EXTENDED TO NOVEMBER 15, 2021

 $_{\text{Form}}$ 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

and ending

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization		D Employer identific	cation number		
Г	Addres	ORGANIC SEED ALLIANCE					
F	Name change			51-01756	67		
F	Initial return		Room/suite	E Telephone number			
F	Final	D O BOY 772	ricom/suito	360-385-7192			
_	return/ termin ated		<u> </u>	G Gross receipts \$	1,097,576.		
Г	Amend			H(a) Is this a group re			
Ē	Applic			for subordinates			
	pendir	P. O. BOX 772, PORT TOWNSEND, WA 98368	8	H(b) Are all subordinates in	—		
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. See instructions		
		e: ► WWW.SEEDALLIANCE.ORG	1	H(c) Group exemption			
ĸ	Form of	organization: X Corporation	∟ Year		State of legal domicile; WA		
P	art I	Summary					
9	1	Briefly describe the organization's mission or most significant activities: $\overline{ extbf{ADVA}}$	NCING	ETHICAL SEE	D SOLUTIONS		
Activities & Governance	R	TO MEET FOOD AND FARMING NEEDS IN A CHANG	GING W	ORLD.			
er.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as			
Š	1			3	7		
8		Number of independent voting members of the governing body (Part VI, line 1b)			7		
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			14		
₹		Total number of volunteers (estimate if necessary)			30		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.		
			-	Prior Year 1,465,550.	Current Year 994,997.		
Revenue	8	Contributions and grants (Part VIII, line 1h)		123,620.	96,676.		
Ven	9	Program service revenue (Part VIII, line 2g)		7,467.	1,170.		
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,227.	4,733.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,599,864.	1,097,576.		
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
60	I	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		552,427.	627,744.		
Expenses	16a			0.	0.		
ber	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	00.				
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,970.	413,464.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		825,397.	1,041,208.		
	19	Revenue less expenses. Subtract line 18 from line 12		774,467.	56,368.		
29	3			ginning of Current Year	End of Year		
Net Assets	20	Total assets (Part X, line 16)		997,055.	1,039,466.		
AB	21	Total liabilities (Part X, line 26)		37,004.	23,047.		
		Net assets or fund balances. Subtract line 21 from line 20		960,051.	1,016,419.		
_	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
		Signature of officer		Date			
August 12, 20							
He	re	CARA LORIZ, EXECUTIVE DIRECTOR Type or print name and title					
_				Date Check	PTIN		
Dai	d	Print/Type preparer's name KATHLEEN GLESSING Preparer's signature		7 / 21 / 21 if			
Paid KATHLEEN GLESSING 07/21/21 self-employed Preparer Firm's name GLESSING & ASSOCIATES, CPA, INC, PS Firm's EIN 20-							
	e Only	Firm's address P. O. BOX 65307	, 10	FIIIII S EIN	20 4010034		
030	Unity	PORT LUDLOW, WA 98365		Phone no 36	0-437-9443		
140	v the IF			T Filotic IIO. 3 0	77		
ivia	y the it	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	
'	Briefly describe the organization's mission: ORGANIC SEED ALLIANCE (OSA) CONVENES THE ORGANIC SEED COMMUNITY AND
	MEETS GROWERS' NEEDS THROUGH ON-FARM RESEARCH, FARMER EDUCATION, AND
	POLICY ADVOCACY. OUR WORK FOSTERS FOOD AND FARMING SYSTEMS THAT ARE
	DIVERSE, RESILIENT AND SOCIALLY JUST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3 7 71 3
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 484,142 • including grants of \$) (Revenue \$ 0 •)
	RESEARCH AND EDUCATION PROGRAMS TO MEET NATIONAL AND REGIONAL ORGANIC
	NEEDS-
	ORGANIC VARIETY TRIALS AND PLANT BREEDING PROJECTS FLOURISHED DESPITE
	THE PANDEMIC, AND EDUCATIONAL PROGRAMS FOR FARMERS SUCCESSFULLY SHIFTED
	ONLINE. SUPPORTED BY THE USDA, STATE AGENCIES AND FOUNDATIONS, OSA ENGAGED 37 FARMER COLLABORATORS TO TEST HUNDREDS OF VARIETIES WITHIN 15
	MAJOR CROPS, IDENTIFYING RESILIENT AND FLAVORFUL CULTIVARS THAT THRIVE
	UNDER ORGANIC CONDITIONS. PROGRAMS BENEFITTING THOUSANDS INCLUDED AN
	INTERACTIVE ONLINE SEED PRODUCTION AND INTERNSHIP PROGRAM AND A
	NATIONAL SURVEY OF ORGANIC PRODUCERS THAT DELIVERED CRITICAL SEED AND
	RESEARCH DATA.
4b	(Code:) (Expenses \$ 129,218. including grants of \$) (Revenue \$) (Revenue \$)
	ORGANIC SEED GROWERS CONFERENCE-
	DRIOD MO MILE ONCEM OF MILE DANDEMIC OCA HOCMED MILE 10MH ODCANIC CEED
	PRIOR TO THE ONSET OF THE PANDEMIC, OSA HOSTED THE 10TH ORGANIC SEED GROWERS CONFERENCE, FIVE DAYS OF EDUCATIONAL PROGRAMMING ATTENDED BY
	400 PARTICIPANTS PLUS 100 VIA WEBINAR. MORE THAN 80 EXPERTS PRESENTED
	ON SPECIFIC TOPICS IN ORGANIC PLANT BREEDING, SEED PRODUCTION,
	ENTERPRISE DEVELOPMENT, AND POLICY. A SPECIAL FOCUS ON SEED ETHICS PUT
	THE SPOTLIGHT ON THE NEED FOR SOCIALLY JUST SEED SYSTEMS.
_	(Code:) (Expenses \$ 47,802 • including grants of \$) (Revenue \$ 0 •)
4C	(Code:) (Expenses \$ 47,802. including grants of \$) (Revenue \$ 0.) ADVOCACY PROGRAMS TO ENSURE ORGANIC INTEGRITY AND STRENGTHEN PUBLIC
	SUPPORT OF ORGANIC SEED-
	OSA ADVOCATED FOR LEGISLATIVE, POLICY, MARKET-DRIVEN, AND GRASSROOTS
	INITIATIVES. ADVOCACY IS A KEY PILLAR OF OUR HOLISTIC APPROACH TO
	BUILDING STRONG AND DECENTRALIZED SEED SYSTEMS THAT SUPPORT ORGANIC
	SEED GROWERS. PRIORITIES IN 2020 INCLUDED WORK TOWARDS A NATIONAL SEED
	POLICY PLATFORM; NEW PARTNERSHIPS TO DEVELOP LISTENING SESSIONS ON
	INTELLECTUAL PROPERTY, EXCLUDED METHODS AND GMO CONTANINATION; AND EXPLORATION OF THE INTERSECTION OF RACIAL EQUITY AND SEED POLICY.
	EVENOUVITOR OL THE INTENSECTION OF VACIAN EXALIN SEED LONICA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 119,262 • including grants of \$) (Revenue \$ 5,483 •)
4e	Total program service expenses ► 780,424.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		100		x
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 25
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		u		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ _{3,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization 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			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_v	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· al	Check if Schedule O contains a response or note to any line in this Part V			
	entering continues to contain a responde of flote to diffy fill of the v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	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)?	4a		Х				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
40-	amounts due or received from them.) 11b	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
b	organization is licensed to issue qualified health plans							
•	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75						
	excess parachute payment(s) during the year?	15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
-	If "Yes," complete Form 4720, Schedule O.							
	, ,	Form	990	(2020				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Creck if Schedule O contains a response or note to any line in this Part VI			22				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision								
of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		X				
	Did the organization make any significant changes to its governing documents since the prior rolling gows med? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
5		6		X				
6	Did the organization have members or stockholders?	ь						
7a		_		v				
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7				
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b		114						
		12a	Х					
12a		12b	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	IZD						
С		40	Х					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13						
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR							
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,5 51 119	, avail					
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial					
19		u iiiial	ıcıdı					
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	CARA LORIZ - 360-385-7192							
	P. O. BOX 772, PORT TOWNSEND, WA 98368							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than onbox, unless person is both a officer and a director/trustee		h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY GRONDIN	1.00	X		x				1,539.	0.	0
VICE PRESIDENT (2) SEBASTIAN AGUILAR	1.00	╇		Λ				1,539.	0.	0
(2) SEBASTIAN AGUILAR BOARD PRESIDENT	1.00	X		x				200.	0.	0
(3) BRIJETTE PENA	1.00	<u>├</u> ^		Δ				200.	0.	
DIRECTOR	1.00	x						0.	0.	0
(4) IRA WALLACE	1.00	7								
DIRECTOR		x						0.	0.	0
(5) ADRIENNE SHELTON	1.00									
SECRETARY		x	M	x				0.	0.	0
(6) ADAM WAGNER	1.00									
TREASURER		X		Х				0.	0.	0
(7) HERON BREEN	1.00									
DIRECTOR		X						0.	0.	0
		L								
		L								
		Γ								
		-								
		Π								
		厂				T				

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Art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)								')				
Name and title	Average			Posi	ition			Reportable Reportab			Estim	
Tanto and the	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation compensation			amou				
	week	-	cer an	d a di	irecto	or/trus	tee)	from from related			oth	er
	(list any	ector						the	organizations		comper	
	hours for related	or dir	98			ated		organization	(W-2/1099-MISC		from	
	organizations	ustee	truste		e)	suadı		(W-2/1099-MISC)			organi and re	
	below	lual tr	tional		ploye	st con yee	_			، ا	and re organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g	
		┌										
		\vdash										
		L										
		}										
		╀										
		┢										
						-						
		\vdash		4								
1b Subtotal							ightharpoons	1,739.).		0.
c Total from continuation sheets to F	Part VII, Section A	.					ightharpoons	0.) •		0.
d Total (add lines 1b and 1c)								1,739.).		0.
2 Total number of individuals (including		ıose	liste	d ab	oove	e) wł	no r	eceived more than \$100	,000 of reportable			0
compensation from the organization		7									Ye	
3 Did the organization list any former of	officer, director, trust	ee, l	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule	J for such individual	4								:	3	X
4 For any individual listed on line 1a, is												
and related organizations greater tha										📙	4	X
5 Did any person listed on line 1a recei					•		elat	ed organization or indiv	dual for services		_	V
rendered to the organization? If "Yes Section B. Independent Contractors	," complete Schedul	e J f	or su	ıch p	oers	son .				:	5	X
Complete this table for your five high	est compensated in	den:	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensati	on fron	
the organization. Report compensation												
	A) siness address	NΙ	אוב	7				(B) Description of s	ervices	Con	(C)	tion
- Tamo and sa	Name and business address NONE Description of services Compensation											
							_					
2 Total number of independent contract	ctors (including but r	not li	mite	d to	tho	se lis	stec	d above) who received m	nore than			
\$100,000 of compensation from the	organization >				(0						
										Fo	_{rm} 99	0 (2020)

032008 12-23-20

Pa	rt V	Ш	_		a in their David VIII			
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
				357,504.				
Sil			All other contributions, gifts, grants, and	70020				
ber		•		137,493.				
oğ.		a	Noncash contributions included in lines 1a-1f					
Sor		_	Total. Add lines 1a-1f	—	994,997.			
		<u></u>	Totall / Idd III loo Ta 11	Business Code				
ø.	2	а	SEED GROWERS CONFERENC	111000	91,193.	91,193.		
vic (b	STUDENT ORGANIC SEED S	611710	5,483.	5,483.		
Program Service Revenue		c			,			
am		d						
ogr R		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f	>	96,676.			
	3		Investment income (including dividends, interes					
			other similar amounts)		1,170.			1,170.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties		4,733.			4,733.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
eve			Gain or (loss) 7c					
er R			Net gain or (loss)	······ •				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Not be a second of the second					
				P				
	9	a	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			N. 1.					
			Gross sales of inventory, less returns					
		_	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
· ·				Business Code				
e son	11	а						
Miscellaneous Revenue		b						
Sell		С						
Mis		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,097,576.	96,676.	0.	5,903.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	· ·		this Part IX		X
7h (ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
70,0	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	140 050	05 504	45 542	6 010
	trustees, and key employees	140,259.	87,704.	45,743.	6,812
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	414 500	214 522	07 204	2 (00
	Other salaries and wages	414,599.	314,533.	97,384.	2,682
	Pension plan accruals and contributions (include	10 000	0 (40	4 052	220
	section 401(k) and 403(b) employer contributions)	12,923.	8,640.	4,053.	230
	Other employee benefits	55,763.	3,787.	-	1 1 1 1 1
	Payroll taxes	55,/65.	40,448.	14,171.	1,144
	Fees for services (nonemployees):				
	Management	835.		835.	
	Legal	3,546.		3,546.	
	Accounting	3,340.		3,340.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	17,000.		17,000.	
	column (A) amount, list line 11g expenses on Sch O.)	17,000.		17,000.	
	Advertising and promotion				
	Office expenses	19,480.	825.	18,655.	
	Information technology	15,400.	023.	10,033.	
	Royalties	24,609.	4,000.	20,609.	
	OccupancyTravel	20,143.	20,143.	20,0000	
	Payments of travel or entertainment expenses	20/2101	20,2101		
	for any federal, state, or local public officials	*			
	Conferences, conventions, and meetings	100,624.	100,624.		
	Interest	283.		283.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	13,398.	13,305.	93.	
		6,732.	,	6,732.	
	Other expenses. Itemize expenses not covered	2,7.520		3,7.52	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	PROGRAM CONTRACTORS	176,613.	176,613.		
-	SUPPLIES	9,522.	8,978.	544.	
	DUES & SUBSCRIPTIONS	5,933.	, -	5,933.	
	BANK CHARGES	4,473.		4,473.	
-	All other expenses	10,273.	824.	5,117.	4,332
	Total functional expenses. Add lines 1 through 24e	1,041,208.	780,424.	245,584.	15,200
	Joint costs. Complete this line only if the organization	-	-	-	
26					
	reported in column (B) joint costs from a combined			1	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			37,173.	1	106,413
	2	Savings and temporary cash investments	899,220.	2	866,064		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		15,692.	4	21,881	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net			_	7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	209,387.			
	b	Less: accumulated depreciation		166,169.	43,408.	10c	43,218
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		1 560	14	1 000	
	15	Other assets. See Part IV, line 11	1,562.	15	1,890		
_	16	Total assets. Add lines 1 through 15 (must eq			997,055.	16	1,039,466
	17	Accounts payable and accrued expenses	5,999.	17	7,394		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub				20	
la	00	controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		of Schedule D	25 17-24). Complete Part A	31,005.	25	15,653
	26	Total liabilities. Add lines 17 through 25			37,004.	26	23,047
\dashv	20	Organizations that follow FASB ASC 958, cl		e 🕨 X	37,70011	20	23/01/
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			960,051.	27	1,016,419
Ba	28	Net assets with donor restrictions				28	
ם		Organizations that do not follow FASB ASC					
된		and complete lines 29 through 33.	,	, —			
5	29	Capital stock or trust principal, or current fund	S			29	
ser	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	960,051.	32	1,016,419
_	33	Total liabilities and net assets/fund balances			997,055.	33	1,039,466

Check if Schedule O contains a response or note to any line in this Part XI

Investment expenses

Prior period adjustments

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

Check if Schedule O contains a response or note to any line in this Part XII

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

X Accrual

Both consolidated and separate basis

Both consolidated and separate basis

Other

1

2

3

4

5

6

7

8

10

column (B))

Separate basis

consolidated basis, or both: Separate basis

Part XI Reconciliation of Net Assets

Part XII Financial Statements and Reporting

separate basis, consolidated basis, or both:

Accounting method used to prepare the Form 990: Cash

Consolidated basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ORGANIC SEED ALLIANCE 51-0175667 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sed	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I					14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	ıalifies as a publicl	y supported orgar	ization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(0) =0	(0) = 0 . 0	(4,) = 0.10	(0) = 0=0	(1) 1 5 1 2
·	membership fees received. (Do not						
	include any "unusual grants.")	714,330.	754,459.	851,570.	1465550.	994,997.	4780906.
2	Gross receipts from admissions,		7 2 7 2 2 2 3	70101		70011	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	105,506.	100 900	143,529.	123 620	96,676.	570,231.
3	Gross receipts from activities that	200,000	200,3000	210,020	223,0201	30,0100	37072320
	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	819,836.	855,359.	995,099.	1589170.	1091673.	5351137.
	Amounts included on lines 1, 2, and	013,030.	033,333.	333,033.	13031701	1031073	3331137•
10	3 received from disqualified persons						0.
h	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						5351137.
Sec	Public support. (Subtract line 7c from line 6.)		_				33311376
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
		(a) 2016 819, 836.	(b) 2017 855, 359.	(c) 2018 995, 099.	(d) 2019 1589170.	(e) 2020 1091673.	(f) Total 5351137.
	Amounts from line 6 Gross income from interest,	013,030.	033,333.	333,033.	13031701	1001075.	3331137•
102	dividends, payments received on						
	securities loans, rents, royalties,	6,110.	5,527.	4,808.	7,467.	5,903.	29,815.
	and income from similar sources	0,110.	5,527.	4,000.	7,407.	3,303.	27,013.
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	***************************************	6,110.	5,527.	4,808.	7,467.	5,903.	29,815.
	Add lines 10a and 10b Net income from unrelated business	0,110.	3,327.	4,000.	7,407.	3,303.	27,013.
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)	825,946.	860 886	999 907	1596637.	1097576	5380952.
	Total support. (Add lines 9, 10c, 11, and 12.)			-			
14	First 5 years. If the Form 990 is for the	ū	, , ,	,	•	. , , ,	ion,
500	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2020 (I			oolumn (f))		15	99.45 %
						16	99.53 %
	Public support percentage from 2019 ction D. Computation of Investigation					10	<u> </u>
				no 12 poluma (fl)		17	•55 %
17	Investment income percentage for 20					18	.55 % .47 %
	Investment income percentage from 2						
198	33 1/3% support tests - 2020. If the	-					If is not ► X
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	•			•		
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala nol check a	DUX UITIII 14, 19	a, ur iðu, chieck tr	IIS DUX AITU SEE INS	นเนนเบเช	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
- 50		
4a		
4b		
4c		
5а		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9с		
10a	1	
10b	,	
	990-F7	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental actity. <i>Describe in Part VI</i> how you supported a governmental actity. <i>Joseph in Part VI</i> how you supported a governmental actity.	otruotio	no)	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in ties Test. Answer lines 2a and 2b below.	Struction		No
2		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Fes, therein Fait vindentity			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,	<u> Lu</u>		
.,		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization is involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting) Org	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions				
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	r ago r
Sect	on D - Distributions		Johnmac	, ju	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	Ì	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016			Ì	
С	From 2017			Ì	
d	From 2018			Ì	
e	From 2019			Ì	
f	Total of lines 3a through 3e			Ì	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)			Ì	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ORGANIC SEED ALLIANCE

Employer identification number 51-0175667

Pa	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the			
Га			is of Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
		` '	(b) Fullus and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose				
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` 				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation of	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>			
	violations, and enforcement of the conservation easements i	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stater	nents that describes the			
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,			
	provide the following amounts relating to these items:		•			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A		.			
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	> \$			
	Assets included in Form 990, Part X					

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, o	or Othe	r Simila	ar Asse	ts (contin	ued)	_
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the	following that	t make s	ignificant i	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Lo:	an or exc	hange progra	ım					
b	Scholarly research	е	U Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further t	he organizatio	on's exer	npt purpo	se in Par	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, histo	rical trea	sures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be ma								Yes	N	0
Pai	t IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part X, line 21.										
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?							L	Yes	N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							_
									Amount		_
С	Beginning balance										_
	Additions during the year										_
е	Distributions during the year										_
f	Ending balance								1	T 1	_
	Did the organization include an amount on F						•		Yes	HN	0
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										_
rai	Endowment i unus. Complete i							noro hook	(a) Four	voore hee	
4-	Desiration of wear belongs	(a) Current year	(b) Prio	ryear	(c) Two years	S Dack	(d) Three y	ears Dack	(e) Foul	years bac	<u>K</u>
	Beginning of year balance					-					—
b	Contributions					+					—
C C	Net investment earnings, gains, and losses					+					—
d	Grants or scholarships Other expenditures for facilities					+					—
C	and programs			47							
f	Administrative expenses										—
g g	End of year balance										—
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1a.	column (a	a)) held as:						_
	Board designated or quasi-endowment		%		a), a.c.						
b	Permanent endowment	%									
											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse		ation that a	re held a	ınd administe	red for th	ne organiz	ation			
	by:						J		Γ	Yes No	<u> </u>
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations										_
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the		wment fur	ds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation										
19	Land	,	,	24010	(5.11.01)	ч	50.4001				—
	Buildings										—
	Leasehold improvements							_			—
	Equipment										—
	Other			20	9,387.	1	66,16	59.	43	3,218	
	. Add lines 1a through 1e. (Column (d) must e		X. column				,	•		3,218	
			,	,-,, i						000\00	_

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	7 1111111111111111111111111111111111111	31	O 1 7 5 0 0 7 Page 0
Complete if the organization answered "Yes" of	n Form 990 Part IV line	e 11h. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) Financial derivatives		.,	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			
(2)	~ / /		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	n Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	111 Om 350, 1 art 10, iii 1	e TTe of TTI. Gee Form 390, Tart X, line 23.	(b) Book value
(1) Federal income taxes			(2) 20011 14140
(2) HEALTH REIMBURSEMENT PAYAE	RI.E		9,344.
(3) PAYROLL LIABILITIES PAYABI			5,982
TD3 D31/3DI D			285
CALDO MAN DANADID			42.
(-)			74.
(6)			
(7)			
(8)			
(9)	05.)		15 652
Total. (Column (b) must equal Form 990, Part X, col. (B) line			15,653.
2. Liability for uncertain tax positions. In Part XIII, provide to		_	
organization's liability for uncertain tax positions under f	-ASB ASC 740. Check I	here if the text of the footnote has been pro	vided in Part XIII L

Schedule D (Form 990) 2020

Pa	art XI Reconciliation of Revenue per Audited Fir		per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial s	tatements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line	12:		
а	5 (, ,			
b	Donated services and use of facilities	2b		
С	1 , 0			
d	d Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on lin	1 1		
а	, ,			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,			
Ра	art XII Reconciliation of Expenses per Audited F	-	es per Heturn.	
	Complete if the organization answered "Yes" on Form 9			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 2	4 7 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	,			
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line			
a	, ,			
b	,		4.	
_		2 Port I line 19		
5 Pa	art XIII Supplemental Information.	o, raiti, iiie 10.)	3	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4: Part IV lines 1h and 2h: Par	t V line 1: Part Y line 2: Part Y	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		t v, 1110 4, 1 art A, 1110 2, 1 art A	,
	o La dita ha, dita i dita hi, inico La dita ha. Alco complete dito par	to provide any additional information.		

SCHEDULE O

Internal Revenue Service

(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 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ORGANIC SEED ALLIANCE

Employer identification number 51-0175667

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER FARMER AND PUBLIC EDUCATION PROGRAMS, COVID-RELATED OUTREACH AND

DONATIONS, COALITION SUPPORT, INTERNATIONAL PROGRAM DEVELOPMENT, BIPOC

FARMER OUTREACH, AND PLANNING OF A NEW SEED FACILITY.

EXPENSES \$ 119,262. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,483.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT VERSION OF FORM 990 IS PROVIDED FOR THE BOARD MEMBERS REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SUBJECT OF CONFLICTS OF INTEREST IS DISCUSSED AND REVIEWED AT REGULAR BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION REVIEW COMMITTEE REVIEWS COMPENSATION STUDIES BY INDEPENDENT ORGANIZATIONS AS WELL AS DOCUMENTED COMPENSATION FOR POSITIONS IN SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

ORGANIC SEED ALLIANCE	51-0175667
PART IX, PAGE 10, LINE 11(G)	
THE \$17,000 OTHER EXPENSE FUNDED AN ORGANIZATIONAL ASSESS	MENT AND
INITIATED A STRATEGIC PLANNING PROCESS LED BY A CONSULTAN	T IN EARLY
2021.	