9	In Part XIII, describ	how the organization re	ports conservati	on easements in its r	evenue and expense	e statem	ent and			
		nclude, if applicable, the		note to the organizati	on's financial staten	nents tha	t describes	s the		
Da		unting for conservation ea ions Maintaining C		Art Historical	Frageuros or O	thar Si	milor Ac	coto		
Га		he organization answere		-				3013.		
10		lected, as permitted under			rovonuo atatomont	and hala	noo ohoot y	vorko		
Id	•	sures, or other similar as		•						
		art XIII the text of the foc	•							
b	· •	lected, as permitted unde					sheet work	(s of		
-	-	res, or other similar asset		· ·						
		g amounts relating to the	-	· · · · · · · · · · · · · · · · · · ·	,					
	•	ed on Form 990, Part VIII					\$			
2	If the organization	eceived or held works of					rovide			
	the following amou	its required to be reporte	d under FASB A	SC 958 relating to th	ese items:					
а	Revenue included	n Form 990, Part VIII, line	e 1				\$			
		orm 990, Part X					\$			
LHA	For Paperwork Re	duction Act Notice, see	the Instructions	s for Form 990.			Sch	edule D (For	m 990) 2022
23205	1 09-01-22			20						
				29						

12540515 745960 24073

2022.05090 NATIONAL ASSOCIATION OF S 24073_1

		L ASSOCIAT			ΓE				- 1 0 -	
	Inchedule D (Form 990) 2022 DEPARTMENTS OF AGRICULTURE 52-0845105 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
Par									(continue	ed)
3	Using the organization's acquisition, accessio	on, and other record	s, check	any of the f	following that	t make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how th	ey further th	ne organizatio	on's exem	pt purpose ir	n Part XI	III.	
5	During the year, did the organization solicit of									
D -	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on I	Form 990, Pa	art IV, lin	ie 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•							
	on Form 990, Part X?							📖	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?		Yes	No No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds. Complete i	f the organization an								
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	s back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
с	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 curr	ent year end balance	e (line 1g	g, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	red for the)			
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the								·	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ine 10.			
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	.,	cumulated reciation	((d) Book v	/alue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			18	5,107.	1	13,394	•	71	,713.
	Other				2,871.		71,085			,786.
	. Add lines 1a through 1e. (Column (d) must e		X colum		-		-			,499.
		gaari onni 330, Edil.		ו שווו אשו חו	vv.,					

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DEPARTMEN Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	25,090.
(2) DUE FROM RELATED ORGANIZATIONS	2,286,030.
(3) RIGHT-OF-USE ASSET	1,920,525.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,231,645.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability	(b) Book value

1.		(12) 20011 141410
(1)	Federal income taxes	
(2)	LEASE LIABILITY	<u>2,204,382</u> . 2,138,351.
(3)	REFUNDABLE ADVANCE	2,138,351.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,342,733.

2. 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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

	NATIONAL ASSOCIATION OF		
Sche	dule D (Form 990) 2022 DEPARTMENTS OF AGRICULTU	JRE	52-0845105 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>)</u>	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR	THE	YEAR	ENDED	JUNE	30,	2023,	THE	ORGANIZATIONS	HAVE	DOCUMENTED	THEIR	

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE COMBINED FINANCIAL STATEMENTS.

232054 09-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00			
•		Compensated Employees		20	ĽĽ	-		
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection					
Nan	e of the organizatio	NATIONAL ASSOCIATION OF STATE	Employer i	Employer identification numb				
		DEPARTMENTS OF AGRICULTURE	52-0	84510	5			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropr	ate 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 o	harter travel Housing allowance or residence for perso	nal use					
	X Travel for com	panions Payments for business use of personal re-	sidence					
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant X Compensation survey or study						
	X Form 990 of c	ther organizations	ommittee					
_								
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re					x		
a L		e payment or change-of-control payment?				X		
D	-	eive payment from a supplemental nonqualified retirement plan?				X		
C		eive payment from an equity-based compensation arrangement?		<u>4c</u>				
	I Tes to any or in	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501/)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
J	contingent on the r		11					
а	-			5a				
		ation?						
~		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
-	contingent on the r							
а	-	~ 		6a				
		ation?						
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
	-	nes 5 and 6? If "Yes," describe in Part III		7				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2022		

232111 10-18-22

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TED MCKINNEY	(i)	316,502.	10,000.	0.	0.	22,591.	349,093.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTHA DALE	(i)	223,262.	2,500.	0.	0.	5,021.	230,783.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RJ KARNEY	(i)	169,450.	2,500.	0.	0.	5,154.	177,104.	0.
SENIOR DIRECTOR OF PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES INGRAM	(i)	163,692.	0.	0.	0.	12,240.	175,932.	0.
DIRECTOR OF NASS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BOB EHART	(i)	159,289.	1,500.	0.	0.	14,892.	175,681.	0.
SR. POLICY & SCIENCE ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOE REARDON	(i)	164,200.	2,500.	0.	0.	1,784.	168,484.	0.
SR. DIRECTOR OF FOOD & SAFETY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

52-0845105

NATIONAL ASSOCIATION OF STATE

Schedule J (Form 990) 2022

DEPARTMENTS OF AGRICULTURE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

PER CEO CONTRACT, \$2,000 IS TAXABLE REIMBURSEMENT FOR SPOUSE TRAVEL THAT IS

INCLUDED IN THE CEO'S TAXABLE INCOME.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



52-0845105

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPARTMENTS OF AGRICULTURE

NATIONAL ASSOCIATION OF STATE

SUPPLY CHAIN 4. FOOD SAFETY 5. FOREIGN ANIMAL AND EMERGING DISEASES 6.

TRADE AND HARMONIZATION 8. WORKFORCE DEVELOPMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERNATIONAL MARKETS FOR THEIR PRODUCTS. THE SHOW IS VISITED BY MORE

THAN 50,000 FOOD SERVICE LEADERS FROM ALL 50 STATES AND 120 COUNTRIES.

NASDA HAS HOSTED A TASTE OF THE STATES: MIAMI AT THE AMERICAS FOOD &

BEVERAGE (AFB) SHOW, IN PARTNERSHIP WITH THE WORLD TRADE CENTER MIAMI

SINCE 2005. GIVEN ITS PRIME LOCATION FOR REACHING LATIN AMERICA

EXHIBITORS GAIN VALUABLE EXPOSURE TO BUYERS FROM THE CARIBBEAN, SOUTH

CANADA AND MEXICO DURING THIS UNIQUE EVENT. AMERICA, CENTRAL AMERICA,

NASDA ALSO WORKS WITH TRADE SERVICES STAFF WITHIN FAS/USDA TO PROVIDE

FURNISHINGS WITHIN USA PAVILIONS AT LARGE FOOD SHOWS SUCH AS ANUGA.

SIAL PARIS, AS WELL AS A VARIETY OF OTHER GULFOOD, SIAL CHINA, FOODEX,

INTERNATIONAL FOOD TRADE SHOWS. THESE ACTIVITIES ARE INTENDED TO

FURTHER PROMOTE THE U.S. COMPANIES PARTICIPATING IN THE SHOWS, WITH THE

GOAL OF ATTRACTING MORE INTERNATIONAL BUYERS FOR U.S. PRODUCTS. NASDA

MANAGES THE EUROMONITOR CONTRACT FOR FAS. THIS IS A STRAIGHT

PASS-THROUGH ACTIVITY, AND WE SIMPLY PAY THE BILL EACH YEAR WITH MAP

FUNDS FROM FAS. THE PURPOSE OF EUROMONITOR IS TO MAKE RELIABLE AND

COMPARABLE INFORMATION AND DATA ON GLOBAL MARKETS AND CONSUMER TRENDS

AVAILABLE TO THE ENTIRE COOPERATOR COMMUNITY, FAS-WASHINGTON AND FAS

DEPARTMENTS OF AGRICULTURE OVERSEAS OFFICES. IN ADDITION, NASDA USES

FUNDS FROM THE AGRICULTURAL TRADE PROMOTION (ATP) PROGRAM TO SPONSOR

QUALIFIED INTERNATIONAL BUYERS' TRAVEL TO MEET ONE-ON-ONE WITH U.S. Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE	Employer identification number $52 - 0845105$
COMPANIES THAT PARTICIPATE IN OUR TRADE SHOWS. NASDA ALSO	UTILIZES ATP
FUNDS TO SPONSOR STAFF MEMBERS FROM THE STATE DEPARTMENTS	OF
AGRICULTURE TO TRAVEL ON THE USDA-LED AGRIBUSINESS TRADE M	ISSIONS.
NASDA MANAGES THE GLOBAL MRL DATABASE CONTRACT FOR FAS. TH	IS IS A
STRAIGHT PASS-THROUGH ACTIVITY, AND WE SIMPLY PAY THE BILL	EACH YEAR
WITH MAP FUNDS FROM FAS. THE PURPOSE OF THE GLOBAL MRL DAT	ABASE, WHICH
IS HOUSED UNDER BRYANT CHRISTIE, INC., CONTAINS DATA REGAR	DING
PESTICIDE AND MAXIMUM RESIDUE LEVEL (MRL) TOLERANCES BY IN	GREDIENT THAT
HELPS FOOD CROP EXPORTERS COMPLY WITH FOREIGN REGULATORY S	TANDARDS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS CONSISTING OF ALL FIFTY STATES

AND FOUR TERRITORIES STATE DEPARTMENTS OF AGRICULTURE.

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

EVERY YEAR NEW BOARD MEMBERS AND/OR REPLACEMENTS OF THE BOARD ARE ELECTED BY THE CURRENT MEMBERSHIP FOR ONE YEAR TERMS.

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

MEMBERS HAVE THE RIGHT TO APPROVE MEMBER DUES INCREASES.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY

THE CHIEF EXECUTIVE OFFICER. A COPY OF THE FORM 990 WAS SENT TO THE ENTIRE

BOARD FOR REVIEW PRIOR TO FILING.

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

BOARD MEMBERS, OFFICERS AND STAFF REVIEW AND SIGN THE CONFLICTS OF INTEREST
232212 10-28-22
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Schedule O (Form 990) 2022	Page 2									
Name of the organization NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE	Employer identification number 52-0845105									
POLICY ANNUALLY. INDIVIDUALS ARE ASKED TO DISCLOSE ANY ARISING CONFLICT OF										
INTEREST AND RECUSE THEMSELVES FROM VOTING ON RELATED MATT	ERS.									
FORM 990, PART VI, SECTION B, LINE 15A:										
THE CEO COMPENSATION PACKAGE WAS DETERMINED BY AN APPOINTE	D COMPENSATION									
COMMITTEE WITH ASSISTANCE FROM AN INDEPENDENT COMPENSATION	CONSULTANT, FORM									
990 OF OTHER ORGANIZATIONS AND COMPENSATION SURVEYS. THE B	OARD DOCUMENTED									
THE PROCESS IN THE BOARD MINUTES AS WELL AS PROVIDED THE C	HIEF EXECUTIVE									

OFFICER WITH AN EMPLOYMENT CONTRACT. THE LAST COMPENSATION REVIEW TOOK

PLACE SEPTEMBER 2022.

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.

Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											Public	
Name of	the organization		SOCIATION OF STATE OF AGRICULTURE					En	Employer identification number 52-0845105			
Part I	Identification	of Disregarded Entities. Cor	nplete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state foreign country)	or Tot	(d) Total income		assets	Dire	(f) ct controllin entity	g		
Part II	Identification organizations	of Related Tax-Exempt Orga during the tax year.	anizations. Complete if the organizat	tion answered "Yes" on Form 99	0, Part IV, lin	e 34, becau	use it had one	or more	e related tax-e	exempt		
		(a) address, and EIN ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt (sectio		(e) ublic charity tus (if section	Dire	(f) ect controlling entity	g con	(g) 512(b)(13 trolled ntity?	
							501(c)(3))			Yes	No	
NASDA RESEARCH FOUNDATION - 52-1224508 4350 NORTH FAIRFAX DRIVE, SUITE 810 ARLINGTON, VA 22203		DRIVE, SUITE 810	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)) LIN	E 7	NASDA		x		

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.

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022

SCHEDULE R (Form 990)

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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.

							1		r	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	-										
	-										
	1										
	1										
	1								1		

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		01 11000				Yes	No

Schedule R (Form 990) 2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		X
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.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NASDA RESEARCH FOUNDATION	D	2,286,030.	ACTUAL COST
(2) NASDA RESEARCH FOUNDATION	N	106,514.	ACTUAL COST
(3) NASDA RESEARCH FOUNDATION	0	1,490,099.	ACTUAL COST
(4) NASDA RESEARCH FOUNDATION	Q	1,649,053.	ACTUAL COST
(5)			
<u>(6)</u>			

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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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ^{ing} r? owne	k) entage ership

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Part VII Supplemental Information

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

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