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Process as of 4/17/2015  
Amended

1209

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)

OMB No. 1545-0045  
**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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 2011 calendar year, or tax year beginning **10/01**, 2011, and ending **9/30**, 2012

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

**C** **Oregon Seed Growers League**  
**PO Box 3366**  
**Salem, OR 97302**

**D** Employer identification number  
**93-0637051**

**E** Telephone number

**F** Group Exemption Number

**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: **www.seedleague.org**

**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 5 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 79,964.**

**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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	2,400.
2	Program service revenue including government fees and contracts	2	5,850.
3	Membership dues and assessments	3	18,568.
4	Investment income	4	41.
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)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ or contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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 in Schedule O) See. Schedule. O	8	53,105.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	79,964.
10	Grants and similar amounts paid (list in Schedule O)	10	2,550.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	14,112.
13	Professional fees and other payments to independent contractors	13	11,850.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	5,974.
16	Other expenses (describe in Schedule O) See. Schedule. O	16	34,937.
17	Total expenses. Add lines 10 through 16.	17	69,423.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,541.
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	33,232.
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	43,773.

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5 a



**Part V Other Information** (Note the Schedule A and personal benefit contract 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	X
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	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
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		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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 ▶ None		

42a The organization's books are in care of ▶ Lisa Ostlund Telephone no. ▶ (503) 364-1673  
 Located at ▶ 4093 12th St Cut Off SE Salem OR ZIP + 4 ▶ 97302

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)?

	Yes	No
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.?

	Yes	No
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. ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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)	45b	X

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.

	Yes	No
46		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 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. ☐

47 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.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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.'

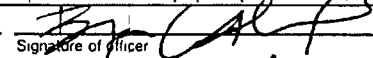
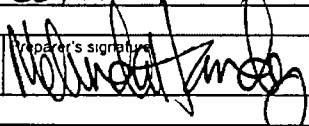
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

e 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	Signature of officer 	Date 1-15-13
	Type or print name and title. Bryan Ostlund, Executive Director	
Paid Preparer Use Only	Print/Type preparer's name Melinda Handy	Preparer's signature 
	Firm's name Focus 4 CPA	Date 1/12/13
	Firm's address 1782 5th St Springfield, OR 97477	Check <input type="checkbox"/> if self-employed PTIN P00547769
		Firm's EIN 51-0490656 Phone no (541) 744-0000

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Oregon Seed Growers League

Employer identification number

93-0637051

**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.

**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.

Oregon Seed Growers League

93-0637051

Form 990-EZ, Part I, Line 8  
Other Revenue

Advertising & Sponsorship .....	\$	53,105.
Total	\$	<u>53,105.</u>

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

Conferences, Conventions, and Meetings .....	\$	27,462.
Dues .....		825.
Information Technology .....		3,930.
Liability Ins. ....		900.
Office Expenses .....		1,580.
Travel .....		240.
Total	\$	<u>34,937.</u>

Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Health Benefits & Contrib- ution to EBP & DC	Expense Account & Other Allowances
Bryan Ostlund PO Box 3366 Salem, OR 97302	Executive Dir. 1	\$ 0.	\$ 0.	\$ 0.
Bill Young Crop Science Bldy, Rm 127, OSU Corvallis, OR 97331	Prog Chairman 1	2,000.	0.	0.
Jay Thompson 10310 Sunnyview Rd NE Salem, OR 97317	Director 1	0.	0.	0.
Jason Hunton 28410 Milliron Road Junction City, OR 97448	Director 1	0.	0.	0.
Drew Bell 31906 Meadowlark Loop Tangent, OR 97389	Treasurer 1	0.	0.	0.
Lynne R Bronson 865 Sommerville Loop Harrisburg, OR 97446	Secretary/Treas 1	10,862.	0.	0.
Karl Dettwyler 4731 Brush Creed Rd Silverton, OR 973831	President 1	0.	0.	0.

Oregon Seed Growers League

93-0637051

## Form 990-EZ, Part IV (continued)

## List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits &amp; Contrib- ution to EBP &amp; DC</u>	<u>Expense Account &amp; Other Allowances</u>
Tom Silberstein 3180 Center Street, NE Room 13 Salem, OR 97301	Prog Chairman 1	\$ 1,250.	\$ 0.	\$ 0.
John Jenks 32539 Hwy 99E Tangent, OR 97389	Director 1	0.	0.	0.
Jon Iverson 33502 S Meridian Road Woodburn, OR	Director 1	0.	0.	0.
Chelle Davis PO Box 1007 Albany, OR 97321	Director 1	0.	0.	0.
Donnie Blades PO Box 7 Woodburn, OR 97071	Director 1	0.	0.	0.
Larry Venell 30742 Venell Lane Corvallis, OR 97333	Vice President 1	0.	0.	0.
	Total	\$ 14,112.	\$ 0.	\$ 0.