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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ 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 $500,000 and total assets less than $1,250,000 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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
SOUTHERN OREGON GROWERS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POO BOX 1053

City or town, state or country, and ZIP + 4
GRANTS PASS, OR 97528

D Employer identification number
93-1043197

E Telephone number
(541)476-5375

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) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c) (6) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 74,597

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	Program service revenue including government fees and contracts	2	68,432
	3	Membership dues and assessments	3	5,925
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less. cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	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		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ STM141)	8	240
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	74,597
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	39,011
	13	Professional fees and other payments to independent contractors	13	1,051
	14	Occupancy, rent, utilities, and maintenance	14	8,432
	15	Printing, publications, postage, and shipping	15	509
	16	Other expenses (describe ▶ STM130)	16	23,577
	17	**Total expenses.** Add lines 10 through 16 ▶	17	72,580
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,017
	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	8,151
	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	10,168

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Part II Balance Sheets. *If Total assets on line 25, column (B) are $1,250,000 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	7,968	22	11,618
23	Land and buildings	183	23	1
24	Other assets (describe ▶)		24	
25	**Total assets**	8,151	25	11,619
26	**Total liabilities** (describe ▶ STM132)		26	1,451
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,151	27	10,168

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. EEA Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE MARKETING OUTLET FOR AGRICULTURE

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	PROVIDE INFORMATION OF ALTERNATIVE METHODS OF CULTIVATION TO THE PUBLIC AND PARTICIPATE IN COMMUNITY NUTRITIONAL AWARENESS PROGRAMS (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	BRINGS 3000 TO 5000 VISITORS EACH MARKET DAY TO THE DOWNTOWN AREA OF GRANTS PASS WHICH BENEFITS THE GROWERS AS WELL AS LOCAL MERCHANTS, COMMUNITY EVENT CORRDINATORS AND TOURISM. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	72,580
30	ASSISTS VARIOUS 4-H AND FAA GROUPS. ENCOURAGES YOUNG PEOPLE TO BECOME FARMERS, WORKS WITH MASTER GARDENERS AND MASTER PRESERVERS TO ASSIT IN EDUCATIONING THE PUBLIC. (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	72,580

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

(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 & deferred compensation	(e) Expense account and other allowances
DOROTHY MAFFETT 6544 NEW HOPE RD GRANTS PASS OR, 97527	PRESIDENT 0	0	0	0
CLIFF FOURNIER 720 NE PIEDMONT GRANTS PASS OR, 97527	VICE PRESIDENT 0	0	0	0
JOAN LOPEZ 396 APPALOOSA DR GRANTS PASS OR, 97526	SECRETARY 0	0	0	0
SUE EWALT PO BOX 677 ROGUE RIVER OR, 97537	TREASURER 0	0	0	0
SERENA OLTZ 5001 LOWER RIVER RD GRANTS PASS, 97526	MEMBER 0	0	0	0
MARTI FATE PO BOX 1053 GRANTS PASS OR, 97528	MANAGER 30	36,121	0	0
JOLENE DAVIS 411 UPPER RIVER ROAD GRANTS PASS, 97526	MEMBER 0	0	0	0
JEFF ANDERSON 16301 HIGHWAY 238 GRANTS PASS OR, 97527	MEMBER 0	0	0	0
MANNY LAWRENCE 6390 LAKESHORE SELMA OR, 97538	MEMBER 0	0	0	0
JANET REUSCHE 141 DELORES DR GRANTS PASS OR, 97527	MEMBER 0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	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	40e		X

41 List the states with which a copy of this return is filed ▶ OR

42 a The organization's books are in care of ▶ MARTI FATE Telephone no ▶ 541-476-5375

Located at ▶ PO BOX 1053 GRANTS PASS, OR ZIP + 4 ▶ 97528

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	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	45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's 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 "

(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 & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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

d Total number of other independent contractors each 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

Signature of officer Dorothy Maffett Date 5/10/10

DOROTHY MAFFETT, PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Bonnie Brigham BONNIE BRIGHAM Date 05-11-2010 Check if self-employed ▶ ☐ Preparer's Identifying No (See inst.) P00057484

Firm's name (or yours if self-employed), address, and ZIP + 4

ALL STATES TAX SERVICE
PO BOX 1040
Rogue River, OR 97537

EIN ▶ 20-4100884

Phone no ▶ 541-582-8052

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

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
ADVERTISING	17,977
ADMIN EXP REIMBURSE	1,575
PRODUCE BAGS	370
DUES	175
INSURANCE	290
INTERNET	244
LICENSE AND FEES	645
MEETING ROOM	108
TELEPHONE	250
PROMOTIONS	561
SUBSCRIPTIONS	68
SUPPLIES	872
BOARD OF DIRECTORS ANNUAL DINNER	442
TOTAL	23,577

FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAXES		855
PAYABLES		596
TOTAL		1,451

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

DESCRIPTION	AMOUNT
OTHER INCOME	240
TOTAL	240

Name(s) as shown on return: SOUTHERN OREGON GROWERS ASSOCIATION

FEIN: 93-1043197

PROGRAM SERVICE REVENUE

Description	Amount
PRODUCT SALES	$ 1,861
SATURDAY SPACE FEES	64,404
WED SPACE FEES	1,299
HOLIDAY MARKET FEES	868
Total:	**$ 68,432**

Description	Amount
HEALTH CARE BENEFIT	$ 2,139
WAGE EXPENSE	33,982
PAYROLL TAXES	2,890
Total:	**$ 39,011**

Description	Amount
SITE OPERATIONS	$ 4,957
SITE LABOR	3,475
Total:	**$ 8,432**

PRINTING, PUBLICATIONS

Description	Amount
COPYING & PRINTING	$ 172
POSTAGE	337
Total:	**$ 509**

BEGINNING CASH

Description	Amount
STATEMENT BALANCE	$ 10,504
CHECKS NOT CLEARED	1,114
Total:	**$ 11,618**

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General

For your records only

2009

Name(s) as shown on return

SOUTHERN OREGON GROWERS ASSOCIATION

Social security number/EIN

93-1043197

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	COPIER	20000408	600		100.00		600	7		0		600			
2	SHED	20001107	635		100.00		635	7		0		635			
3	COMPUTER	20040401	890		100.00		445	5	200 DB HY	5.76	26	889		PY 445	26
4	DIGITAL CAMERA	20040301	341		100.00		170	5	200 DB HY	5.76	9	341		PY 171	9
	Totals		2,466				1,850				35	2,465			35

Land Amount

Net Depreciable Cost 2,466

ST ADJ: (35)

Depreciation Detail Listing

STATE Management & General

For your records only

2009

Name(s) as shown on return

SOUTHERN OREGON GROWERS ASSOCIATION

Social security number/EIN

93-1043197

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	COPIER	20000408	600		100.00		600	7		0		600			
2	SHED	20001107	635		100.00		635	7		0		635			
3	COMPUTER	20040401	890		100.00		890	5	200 DB HY	5.76	51	469			
4	DIGITAL CAMERA	20040301	341		100.00		341	5	200 DB HY	5.76	20	181			
	Totals		2,466				2,466				71	1,885			

Land Amount

Net Depreciable Cost 2,466

ST ADJ: