

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)

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

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 of organization NATIVE SEEDS/SOUTHWESTERN ENDANGERED ARIDLAND RESOURCES CLEARING HOUSE, INC. Doing Business As NATIVE SEEDS/SEARCH Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3584 E RIVER RD City or town, state or country, and ZIP + 4 TUCSON, AZ 85718 F Name and address of principal officer: BILL MCDORMAN SAME AS C ABOVE	D Employer identification number 94-2899356 E Telephone number 520-622-0830 G Gross receipts \$ 823,483. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NATIVESEEDS.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: FOR 30 YEARS, NATIVE SEEDS/SEARCH HAS BEEN DEDICATED TO PRESERVING (CONT'D SCHED. O)			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	26	
	6 Total number of volunteers (estimate if necessary)	6	150	
	7 a 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.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		673,627.	287,862.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		500,005.	113,537.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,161.	798.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,113.	274,082.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,189,906.	676,279.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		449,261.	534,108.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,382.		0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	492,245.	401,891.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	941,506.	935,999.	
	19 Revenue less expenses. Subtract line 18 from line 12	248,400.	-259,720.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	1,959,368.	1,757,025.
		22 Net assets or fund balances. Subtract line 21 from line 20	550,224.	607,601.
			1,409,144.	1,149,424.

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		<u>8/12/13</u> Date	
	DAVID TIERS, BOARD CHAIR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BRENDA BLUNT	Preparer's signature BRENDA BLUNT	Date 08/07/13	Check <input type="checkbox"/> if self-employed PTIN P00075126
	Firm's name ▶ EIDE BAILLY LLP Firm's address ▶ 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527	Firm's EIN ▶ 45-0250958 Phone no. 602-264-5844		

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