

**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

Department of the Treasury  
Internal Revenue Service

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:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** 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

**G** Gross receipts: \$ 1,209,355.

**F** Name and address of principal officer: David Tiers  
Same As C Above

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: www.nativeseeds.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1983

**M** State of legal domicile: AZ

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	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 VII, line 1a)	13
	4	Number of independent voting members of the governing body (Part VII, line 1b)	13
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	29
	6	Total number of volunteers (estimate if necessary)	70
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VII, line 1f)	Prior Year: 491,758. Current Year: 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.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	574,187. 449,262.
	16a	Professional fundraising fees (Part IX, column (A), line 11c)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) <u>86,116.</u>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	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.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,835,085. End of Year: 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	1,186,965. 1,409,144.

**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**

Signature of officer: [Signature] Date: 2/10/12

**Michael McDonald** Treasurer  
 Type or print name and title.

**Paid Preparer Use Only**

Print preparer's name: Mike DeVries Preparer's signature: [Signature] Date: 2/10/12 Check  self-employed  **PTIN**: E/A

Firm's name: DeVries CPAs of Arizona, P.C. Firm's EIN: N/A

Firm's address: 4349 East Fifth Street Phone no.: (520) 298-6200  
Tucson, AZ 85711-2025

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