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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Oregon Seed Growers League  
 865 Sommerville Loop  
 Harrisburg, OR 97446-9543

**D** Employer identification number

93-0637051

**E** Telephone number

541-995-6079

**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one) — ☒ 501(c) ( 5 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ 54,739.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	2,100.
	2	Program service revenue including government fees and contracts	2	9,234.
	3	Membership dues and assessments	3	17,595.
	4	Investment income	4	310.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 1)	8	25,500.	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	54,739.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	1,500.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	12,256.
	13	Professional fees and other payments to independent contractors	13	525.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,694.
	16	Other expenses (describe ▶ See Statement 3)	16	27,763.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	47,738.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,001.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29,305.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,306.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,305.	36,306.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	29,305.	36,306.
26 <b>Total liabilities</b> (describe ▶ _____)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	29,305.	36,306.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	<u>See Statement 5</u>		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Bill Young 3631 Twinberry Place Corvallis, OR 97330	Prog Chairman 0	2,000.	0.	0.
Russ Baker 32257 Diamond Hill Dr Harrisburg, OR 97446	Director 0	0.	0.	0.
Lynne R. Bronson 865 Sommerville Loop Harrisburg, OR 97446	Secretary-Treas 0	9,006.	0.	342.
Rodney Hightower 93225 Prairie Road Junction City,, OR 97448	Director 0	0.	0.	0.
Brian Parker 96476 Smith Lane Junction City,, OR 97448	Director 0	0.	0.	0.
Sharon Davidson 1930 Davcor Ct SE Salem, OR 97302	Vice President 0	0.	0.	0.
Brenda Kirsch 4380 Mahony Rd NE ST Paul, OR 97137	Director 0	0.	0.	0.
David Goracke 29822 Goracke Lnae Shedd, OR 97377	Director 0	0.	0.	0.
Karl Dettwyler 7017 Quarry Ave NE Silverton, OR 973831	Director 0	0.	0.	0.
Matt Herb 37960 Keebler Lane Lebanon, OR 97128	President 0	0.	0.	0.
Tom Silberstein 499 College St. S Monmouth, OR 97310	Prog Chairman 0	1,250.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> N/A, section 4912 <b>▶</b> N/A; section 4955 <b>▶</b> N/A		
<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> None		

**42a** The books are in care of **▶ Lynne R. Bronson** Telephone no **▶ 541-995-6079**  
 Located at **▶ 865 Sommerville, Harrisburg, OR** ZIP + 4 **▶ 97446**

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <b>▶</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: <b>▶</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** ☐ N/A ☒ N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

<b>46</b>	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	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b>	If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

received more than \$100,000 of compensation from the organization. If there is none, enter none.				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000 ▶		

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

Sign Here ▶ *James K. Brown*  
Signature of officer Date *Jan. 13, 2010*  
 ▶ *Lynne R. Bronson, Secretary-Treasurer*  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature	Melinda Handy <i>Melinda Handy</i>	Date	1-11-10	Check if self-employed	<input type="checkbox"/>	Preparer's identifying number (See instructions)	P00547769
	Firm's name (or yours if self-employed), address, and ZIP + 4	Focus 4 CPA 1782 5th St Springfield, OR 97477	EIN	51-0490656	Phone no	(541) 744-0000		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**BAA** Form **990-EZ** (2008)

## Oregon Seed Growers League

93-0637051

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Advertising &amp; Sponsorship

	\$	25,500.
Total	\$	<u>25,500.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:

Cody Duerst

Donee's Address:

13663 Doerfler Rd. SE  
Silverton, OR 97381

Cash Amount Given:

\$ 1,500.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Conferences, Conventions, and Meetings

\$ 9,487.

Dues

1,000.

Liability Ins

900.

Office Expenses

2,931.

Payments of Travel or Entertainment for Public Officials

13,445.

Total \$ 27,763.

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To promote the production of seeds for which Oregon has trade advantages, potential trade advantages, market outlets, and to stabilize and improve marketing conditions. Analyze costs and charges for seed growers. Assemble and disseminate data on farm seeds and other agricultural products. Work for equitable freight and other rates. Standardize farm seeds with use of grades, inspection services, brands, trade-marks and reduce wastes in production and handling.

**Statement 5**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Promoted the production of seeds. Analyzed costs and charges for production. Assembled and disseminated data on farm seeds and other agricultural products. The Oregon Seed Growers League meets annually in December to discuss matters of technical importance to the industry. The two-day event is normally attended by 350-400 growers and industry representatives. In addition, a trade show runs concurrently with the education program. Thirty-five to 40 exhibitors are expected each year.