

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

2018

Open to  
Public  
Inspection**A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019**

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C Name of organization</b> OREGON SEED GROWERS LEAGUE	<b>D Employer identification number</b> 93-0637051
Number and street (or P O box, if mail is not delivered to street address) PO BOX 3366	<b>E Telephone number</b> (503) 364-2944
City or town, state or province, country, and ZIP or foreign postal code SALEM, OR 97302	<b>F Group Exemption Number</b> ►

**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** (check only one) -  501(c)(3)  501(c)( 5) ► (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 106,432****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 . . . . . 

<b>Revenue</b>	<b>1 Contributions, gifts, grants, and similar amounts received . . . . .</b>	<b>1</b>
	<b>2 Program service revenue including government fees and contracts . . . . .</b>	<b>2</b> 4,080
	<b>3 Membership dues and assessments . . . . .</b>	<b>3</b> 27,230
	<b>4 Investment income . . . . .</b>	<b>4</b> 41
	<b>5a Gross amount from sale of assets other than inventory . . . . .</b>	<b>5a</b>
	<b>b Less cost or other basis and sales expenses . . . . .</b>	<b>5b</b> 0
	<b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</b>	<b>5c</b>
	<b>6 Gaming and fundraising events</b>	
	<b>a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</b>	<b>6a</b>
	<b>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) . . . . .</b>	<b>6b</b> 0
	<b>c Less direct expenses from gaming and fundraising events . . . . .</b>	<b>6c</b> 0
	<b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</b>	<b>6d</b>
	<b>7a Gross sales of inventory, less returns and allowances . . . . .</b>	<b>7a</b>
	<b>b Less cost of goods sold . . . . .</b>	<b>7b</b> 0
	<b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</b>	<b>7c</b>
	<b>8 Other revenue (describe in Schedule O) . . . . .</b>	<b>8</b> 75,081
	<b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►</b>	<b>9</b> 106,432
<b>Expenses</b>	<b>10 Grants and similar amounts paid (list in Schedule O) . . . . .</b>	<b>10</b> 5,000
	<b>11 Benefits paid to or for members . . . . .</b>	<b>11</b>
	<b>12 Salaries, other compensation, and employee benefits . . . . .</b>	<b>12</b> 27,000
	<b>13 Professional fees and other payments to independent contractors . . . . .</b>	<b>13</b> 565
	<b>14 Occupancy, rent, utilities, and maintenance . . . . .</b>	<b>14</b>
	<b>15 Printing, publications, postage, and shipping . . . . .</b>	<b>15</b> 12,010
	<b>16 Other expenses (describe in Schedule O) . . . . .</b>	<b>16</b> 78,894
	<b>17 Total expenses. Add lines 10 through 16 . . . . . ►</b>	<b>17</b> 123,469
<b>Net Assets</b>	<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</b>	<b>18</b> -17,037
	<b>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) . . . . .</b>	<b>19</b> 74,000
	<b>20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .</b>	<b>20</b>
	<b>21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .</b>	<b>21</b> 56,963

**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 II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,883	22 56,913
23 Land and buildings		23
24 Other assets (describe in Schedule O)	117	24 50
25 Total assets	74,000	25 56,963
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,000	27 56,963

**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?

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 COOPERATE ACTIVELY IN THE STANDARDIZATION OF FARM SEEDS WITH THE USE OF GRADES, INSPECTION SERVICES, BRANDS, TRADE-MARKS OR OTHERWISE AND REDUCE WASTES IN PRODUCTION, HANDLING AND MARKETING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28**

See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29		29a
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
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"/>	31a
32 Total program service expenses (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 instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALEX DUERST President	1 00	0		
DONNIE BLADES Vice President	1 00	0		
JASON HUNTON Treasurer	1 00	0		
MARTIN BERGMAN Director	1 00	0		
MARIE BOWERS Director	1 00	0		
ZACH HALLIGAN Director	1 00	0		
ROBERT HALSEY Director	1 00	0		
NATE KASER Director	1 00	0		
LUCAS RUE Director	1 00	0		
LARRY VENELL Director	1 00	0		
BRYAN OSTLUND Executive Dir	1 50	27,000		



**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		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 title of each employee	(b) 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
NONE				

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**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 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 BRYAN OSTLUND Executive Dir Type or print name and title	2019-11-14 Date
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**Paid Preparer Use Only**

Print/Type preparer's name Josh L Purington CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00445020
Firm's name ► Brenner & Company LLP CPAs	Firm's EIN ► 93-0572369		
Firm's address ► 1127 25th St SE Salem, OR 97301	Phone no (503) 585-8414		

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

## Additional Data

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 93-0637051  
**Name:** OREGON SEED GROWERS LEAGUE

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)
<b>28</b> PROMOTE THE PRODUCTION OF SEEDS ANALYZE COSTS AND CHARGES FOR PRODUCTION ASSEMBLE AND DISSEMINATE 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 300-400 GROWERS AND INDUSTRY REPRESENTATIVES IN ADDITION, A TRADE SHOW RUNS CONCURRENTLY WITH THE EDUCATIONAL PROGRAMS THIRTY-FIVE TO FORTY EXHIBITORS ARE EXPECTED EACH YEAR	<b>28a</b>
(Grants \$ )  If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

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

Department of the Treasury

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Name of the organization

OREGON SEED GROWERS LEAGUE

Employer identification number

93-0637051

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	SPONSORSHIP, ADVERTISING \$75081

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1602

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$64812

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$67

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	OREGON WOMEN FOR AGRICULTURE \$5000

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	OREGONIANS FOR FOOD & SHELTER \$2500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DUES & FEES \$1300

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	BOARD MEETINGS & TRAVEL \$1090

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	AG FEST SPONSORSHIP \$1000

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	LIABILITY INSURANCE \$981

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	WEBSITE MAINTENANCE \$277

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	COMMUNICATIONS \$265

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$117 Machinery and Equipment - Ending \$50