Form 990

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)

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

For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

Name of organization: NATIVE SEEDS/SOUTHWESTERN ENDANGERED ARIDLAND RESOURCES CLEARING HOUSE, INC.

Doing Business As: NATIVE SEEDS/SEARCH

Address:

3584 E RIVER RD

TUCSON, AZ 85718

City or town, state or country, and ZIP + 4

Phone number: 520-622-0830

Fax: 234,483.

Name and address of principal officer: BILL MCDORMAN

SAME AS C ABOVE

Employer identification number: 94-2899356

Gross receipts: $823,483.

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

Website: www.nativeseeds.org

J Year of formation: 1983

State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FOR 30 YEARS, NATIVE SEEDS/SEARCH HAS BEEN DEDICATED TO PRESERVING (CONT'D SCHED. O)

2 Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Number of voting members of the governing body (Part VI, line 1a)

3 14

Number of independent voting members of the governing body (Part VI, line 1b)

4 14

Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 26

Total number of volunteers (estimate if necessary)

6 150

a 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 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - odd lines 8 through 11 (must equal Part VIII, column (A), line 12)

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)

16 Professional fundraising fees (Part IX, column (A), line 11e)

17 Total fundraising expenses (Part IX, column (D), line 25)

18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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.

Signature of officer: [Signature]

Print/Type preparer's name: BRENDA BLUNT

Preparer's signature: [Preparer's signature]

Date: 08/07/13

Check if self-employed: ☐

PTIN: 00075126

Preparer's EIN: 45-0250958

Firm's name: EIDE BAILLY LLP

Firm's address: 1850 N CENTRAL AVE, SUITE 400

PHOENIX, AZ 85004-4527

Phone no.: 602-264-5844

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

132001 01-31-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION