

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A. For the 2010 calendar year, or tax year beginning 10/01 , 2010, and ending 9/30 , 2011							
B. Check if applicable:	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending						
C. Name and address of organization: Native Seeds Southwestern Endangered Aridland Resources Clearing House, Inc. 3584 E River Rd Tucson, AZ 85718		D. Employer identification number: 94-2899356					
E. Telephone number: 520 622-0830		F. Other income \$ 1,209,365.					
G. Name and address of principal officer: David Tiers Same As C Above		H(1) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(2) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, attach a list (see instructions)</small>					
I. Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)(4) () (insert no.)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J. Website:	www.nativeseeds.org		K. Group exemption number: ▶				
L. Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	M. Year of formation: 1983	N. State of legal domicile: AZ	
Part I Summary							
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To conserve, distribute and document the diverse varieties of agricultural seeds, their wild relatives and the role these seeds play in cultures of the American Southwest and northwest Mexico.						
	2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
Revenue	3 Number of voting members of the governing body (Part VI, line 1a).....						
	4 Number of independent voting members of the governing body (Part VI, line 1b).....						
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a).....						
	6 Total number of volunteers (estimate if necessary).....						
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....						
	b Net unrelated business taxable income from Form 990-T, line 34.....						
	8 Contributions and grants (Part VIII, line 1b).....						
	9 Program service revenue (Part VIII, line 2g).....						
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....						
	11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....						Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....						491,758.	673,627.
14 Benefits paid to or for members (Part IX, column (A), line 4).....						120,342.	500,005.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....						134,864.	1,161.
16a Professional fundraising fees (Part IX, column (A), line 11e).....						257,863.	15,113.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,116.						1,004,827.	1,189,906.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-2k).....						506,832.	492,245.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....						1,081,019.	941,507.
19 Revenue less expenses. Subtract line 18 from line 12.....						-76,192.	248,399.
						Beginning of Current Year	End of Year
20 Total assets (Part X, line 16).....						1,835,085.	1,959,368.
21 Total liabilities (Part X, line 25).....						648,120.	550,224.
22 Net assets or fund balances. Subtract line 21 from line 20.....						1,186,965.	1,409,144.

Part II Signature Block

I declare under penalty 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 ▶ Michael McDonald Type or print name and title.	CLIENT'S COPY		Date
Paid Preparer Use Only	First/Type preparer's name Mike DeVries	Preparer's signature 	Date 2/10/12	Check <input type="checkbox"/> if self-employed PTIN N/A
	Firm's name ▶ DeVries CPAs of Arizona, P.C. Firm's address ▶ 4349 East Fifth Street Tucson, AZ 85711-2025	Firm's EIN ▶ N/A Phone no. (520) 298-5200		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

TEP-A113, 12-2010

Form 990 (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III.

- 1 Briefly describe the organization's mission:
To conserve, distribute and document the diverse varieties of agricultural seeds, their wild relatives and the role these seeds play in cultures of the American Southwest and northwest Mexico.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?..... Yes No
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... Yes No
If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 759,293, including grants of \$) (Revenue \$ 377,535.)
See Attached Statement

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Codes:) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule C.)

4e Total program service expenses **►** **759,293**

4c Total program service expenses P 753,253

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)? If 'Yes,' complete Schedule A.....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	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 X	
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 98-13? If 'Yes,' complete Schedule C, Part III.....	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	8 X	
9 Did the organization report an amount in Part X, line 21; 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 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....	11b X	
c 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	11d X	
e 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.....	12b X	
13 Is the organization a school described in section 170(e)(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 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....	16 X	
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 (see instructions).....	17 X	
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 X	
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 hospitals? If 'Yes,' complete Schedule H.....	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).....	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....	22	X
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 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	25a	X
b 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 Schedule L, Part I.....	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
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, Parts II, III, IV, and V, line 1.....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
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 11 and 19? Note: All Form 990 filers are required to complete Schedule O.....	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	6	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X
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.	2a	29	
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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If 'Yes,' has it filed a Form 990-T for this year? If No, provide an explanation in 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	X
b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		6a	X
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?		6b	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		7a	X
7 Organizations that may receive deductible contributions under section 170(c).		7b	
a 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?		7c	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7e	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.		7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		9a	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		9b	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?		13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O.		14b	

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. X

Section 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.....	1a	13
b	Enter the number of voting members included in line 1a, above, who are independent.....	1b	13
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?.... See Schedule O.	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.....	5	X
6	Does the organization have members or stockholders?.....	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....	8a	X
b	Each committee with authority to act on behalf of the governing body?.....	8b	X
9	Is there any officer, director or 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 in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?.....	10a	X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O.	12c	
13	Does the organization have a written whistleblower policy?.....	13	X
14	Does the organization have a written document retention and destruction policy?.....	14	
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?		
a	The organization's CEO, Executive Director, or top management official. See Schedule O.	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,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....	16b	

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► AZ
- Section 6101 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► The organization 3584 E River Rd Tucson AZ 85718 520 622-0830

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

Check if Schedule C contains a response to any question 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 (C), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (choose from boxes for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Officer	Director	Key Employee	Highest Comp				
(1) David Tiers Chair	2	X		X			0.	0.	0.
(2) Barney Burns Director	1	X					0.	0.	0.
(3) Michael McDonald Treasurer	2	X		X			0.	0.	0.
(4) Mahina Drees Director	1	X					0.	0.	0.
(5) Danielle Ignace Vice Chair	2	X		X			0.	0.	0.
(6) Jim Cook Director	1	X					0.	0.	0.
(7) Martha Burgess Director	1	X					0.	0.	0.
(8) Kim Fernandez Secretary	2	X		X			0.	0.	0.
(9) Sage Goodwin Director	1	X					0.	0.	0.
(10) Ron Wells Director	1	X					0.	0.	0.
(11) Janos Wilder Director	1	X					0.	0.	0.
(12) Bill McDorman Executive Direc	40			X		29,808.	0.	908.	
(13) Bryn Jones Former Exec Dir	40			X		63,786.	0.	0.	
(14)									
(15)									
(16)									
(17)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and title	(B) Average hours per week (or more hours for related organizations in Sec. 10)	(C) Position (check all that apply)	(D) Reportable compensation from the organization (W-2's/1099-MISC)	(E) Reportable compensation from related organizations (W-2's/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) _____					
(19) _____					
(20) _____					
(21) _____					
(22) _____					
(23) _____					
(24) _____					
(25) _____					
(26) _____					
(27) _____					
(28) _____					
(29) _____					
1 b Sub-total			93,594.	0.	908.
c Total from continuation sheets to Part VII, Section A.			0.	0.	0.
d Total (add lines 1b and 1c)			81,282.	0.	908.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0					

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
1a Federated campaigns.....	1a				
b Membership dues.....	1b				
c Fundraising events.....	1c	5,000.			
d Related organizations.....	1d				
e Government grants (contributions).....	1e				
f All other contributions, gifts, grants, and similar amounts not included above.....	1f	658,527.			
g Noncash contributions included in line 1f.....	1g	6,501.			
h Total. Add lines 1a-1f.....		673,527.			
PROGRAM SERVICE REVENUE		Business Code			
2a <u>Store and Catalog Sales</u>		373,145.	373,145.		
b <u>Membership Dues & Assessments</u>		109,710.	109,710.		
c <u>Tuition Revenue</u>		17,150.	17,150.		
d _____					
e _____					
f All other program service revenues.....					
g Total. Add lines 2a-2f.....		500,005.			
3 Investment income (including dividends, interest and other similar amounts)		►	1,219.		1,219.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents	(i) Rent	(ii) Personnel			
b Less: rental expenses.....					
c Rental income or (loss).....					
d Net rental income or (loss).....		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses.....	7,835.				
c Gain or (loss).....	7,893.				
d Net gain or (loss).....	-58.	►	-58.		-58.
8a Gross income from fundraising events (not including \$ 5,000, of contributions reported on line 1c). See Part IV, line 18	a	26,579.			
b Less: direct expenses.....	b	11,566.			
c Net income or (loss) from fundraising events.....		►	15,113.		15,113.
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses.....	b				
c Net income or (loss) from gaming activities.....		►			
10a Gross sales of inventory, less returns and allowances.....	a				
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....		►			
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue.....					
e Total. Add lines 11a-11d.....		►			
12 Total revenue. See instructions		►	1,189,906.	500,005.	0.
					15,274.

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part V, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part V, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	82,190.	61,987.	11,288.	6,915.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4965(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	313,934.	236,645.	43,085.	34,203.
8 Pension plan contributions (include section 401(a) and section 403(b) employer contributions).....				
9 Other employee benefits.....	15,361.	12,120.	2,251.	990.
10 Payroll taxes.....	37,777.	29,807.	5,535.	2,435.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....	10,190.	5,912.	3,418.	860.
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....				
g Other.....	16,674.	9,674.	3,594.	1,406.
12 Advertising and promotion.....	2,506.	380.		2,126.
13 Office expenses.....	21,379.	16,817.	2,417.	2,145.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	82,509.	76,615.	3,804.	2,090.
17 Travel.....	7,434.	5,711.	196.	1,527.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	29,775.	21,229.	6,244.	2,302.
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	57,302.	47,529.	6,526.	3,247.
23 Insurance.....	24,307.	19,355.	2,929.	2,024.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O).....				
a Coat of program sales.....	122,450.	122,450.		
b Postage and Shipping.....	52,407.	42,038.	507.	9,862.
c Program supplies.....	20,697.	15,438.		5,259.
d Printing and Publications.....	20,208.	16,210.	195.	3,803.
e Miscellaneous.....	12,984.	10,535.	1,199.	1,250.
f All other expenses.....	11,423.	8,840.	911.	1,672.
25 Total functional expenses. Add lines 1 through 24f.....	941,507.	759,293.	96,098.	85,116.
26 Joint costs. Check here □ if following SCP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.....				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS				
1	Cash – non-interest-bearing	5,700.	1	19,848.
2	Savings and temporary cash investments	128,274.	2	209,798.
3	Pledges and grants receivable, net	115,851.	3	213,730.
4	Accounts receivable, net	1,446.	4	3,001.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	61,770.	8	46,617.
9	Prepaid expenses and deferred charges	8,495.	9	9,020.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,856,591.		
b	Less: accumulated depreciation	10b 399,237.	10c 1,513,549.	1,457,354.
11	Investments – publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,835,085.	16	1,959,368.
LIABILITIES				
17	Accounts payable and accrued expenses	139,375.	17	58,873.
18	Grants payable		18	
19	Deferred revenue	223.	19	27,655.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	508,522.	23	463,696.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	648,120.	26	550,224.
NET ASSETS				
27	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34			
28	Unrestricted net assets	1,117,431.	27	960,691.
29	Temporarily restricted net assets	69,534.	28	448,453.
30	Permanently restricted net assets		29	
31	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34			
32	Capital stock or trust principal, or current funds		30	
33	Paid-in or capital surplus, or land, building, or equipment fund		31	
34	Retained earnings, endowment, accumulated income, or other funds		32	
35	Total net assets or fund balances.	1,186,965.	33	1,409,144.
36	Total liabilities and net assets/fund balances.	1,835,085.	34	1,959,368.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part X.

1 Total revenue (must equal Part VII, column (A), line 12)	1	1,189,906.
2 Total expenses (must equal Part IX, column (A), line 25)	2	941,507.
3 Revenue less expenses. Subtract line 2 from line 1.	3	248,399.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,186,965.
5 Other changes in net assets or fund balances (explain in Schedule O). See Schedule O.	5	-26,220.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,409,144.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XI.

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
b Were the organization's financial statements audited by an independent accountant?.....	2b	X
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?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 Act and OMB Circular A-133?.....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

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.

Form 990, 1545-0042

2010

Open to Public
Inspection

Name of the organization	Native Seeds Southwestern Endangered Aridland Resources Clearing House, Inc.	Employer identification number
		94-2899356

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state:
- 5 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)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 7 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)(vii). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III — Functionally integrated d Type III — Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (describe in lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (iii) listed in your governing document?		(v) Did you notify the organization in column (iv) of your support?		(vi) Is the organization in column (iv) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it 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.						
5 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%

16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► b 33-1/3% support test — 2009. 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 10%-facts-and-circumstances test — 2010. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ►

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.").....	1,099,180.	903,982.	734,798.	612,100.	783,337.	4,133,397.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.....	554,423.	540,591.	386,703.	398,073.	416,974.	2,296,864.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.....						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.....						0.
6 Total. Add lines 1 through 5.....	1,653,603.	1,444,673.	1,121,501.	1,010,173.	1,200,311.	6,430,261.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.....	590,432.	258,845.	215,000.	255,933.	205,000.	1,525,210.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.....	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.....	590,432.	258,845.	215,000.	255,933.	205,000.	1,525,210.
8 Public support. (Subtract line 7c from line 6.).....						4,905,051.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.....	1,653,603.	1,444,673.	1,121,501.	1,010,173.	1,200,311.	6,430,261.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	17,974.	23,759.	12,260.	1,845.	1,219.	57,057.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.....						0.
c Add lines 10a and 10b.....	17,974.	23,759.	12,260.	1,845.	1,219.	57,057.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
13 Total support. (Add lines 8, 10, 11, and 12.)	1,571,577.	1,468,432.	1,133,761.	1,012,018.	1,201,530.	6,487,318.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).....	15	75.6 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.....	16	72.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).....	17	0.9 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.....	18	1.0 %
19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....		► <input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

OMB No. 1345-0047

2010Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

Native Seeds Southwestern Endangered
Aridland Resources Clearing House, Inc.Employer Identification number
94-2899356**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 ► \$ _____
- 8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(e)(4)(D)(i) and section 170(h)(4)(D)(i)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... ► \$ _____
- b Assets included in Form 990, Part X..... ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

d Loan or exchange programs

e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

Description	Amount
1a	1a
1b	1b
1c	1c
1d	1d

c Beginning balance.....

d Additions during the year.....

e Distributions during the year.....

f Ending balance.....

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (I) unrelated organizations.....
- (II) related organizations.....

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....			77,855.	77,855.
b Buildings.....		1,407,364.	75,232.	1,332,132.
c Leasehold improvements.....		12,441.	8,718.	3,723.
d Equipment.....		6,012.	6,012.	0.
e Other.....		352,919.	309,275.	43,644.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			1,457,354.	

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (a) must equal Form 990 Part X, column (B) line 12.) ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12).....	1,189,906.
2 Total expenses (Form 990, Part IX, column (A), line 25).....	941,507.
3 Excess or (deficit) for the year. Subtract line 2 from line 1.....	248,399.
4 Net unrealized gains (losses) on investments.....	
5 Donated services and use of facilities.....	
6 Investment expenses.....	
7 Prior period adjustments.....	-26,220.
8 Other (Describe in Part XIV).....	
9 Total adjustments (net). Add lines 4 through 8.....	-26,220.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.....	222,179.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements.....	1	1,189,906.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments.....	2a	
b Donated services and use of facilities.....	2b	6,781.
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIV).....	2d	
e Add lines 2a through 2d.....	2e	6,781.
3 Subtract line 2e from line 1.....	3	1,189,906.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIV).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).....	5	1,189,906.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements.....	1	948,288.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities.....	2a	6,781.
b Prior year adjustments.....	2b	
c Other losses.....	2c	
d Other (Describe in Part XIV).....	2d	
e Add lines 2a through 2d.....	2e	6,781.
3 Subtract line 2e from line 1.....	3	941,507.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIV).....	4b	
c Add lines 4a and 4b.....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).....	5	941,507.

Part XIV | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part V, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2c and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

Endowment funds held are used to encourage others to add to the endowment

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information Regarding Fundraising or Gaming Activities

CNF No. 1545,0247

2010

**Open to Public
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Native Seeds Southwestern Endangered
Midland Resources Clearing House, Inc. Employer identification number
94-2889356

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

<input type="checkbox"/> a Mail solicitations	<input type="checkbox"/> e Solicitation of non-government grants
<input type="checkbox"/> b Internet and email solicitations	<input type="checkbox"/> f Solicitation of government grants
<input type="checkbox"/> c Phone solicitations	<input type="checkbox"/> g Special fundraising events
<input type="checkbox"/> d In-person solicitations	

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

b If 'Yes,' list the ten highest paid individuals or entities ('fundraisers') pursuant to agreements under which the fundraiser is to be

Compensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total..... ► 0.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Flavorz Desert (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts.....	27,654.			27,654.
	2 Less: Charitable contributions.....	5,000.			5,000.
	3 Gross income (line 1 minus line 2).....	22,654.			22,654.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	9,178.			9,178.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				9,178.
	11 Net income summary. Combine line 3, column (d), and line 10.....				13,476.

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13. Indicate the percentage of gaming activity operated in:		
a. The organization's facility.....	13a	3
b. An outside facility.....	13b	3

14 Enter the name and address of the person who prepares the organization's quarrying/special events books and records:

Name: _____

Address ►

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

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

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

Name ► _____

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ▶ 6

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1345-0042

2010

Open to Public
Inspection

Name of the organization Native Seeds Southwestern Endangered
Aridland Resources Clearing House, Inc.

Employer identification number
94-2899356

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Directors Barney Burns and Mahina Drees are married.

Executive Director Bill McDorman and Deputy Director Belle Nussbaum are married.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 will be provided to the Treasurer before filing and discussed with the

executive director. It will be provided to all Board members and then discussed at the next Board meeting prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members agree to disclose any potential conflict as they arise when they sign

the policy on an annual basis. Upon disclosure of a potential conflict, the board

member disclosing the potential conflict will leave the board meeting to allow the

remaining board members to decide whether a real conflict exists. If a conflict does indeed exist, the member with the conflict cannot vote on the decision or

transaction at issue. If a member fails to disclose a potential interest and it is

brought to the attention of the Board Chair, it is investigated and the chair has

the authority to assert corrective or disciplinary action.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgmt

A change in Executive Directors occurred in March 2011. The Board agreed to keep the

Executive Director compensation at the same level for the new Director as for the

prior Director. Also in FY 2011, the Executive Committee reviewed a survey of

compensation for similarly structured non-profit Executive Directors. It was agreed

that the Executive Director salary would not change from the prior year.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available upon request

2010

Schedule O - Supplemental Information

Page 2

Native Seeds Southwestern Endangered
Aridland Resources Clearing House, Inc.

94-2899356

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

Prior Period Adjustment.....	\$ -26,220.
Total	<u>\$ -26,220.</u>



Program Accomplishments

October 1, 2010 to September 30, 2011

Native Seeds/SEARCH made great strides this past year to reestablish its position as a dynamic leader in the bioregional seed movement. As the organization bid farewell to previous Executive Director Bryn Jones, it welcomed the husband/wife team of Bill McDorman & Belle Starr. With decades of combined experience in seed retail, media and events, they bring to NS/S a host of new programs and ideas to expand the organization's impact both regionally and nationally.

Conservation

- We initiated a comprehensive two-year modernization of our seed bank collection to improve its security and accessibility. This overhaul features better organization, more secure packaging, improved monitoring of the storage environment, streamlined and more powerful data management tools, creation of a secure offsite backup collection, and standardized photo documentation.
- The 2011 growouts at our Conservation Farm in Patagonia and a community garden in Tucson (generously offered for our use by Community Gardens of Tucson) focused on maintaining the availability of many popular varieties for distribution. A total of 51 varieties (representing 24 different species) were grown to provide seed for distribution, including many varieties of chiltepines and sweet corn. In addition, nearly two tons of White Sonora wheat were grown to provide seed stock for a new local heirloom grain initiative. We also grew a research plot of 40 corn accessions for Prof. Richard Pratt at NMSU as part of his new study on the genetics of adaptability in corn.

Distribution

- Through our Native American Free Seed Program, we provided about 4,500 packets of seed to Native American gardeners/farmers and gardening/community projects in the southwestern United States. Additionally, nearly 700 seed packets were distributed through our Community Seed Grant Program to 35 organizations working to enhance food security, nutrition, education, or community development in the Southwest region and beyond. Those organizations included: Menlo Park Elementary, Chandler Gilbert Community College, Tierra y Libertad Organization (TYLO), Horny Toad Farms Community Program, Lauffer Middle School, Southwest Autism Research and Resource Center, Southwest Conservation Corps, Tempe High School, Tucson Preparatory School, Clarendon Elementary, and Long Beach Grows.

Outreach/Education

We made huge inroads this past year revamping our website to make it more user friendly and robust. The updated site includes new discussion forums to encourage the growth of an online "gardener's network" community and go-to informational resource around topics of growing and using specific crops, seed saving and homesteading, among many others. Many informative resources, such as archived editions of our Seedhead Newsletter, are now easily accessible through the new NS/S website.

At the forefront of our new push in seed education, we have introduced an innovative program called Seed School to overwhelming success. Throughout this period, we hosted an "on-location" Seed School training in Marin County, California at Solstice Grove Institute and also taught our first program at the Native Seeds/SEARCH Conservation Center and Farm. Over 20 students from as far away as Mexico City attended.

We began hosting the Native Seeds/SEARCH Salons, an ongoing series of free educational events held every third Monday of the month at the NS/S Retail Store. Upwards of 60 people have attended these meetings, which serve to directly connect NS/S with the broad community of Tucsonans interested in local food, gardening and related topics.

In addition to offering numerous presentations and tours of the seed bank to school and community groups, NS/S also produced its annual community and fundraising events: the Janos Harvest Dinner, the Flavors of the Desert Gala, and San Juan's Day at the Conservation Farm.

Volunteers

Volunteers are what make Native Seeds/SEARCH such an enduring and community-driven organization. An impressive 3,500 hours of volunteer time were logged during this past fiscal year, contributing to the following areas: agricultural (farm), bulk packaging, grants support, outreach and events, seed packaging, data and administration. This is the equivalent of almost two full-time employees.

**Request For 45R Credit Only
Exempt Organization Business Income Tax Return**

(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning 10/01, 2010,
and ending 9/30, 2011

OMB No. 1545-0567

2010Open to Public Inspection for
Solicitation of Organizations OnlyDepartment of the Treasury
Internal Revenue Service

► See separate instructions.

A <input type="checkbox"/> Check box if address changed	(<input type="checkbox"/> Check box if name changed and see instructions.)			D Employer identification number (Employees Inst; see instructions.) 94-2899356
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 4084 <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Native Seeds Southwestern Endangered Aridland Resources Clearing House, Inc. 3584 E River Rd Tucson, AZ 85716		E Unrelated business activity codes (See instructions.)
C Book value of all assets at end of year 1,959,368	F Group exemption number (See instructions.) ►	G Check organization type... ►	<input type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... ► Yes No
If 'Yes,' enter the name and identifying number of the parent corporation... ►

J The books are in care of: ► the organization

Telephone number ► 520 622-0830

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales...	c Balance ►	1c		
b Less returns and allowances...		2		
2 Cost of goods sold (Schedule A, line 7)...		3		
3 Gross profit. Subtract line 2 from line 1c.		4a		
4a Capital gain net income (attach Schedule D).....		4b		
b Net gain (loss) (Form 4797, Part II, line 7) (attach Form 4797).....		4c		
c Capital loss deduction for trusts.....		5		
5 Income (loss) from partnerships and S corporations (attach statement).....		6		
6 Rent income (Schedule C).....		7		
7 Unrelated debt-financed income (Schedule E).....		8		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F).....		9		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sth 6)....		10		
10 Exploited exempt activity income (Schedule I).....		11		
11 Advertising income (Schedule J).....		12		
12 Other income (See instructions; attach schedule.)		13	0.	0.
13 Total. Combine lines 3 through 12.....				

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	
--	--

14 Compensation of officers, directors, and trustees (Schedule K).....	14
15 Salaries and wages.....	15
16 Repairs and maintenance.....	16
17 Bad debts.....	17
18 Interest (attach schedule).....	18
19 Taxes and licenses.....	19
20 Charitable contributions (See instructions for limitation rules).....	20
21 Depreciation (attach Form 4562).....	21
22 Less depreciation claimed on Schedule A and elsewhere on return.....	22a
23 Depletion.....	23
24 Contributions to deferred compensation plans.....	24
25 Employee benefit programs.....	25
26 Excess exempt expenses (Schedule I).....	26
27 Excess readership costs (Schedule J).....	27
28 Other deductions (attach schedule).....	28
29 Total deductions. Add lines 14 through 28.....	29
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.....	30
31 Net operating loss deduction (limited to the amount on line 30).....	31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.....	32
33 Specific deduction (Generally \$1,300, but see line 33 instructions for exceptions).....	33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.....	34
	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and:	► 35c
a Enter your share of the \$60,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>	
c Income tax on the amount on line 34	► 36
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	► 37
37 Proxy tax. See instructions	► 38
38 Alternative minimum tax	► 39
39 Total. Add lines 37 and 38 to line 36c or 36, whichever applies	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a <input type="text"/>	► 40e
b Other credits (see instructions)	40b <input type="text"/>	
c General business credit. Attach Form 3800.	40c <input type="text"/>	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d <input type="text"/>	
e Total credits. Add lines 40a through 40d	40e <input type="text"/> 0.	
41 Subtract line 40e from line 39	41 <input type="text"/> 0.	► 41
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8666 <input type="checkbox"/> Other (attach schedule)	42 <input type="text"/>	► 42
43 Total tax. Add lines 41 and 42	43 <input type="text"/> 0.	► 43
44a Payments: A 2009 overpayment credited to 2010	44a <input type="text"/>	
b 2010 estimated tax payments	44b <input type="text"/>	
c Tax deposited with Form 8888	44c <input type="text"/>	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d <input type="text"/>	
e Backup withholding (see instructions)	44e <input type="text"/>	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f <input type="text"/> 2,313.	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="text"/> <input type="checkbox"/> Form 4136 <input type="text"/> Other <input type="text"/> Total... ► 44g <input type="text"/>		
45 Total payments. Add lines 44a through 44g	45 <input type="text"/> 2,313.	► 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46 <input type="checkbox"/>	► 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47 <input type="text"/>	► 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 <input type="text"/> 2,313.	► 48
49 Enter the amount of line 48 you want Credited to 2011 estimated tax ►	Refunded <input type="checkbox"/>	► 49 <input type="text"/> 2,313.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

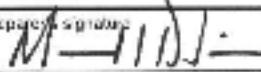
1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ►	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .. If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ <input type="text"/>		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1 <input type="text"/>	6 Inventory at end of year	6 <input type="text"/>	► 8
2 Purchases	2 <input type="text"/>	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7 <input type="text"/>	
3 Cost of labor	3 <input type="text"/>			
4a Additional section 263A costs (attach schedule)	4a <input type="text"/>			
b Other costs (attach schedule)	4b <input type="text"/>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5 Total. Add lines 1 through 4b	5 <input type="text"/>			

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ► Signature of officer **CLIENT'S COPY** Date **Treasurer** Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Mike DeVries	Preparer's signature 	Date 2/10/12	Check <input type="checkbox"/> if self-employed	PTIN E00748581
	From's name ► DeVries CPAs of Arizona, P.C.				From's EIN 86-0695888
	From's address ► 4349 East Fifth Street Tucson, AZ 85711-2025				Phone no. (520) 298-6200

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1 Description of property**

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8.				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations		
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)				
(2)				
(3)				
(4)				

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

BAA

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	► Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 5 minus column 6, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	► Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	►					

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	► Enter here and on page 1, Part II, line (1), column (A).	Enter here and on page 1, Part II, line (1), column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14	►		

Credit for Small Employer Health Insurance Premiums

Department of the Treasury
Internal Revenue Service

- See separate instructions.
- Attach to your tax return.

OMB No. 1545-2198

2010

Attachment
Sequence No. 63

Name(s) shown on return

Native Seeds Southwestern Endangered
Aridland Resources Clearing House, Inc.Identifying number
94-2899356

1 Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	13
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	10
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	35,000.
4 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	15,418.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	15,418.
6 Enter the smaller of line 4 or line 5	6	15,418.
7 Multiply line 6 by the applicable percentage:		
• Tax-exempt small employers, multiply line 6 by 25% (.25)	7	3,855.
• All other small employers, multiply line 6 by 35% (.35)	8	3,855.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	9	2,313.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	10	
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	11	15,418.
11 Subtract line 10 from line 4. If zero or less, enter -0-	12	2,313.
12 Enter the smaller of line 9 or line 11	13	13
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	14	10
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	15	
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	16	2,313.
16 Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	17	
17 Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	18	2,313.
18 Subtract line 17 from line 16	19	
19 Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	20	
20 Carryback of the credit for small employer health insurance premiums from 2011	21	2,313.
21 Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	22	
22 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	23	
23 Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	24	56,359.
24 Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	25	2,313.
25 Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f		

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8941 (2010)

ARIZONA FORM 99 Arizona Exempt Organization Annual Information Return 2010

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For the calendar year 2010 or fiscal year beginning 10/01/2010 and ending 09/30/2011.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		Name NATIVE SEEDS/SOUTHWESTERN ENDANGERED ARTISANAL RESOURCE CLEARING HOUSE, INC. Number and street or PO Box 3584 E RIVER ROAD City or town, state and ZIP code TUCSON, AZ 85718	Employee identification number (EIN) 94-2899356 AZ transaction privilege tax number
Business telephone number 520-622-0830			

(65) Check box if: This is a first return Name change Address changeCHECK BOX IF:
32-mos. Fed 3-mos. AZ - Fed
Return filed under extension

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

A Date Arizona operations began 01/14/1903

B Nature of Arizona activities AGRICULTURAL

C Check federal form filed: 990 990-EZ Other (specify)

Enclose a copy of the organization's federal return.

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66

Sources of Income	1 Gross sales or receipts from business activities..... 2 Less: Cost of goods sold or of operations - attach itemized statement..... 3 Gross profit from business activities - subtract line 2 from line 1..... 4 Interest..... 5 Dividends..... 6 Rents and royalties..... 7 Gain or (loss) from sales of assets, excluding inventory items..... 8 Dues, assessments, etc., from members..... 9 Dues, assessments, etc., from affiliated organizations..... 10 Contributions, gifts, grants, etc., received..... 11 Other income - attach itemized statement..... 12 Total income - add lines 3 through 11.....	1 <input type="text"/> 00 2 <input type="text"/> 00 3 <input type="text"/> 0 00 4 <input type="text"/> 00 5 <input type="text"/> 00 6 <input type="text"/> 00 7 <input type="text"/> 00 8 <input type="text"/> 00 9 <input type="text"/> 00 10 <input type="text"/> 00 11 <input type="text"/> 00 12 <input type="text"/> 0 00	See attached Federal Form 990
Administrative Expenses	13 Compensation of officers, directors, trustees, etc..... 14 Salaries and wages - other than amounts included on line 2..... 15 Interest..... 16 Taxes..... 17 Rent expense..... 18 Depreciation - attach schedule..... 19 Miscellaneous expenses - attach itemized statement..... 20 Total expenses - add lines 13 through 19.....	13 <input type="text"/> 00 14 <input type="text"/> 00 15 <input type="text"/> 00 16 <input type="text"/> 00 17 <input type="text"/> 00 18 <input type="text"/> 00 19 <input type="text"/> 00 20 <input type="text"/> 0 00	
Disbursements From Current Income for the Organization's Exempt Purposes	21 Dues, assessments, etc., to affiliated corporations..... 22 Contributions, gifts, grants, etc., paid..... 23 Benefit payments to or for members or their dependents: a. Death, sickness, hospitalization, disability, or pension benefits..... b. Other benefits..... 24 Dividends and other distributions to members, shareholders, or depositors..... 25 Other..... 26 Total - add lines 21 through 25.....	21 <input type="text"/> 00 22 <input type="text"/> 00 23a <input type="text"/> 00 23b <input type="text"/> 00 24 <input type="text"/> 00 25 <input type="text"/> 00 26 <input type="text"/> 0 00	
Disbursements From Principal for the Organization's Exempt Purposes	27 Dues, assessments, etc., to affiliated corporations..... 28 Contributions, gifts, grants, etc., paid..... 29 Benefit payments to or for members or their dependents: a. Death, sickness, hospitalization, disability, or pension benefits..... b. Other benefits..... 30 Dividends and other distributions to members, shareholders, or depositors..... 31 Other..... 32 Total - add lines 27 through 31.....	27 <input type="text"/> 00 28 <input type="text"/> 00 29a <input type="text"/> 00 29b <input type="text"/> 00 30 <input type="text"/> 00 31 <input type="text"/> 00 32 <input type="text"/> 0 00	
Other Accumulation of income	33 Other disbursements not itemized above - attach schedule..... 34 Accumulation of income in current year - line 12 less the sum of lines 20, 26, 32, and 33..... 35 Accumulation of income at beginning of year..... 36 Accumulation of income at end of year - add lines 34 and 35..... 37 Penalty for late filing or incomplete filing. See instructions.....	33 <input type="text"/> 00 34 <input type="text"/> 0 00 35 <input type="text"/> 00 36 <input type="text"/> 0 00 37 <input type="text"/> 00	

ADOR 10418 (*0) THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(k).

NOTE: Amounts used in attached schedules and in this column should be one of year amounts.		(a) Beginning of year	(b) End of year
Assets			
A1 Cash.....		00	A1 00
A2a Accounts receivable.....	A2a 00		
b Less: allowance for doubtful accounts.....	A2b 00		
c Line A2a less line A2b. Enter difference in column (b).....		00	A2c 0 00
A3a Other notes and loans receivable - attach schedule..	A3a 00		
b Less: allowance for doubtful accounts.....	A3b 00		
c Line A3a less line A3b. Enter difference in column (b).....		00	A3c 0 00
A4 Inventories.....		00	A4 00
A5 Investments (securities) - attach schedule.....		00	A5 00
A6 Investments (other) - attach schedule.....		00	A6 00
A7a Land, buildings, and equipment basis.....	A7a 00		
b Less: accumulated depreciation - attach schedule	A7b 00		
c Line A7a less line A7b. Enter difference in column (b).....		00	A7c 0 00
A8 Other assets - describe.....		00	A8 00
A9 Total assets - add lines A1 through A8.....		0 00	A9 0 00
Liabilities			
A10 Accounts payable and accrued expenses.....		00	A10 00
A11 Mortgages and other notes payable - attach schedule.....		00	A11 00
A12 Other liabilities - describe.....		00	A12 00
A13 Total liabilities - add lines A10 through A12.....		0 00	A13 0 00
Net Assets			
A14 Capital stock or trust principal.....		00	A14 00
A15 Paid-in or capital surplus.....		00	A15 00
A16 Retained earnings or accumulated income.....		00	A16 00
A17 Total net assets - add lines A14 through A16.....		0 00	A17 0 00
A18 Total liabilities and net assets - add lines A13 and A17.....		0 00	A18 0 00
Certification 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.			
CLIENT'S COPY			
Please Sign Here	Office's signature	Date	Title
Paid	<u>M. J. J.</u>	<u>2/10/12</u>	
Preparer's	Preparer's signature	Date	Preparer's EIN, PTIN or SSN
Use Only	DEVRIES CPA'S OF ARIZONA, P.C.		66-0695888
	Firm's name (or preparer's, if self-employed)		Firm's EIN or SSN
	4349 E 5TH STREET TUCSON, AZ	85711	520-298-6200
	Firm's address	Zip code	Firm's telephone number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153