

Return of Organization Exempt From Income Tax

2010

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

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

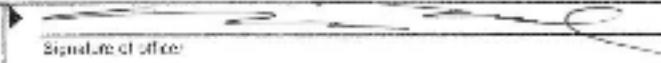
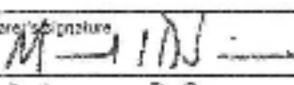
Open to Public
Inspection

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	Native Seeds Southwestern Endangered Aridland Resources Clearing House, Inc.	
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
F. Name and address of principal officer: David Tiers Same As C Above		D. Employer identification number: 94-2899356
		E. Telephone number: 520 622-0830
		G. Gross receipts: \$ 1,209,365.
		H(a). Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		H(b). Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions).
I. Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(7)(e) (insert) <input type="checkbox"/> 4911(c)(7)(d) <input type="checkbox"/> 527		J. Website: ► www.nativesseeds.org K. Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L. Year of formation: 1983 M. State of legal domicile: AZ

Part I Summary			
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.			
3 Number of voting members of the governing body (Part VI, line 1a).....		3	13
4 Number of independent voting members of the governing body (Part VI, line 1b).....		4	13
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a).....		5	29
6 Total number of volunteers (estimate if necessary).....		6	70
7a Total unrelated business revenue from Part VIII, column (C), line 12.....		7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....		7b	0.
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1b).....		491,758.	673,627.
9 Program service revenue (Part VIII, line 2g).....		120,342.	500,005.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		134,864.	1,161.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		257,863.	15,113.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		1,004,827.	1,189,906.
		Beginning of Current Year	End of Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		574,187.	449,262.
14 Benefits paid to or for members (Part IX, column (A), line 4).....		86,116.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		506,832.	492,245.
16a Professional fundraising fees (Part IX, column (A), line 11c).....		1,081,019.	941,507.
b Total fundraising expenses (Part IX, column (D), line 25).....		-76,192.	248,399.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		1,186,965.	1,409,144.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....			
19 Revenue less expenses. Subtract line 18 from line 12.....			
20 Total assets (Part X, line 16).....		1,835,085.	1,959,368.
21 Total liabilities (Part X, line 26).....		648,120.	550,224.
22 Net assets or fund balances. Subtract line 21 from line 20.....			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			2/10/12
	Signature of officer: Michael McDonald		Title: Treasurer
Paid Preparer Use Only	Print/Type preparer's name: Mike DeVries	Preparer's signature: 	Date: 2/10/12 Check <input type="checkbox"/> ✓ PRN <input type="checkbox"/> self-employed N/A
	Firm's name: ► DeVries CPAs of Arizona, P.C.	Firm's EIN: ► N/A	
	Firm's address: ► 4349 East Fifth Street Tucson, AZ 85711-2025		
	Phone no.: (520) 298-6200		

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.

Rev. 10-2010

Form 990 (2010)