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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning		May 1	, 2010, and ending	April 30	, 2011	
B Check if applicable		C Name of organization		D Employer identification number		
<input type="checkbox"/> Address change		Idaho Eastern Oregon Seed Association		82-6006047		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number		
<input type="checkbox"/> Initial return		55 SW 5th Ave, Suite 100		208-888-0988		
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►		
<input type="checkbox"/> Amended return		Meridian, ID 83642				
<input type="checkbox"/> Application pending						
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return						
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 116481		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	1125	
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3	22100	
	4 Investment income			4	1246	
	5a Gross amount from sale of assets other than inventory	5a			5c	
	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)					
	6 Gaming and fundraising events					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	92010			
c Less direct expenses from gaming and fundraising events	6c	69267				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22743				
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)						
8 Other revenue (describe in Schedule O)		RECEIVED				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			►			
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	6400	
	11 Benefits paid to or for members	AUG 16 2011		11		
	12 Salaries, other compensation, and employee benefits	SOS		12	21200	
	13 Professional fees and other payments to independent contractors	OGDEN, UT		13		
	14 Occupancy, rent, utilities, and maintenance			14	5400	
	15 Printing, publications, postage, and shipping			15	1181	
	16 Other expenses (describe in Schedule O)			16	12594	
17 Total expenses. Add lines 10 through 16	►		17	46775		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	439	
	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	105208	
	20 Other changes in net assets or fund balances (explain in Schedule O)			20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	►		21	105647	

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED AUG 29 2011

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part III.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	105208	22 105647
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	105208	25 105647
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105208	27 105647

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educational

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, and 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			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>
29			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>
31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>
32	Total program service expenses (add lines 28a through 31a)		

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this 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
Roger Batt				
Meridian, ID 83642	Executive Sec 20 hrs	21200		

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/A	37a	N/A
b Did the organization file Form 1120-POL for this year?	37b	✓
38a 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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► Idaho Eastern Oregon Seed Association Telephone no ► 208-888-0988 Located at ► 55 SW 5th Ave, Suite 100, Meridian, ID ZIP + 4 ► 83642		
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	✓
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 .	42c	_____
c 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 ► _____		
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 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	_____

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	47	
48	48	
49a	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"		

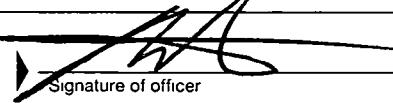
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
.....
.....
.....
.....
.....
.....

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 ►
52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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			Date 08/10/11
	Signature of officer Roger Batt, Executive Secretary	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ ► See separate instructions

OMB No 1545-0047

2010
**Open to Public
Inspection**

Name of the organization

Idaho Eastern Oregon Seed Association

Employer identification number

82-6006047

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part A: **Qualifying Activities.** Complete if the organization and Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

2a. Did the organization raise funds through any of the following activities? Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 Convention (event type)	(b) Event #2 Directory (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	72660	4850	14500	92010
	2 Less: Charitable contributions . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . .	72660	4850	14500	92010
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	1577	0	0	1577
	6 Rent/facility costs	5231	0	0	5231
	7 Food and beverages	27832	0	0	27832
	8 Entertainment	605	0	0	605
	9 Other direct expenses	12568	3409	18045	34022
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (69267)
	11 Net income summary Combine line 3, column (d), and line 10				► 22743

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes . . .				
	3 Noncash prizes				
	4 Rent/facility costs . . .				
	5 Other direct expenses				
	6 Volunteer labor . . .	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11	Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		

Name ► _____

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Idaho Eastern Oregon Seed Association

Employer identification number

82-6006047

Form 990-EZ, Part I, Line 10, Grants and similar amounts paid

\$1400 was paid to Eastern Oregon University for a scholarship and \$5000 was paid to University of Idaho for scholarships

Form 990-EZ, Part I, Line 16, Other expenses

Affiliate Memberships \$3700

Bank Charges \$1244

Board Meeting Expenses \$702

Computer Expenses \$279

Executive Secretary Expenses \$618

Industry Relations \$1721

Legal Council \$1700

Supplies \$153

Storage \$74

Telephone \$438

Web Page \$1965

Total Other Expenses \$12594