

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public! Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2017, and ending For the 2017 calendar year, or tax year beginning July 1 June 30 20 18 Check if applicable C Name of organization Foundation Seed Stocks Division D Employer identification number Doing business as Address change 46-0230291 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 605-688-5418 Box 2207A, SDSU City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Amended return Brookings, SD 57007 G Gross receipts \$ 1,026,137 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Jack Ingemansen, Manager H(b) Are all subordinates included? L. Yes L. No. If "No," attach a list (see instructions)] 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ Tax-exempt status Website: ▶ H(c) Group exemption number ► Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile SD Part I Briefly describe the organization's mission or most significant activities: Foundation Seed Stocks Division's mission is to SCANNED MAR 0 7 2019 provide pure seed stock of new varieties developed by South Dakota State University. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 6 5 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 9 Program service revenue (Part VIII, line 2g) 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,574 22,947 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 405,964 522,152 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 428,538 545,099 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 102,600 112,100 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) 115,928 106,808 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 235,752 185,255 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 454,280 404,163 19 Revenue less expenses. Subtract line 18 from line 12 (25,742)140.936 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,773,953 2,994,521 21 Total liabilities (Part X, line 26) . 300,383 349,730 22 Net assets or fund balances. Subtract line 21 from line 20 2,644,791 2.473.570 Signature Block Part II 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 Type or print name and title Print/Type preparer's name Preparer's signature Paid Check I If **Preparer** Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No Form 990 (2017) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

orm 99	0 (2017	<u> </u>	Page 2
Part	Ш	Statement of Program Service Accomplishments	
4	Dwaf	Check if Schedule O contains a response or note to any line in this Part III	<u></u> <u></u>
1		efly describe the organization's mission: Indation Seed Stocks Division's mission is to maintain gemetic purity of publicly developed varieties of agr	icultural arana
	roun		
2		the organization undertake any significant program services during the year which were not listed o	
	•	or Form 990 or 990-EZ?	· 🗌 Yes 🗹 No
_		Yes," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any provices?	-
		Yes," describe these changes on Schedule O.	· L tes MNo
4		scribe the organization's program service accomplishments for each of its three largest program ser	vices as measured by
•		penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	
		total expenses, and revenue, if any, for each program service reported.	
4a	(Cod	de:) (Expenses \$ 404,163 including grants of \$ 112,100) (Revenue \$	545,099)
		indation Seed is affiliated with South Dakota State University, which is the land grant university for South D	
		eties of Foundation Seed are maintained of publicly developed crop varieties. Foundation Seed distributes	
	oi Fo	oundation Class of Certified Seed to over 120 Certified Seed producers annually.	
4b	/Cod	de.) (Expenses \$ including grants of \$) (Revenue \$	
40	(Coa		
			•
			••
			·····
			••
4c	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)
			·····
			•••••
<i>N</i> = 1	Other	or program convices (Describe in Schedule O.)	
4d		er program services (Describe in Schedule O.) benses \$ including grants of \$) (Revenue \$)	
40	Total	al program capilos expenses	



Part l	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		→
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	Ü		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		√
С	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		√
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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 and XII is optional	12b	_	√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		✓
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		1
	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		✓
			agan	100470

Part	Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
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		1
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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), 501(c)(4), and 501(c)(29) 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		✓
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?	ļ		
	If "Yes," complete Schedule L, Part I	25b		✓ _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-55		<u> </u>
	Part I	31_		✓
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	_	√
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		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		`
þ	If "Yes" to line 35a, 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.	35b		→
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50_		
ν.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31_		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]		!
	reportable gaming (gambling) winnings to prize winners?	1c		1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	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?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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]	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	'	i	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	}		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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 as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1		
_	gifts were not tax deductible?	6b_		L.
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l- <u>-</u>		اــــِـــا
	and services provided to the payor?	7a	<u> </u>	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
A	1-1	7c		V
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization receive any runos, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		▼
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Y
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	Ť		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1 1		
а	Gross income from members or shareholders	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources]]		
	against amounts due or received from them.)			
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 .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.]		Ī
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Form 99	90 (2017)		F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>.</u>	
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	.2		√
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		✓_
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	✓	
9	Is there any officer, director, 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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		√
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		√ ✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓ _
13 14 15	Did the organization have a written whistleblower policy?	13		<u>√</u> <u>/</u>
	The organization's CEO, Executive Director, or top management official	15a 15b		√ √
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(ດ	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Jack Ingemansen, Box 2207A, SDSU, Brookings, SD 57007	cords:	>	

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Form	aan	(2017)

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

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 (D), (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									r, or trustee.		
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than on the than the the than the the than the the than the	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (list any hours for related lorganizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Laird Larson, Vice-Chairman	1							0	0		0
(2) Jack Ingemansen, Manager	45				,	1		90,412	0		0
(3) Barry Dunn	1							0	0		0
(4) David Wright, Chairman	1							0	0		0
(5) John Killefer	1			-				0			0
(6) Karia Trautman	1										<u>-</u>
(7) William Gibbons	11										<u> </u>
(8) Jon Kleinjan, Secretary, Treasurer	11							0	0		0
(9) Andy Dupraz	1							0	0		 0
(10) Chris Lee	1							0	0		0
(11) Leon Koeppe	1							0	0		0
(12) Jesse Wittler	1										0
(13)	ļ										<u>-</u>
(14)											_

	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos eck s pe l a d	rson	than out the thick the thi	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)								_			
(18)											·
(19)							_				
(20)					_						
(21)					_						
(22)								-			
(23)											
(24)							_	-			
(25)				\dashv	\dashv						
	Sub-total						-	 	90,412		
d d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•				▶	90,412	0	
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est compensate	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortal	ole c	com	per	satio				
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	al 5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Replyear.										
	(A) Name and business add	ress			_				(B) Description of se	ervices	(C) Compensation
					_	_					
					_			-			
	Total number of independent contracto	rs (includin	g bu	t no	ot li	mite	ed to	th.	ose listed abo	ve) who	

Check if Schedule O Contains a response or note to any line in the Part VIII. Total revenue (9) or 10	Part	VIII	Statement of Revenue					
Total revenue Reference Representation of the control of the contr		•	Check if Schedule O contains	a response or no	ote to any line in thi	s Part VIII		<u> </u>
Business Code Business Cod					(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code Business Cod	nts nts	1a	Federated campaigns	fa				
Business Code Business Cod	ts, Grar Amour	b	Membership dues	1b				
Business Code Business Cod	s, G	С	Fundraising events	1c				
Business Code Business Cod	ar.	d	Related organizations	1d			ı	
Business Code Business Cod	s, (imil	е	Government grants (contributions)	1e				
Business Code Business Cod	ion S	f	All other contributions, gifts, grants,					
Business Code Business Cod	the st		and similar amounts not included above	1f			, , ,	'
Business Code Business Cod	d d	g	Noncash contributions included in lines 1	a-1t \$				
20	Co	h	Total. Add lines 1a-1f		>			
3 Investment income (including dividends, interest, and other similar amounts) 22,947	ue			Business C	ode			
3 Investment income (including dividends, interest, and other similar amounts) 22,947	ven	2a						
3 Investment income (including dividends, interest, and other similar amounts) 22,947	æ	b						
3 Investment income (including dividends, interest, and other similar amounts) 22,947	Vice	С				<u> </u>		
3 Investment income (including dividends, interest, and other similar amounts) 22,947	Ser	d					<u> </u>	
3 Investment income (including dividends, interest, and other similar amounts) 22,947	æ	е						
3 Investment income (including dividends, interest, and other similar amounts) 22,947	ogr	f	· —	ue				<u></u>
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds ► 5 Royatties 6a Gross rents b Lees, rental expenses c Rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a Less. direct expenses b C Net income or (loss) from gaming activities See Part IV, line 19 a Less. cost of goods sold b Income or (loss) from sales of inventory less returns and allowances a 1,026,137 b Less. cost of goods sold b Income or (loss) from sales of inventory less returns and allowances c Net income or (loss) from sales of inventory Business Coule 11a b Lest. cost of goods sold b Income or (loss) from sales of inventory Business Coule 11a b Lest. cost of goods sold b Income or (loss) from sales of inventory Business Coule 11a b Lest. cost of goods sold b Income or (loss) from sales of inventory Business Coule 11a b Lest. Add lines 11a-11d	<u>a</u>					<u> </u>		
Page		3					l	
Formal		_	·		ZE,34	22,947		
0 Personal				•	S.	ļ		
Baselin		5			21	 		
December		0-	<u></u>	di (ii) Fersoni	"		ı	
C Rental income or (loss)					 			
Net rental income or (loss) Net gain or (loss) Netgain or (l								
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) .		_				·		
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) het gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses b c c Net income or (loss) from fundraising events See Part IV, line 19 a b Less. direct expenses b c c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less. direct expenses b c 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 510,355 c Net income or (loss) from sales of inventory ▶ 515,782 Miscellamenus Revenue Business Cude 11a b C c d All other revenue e Total. Add lines 11a-11d . ▶				rties (ii) Other		 		<u> </u>
b Less cost or other basis and sales expenses c Gain or (loss) .		, a						
and sales expenses c Gain or (loss) . 6,370 d Net gain or (loss) .		h	·	- - '	7,370	i		٠,
The state of the								!
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) 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 510,355 c Net income or (loss) from sales of inventory 515,782 515,782 Miscellaments Revertine Business Cude 11a b C C d All other revenue e Total. Add lines 11a–11d		_	·		270			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses . b c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19		_		<u>'</u>		6 370		
events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses . b c Net income or (loss) from fundraising events . ▶ 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 510,355 c Net income or (loss) from sales of inventory . ▶ 515,782 Miscellaneous Revenue . Business Cude 11a b		_	rest gam or (1000)	· · · · ·	0,370			
C Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19		8a	events (not including \$					
C Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19	er Re		See Part IV, line 18	1c) a				
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 . ▶ 515,782 Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d ▶	ਰ		·			.	 	
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 b 11a B Business Cude					<u> </u>	ļ		
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			See Part IV, line 19					
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 Reverine Business Code 11a b c d All other revenue e Total. Add lines 11a-11d ▶	ĺ							
returns and allowances a 1,026,137 b Less. cost of goods sold b 510,355 c Net income or (loss) from sales of inventory					P			
b Less. cost of goods sold . b 510,355 c Net income or (loss) from sales of inventory . ► 515,782 Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d ►		10a						
C Net income or (loss) from sales of inventory . ▶ 515,782 Miscellaneous Revenue Business Code 11a		_		- 7,021				Ì
Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d								
11a b c d All other revenue e Total. Add lines 11a–11d		<u>C</u>			0.07.00	515,782		 ,
b	J	44	Miscellaneous Revenue	- Business Co				
c			•••••					
d All other revenue		_				 		
e Total. Add lines 11a-11d		_				 	 	<u> </u>
	ĺ	_				 		1
		e 12				545 099	·	

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 .	112,100	112,100		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,271	83,271		
9	Other employee benefits	23,537	23,537		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	18,085	18,085		
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion				
13	Office expenses	2,244	2,244		
14	Information technology				
15	Royalties				
16	Occupancy	12,844	12,844		
17	Travel	13,890	13,890		- <u>-</u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	436	436		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,043	104,043		
23	Insurance	1,925	1,925		-
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Farm Supplies	6,230	6,230		
b	Lab Services	2,853	2,853		
C	Freight	4,936	4,936		_
d	Repairs	17,439	17,439		
е 05	All other expenses Miscellaneous	329	329		
25	Total functional expenses. Add lines 1 through 24e	404,163	404,163		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,352,259	_	1,655,786
	3	Pledges and grants receivable, net		3	·
	4	Accounts receivable, net	25,435	4	33,010
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
šet	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	246.899		172,025
•	9	Prepaid expenses and deferred charges	240,033	9	16,689
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 3,295,542			10,009
	ь	Less. accumulated depreciation 10b 2,178,531	1,149,360	10c	1,117,011
	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)	2,773,953	16	2,994,521
_	17	Accounts payable and accrued expenses	200,383		149,730
	18	Grants payable	100,000		200,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	300,383	26	349,730
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
3af	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Å	32	Retained earnings, endowment, accumulated income, or other funds	2,473,570	32	, 2,644,791
Net Assets	33	Total net assets or fund balances	2473570	33	2644/191
_	34	Total liabilities and net assets/fund balances	2,773,953	34	2,994,521
					Form 990 (2017)

_	4	•
Page	-1	4

Oitii 5	50 (2017)				ige iz
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54	5,099
2	Total expenses (must equal Part IX, column (A), line 25)	2		40) 4 ,163
3	Revenue less expenses. Subtract line 2 from line 1	3		14	10,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		2,47	3,570
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3	10,285
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,64	4,791
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	1 :		
	Schedule O.				
2a			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				}
b	The state of Garden and the state of the sta		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			1
	Schedule O.				
3a		forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identification number
Found	ation Seed Stocks Division		46-0230291
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	_	_ = = _ = =
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
			a certified filstoric structure
2	Preservation of open space Complete lines 2a through 2d if the organization his	ald a gualified conservation contribute	on in the form of a conservation
_	easement on the last day of the tax year.	eld a qualified conservation contribution	Held at the End of the Tax Year
	· ·		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	, ,	
d	Number of conservation easements included in		I I
_	•		· · 2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?	•	· · · · · Yes · No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	ing to these items:	
			. > \$
	(i) Revenue included on 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 S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		

	Using the organization's acquisition,										
3 .	collection items (check all that apply):		ssion, and o	ther reco	rus, chec	K any Or u	ie iolioi	wing that are a	signinicar	it use of i	ıs
а	Public exhibition			а	□ Loan	or exchan	ae prod	ırame			
b	Scholarly research				Other						
c	Preservation for future generation	s		·		'			· 		
4	Provide a description of the organiza		collections	and expla	ain how t	hev further	the ord	anızatıon's ex	empt purc	ose in Pa	rt
	XIII.					.,		9 - -			•
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical t	reasure	s, or other sim	ıılar		
	assets to be sold to raise funds rather	r than	to be mainta	ained as i	part of the	e organızat	ion's co	ollection? .	. 🗆 Y	es 🗌 No	3
Pari	IV Escrow and Custodial Arra				_				_		_
	Complete if the organization	n ans	wered "Yes	on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount o	n Form	
	990, Part X, line 21.										
1a	<i>5 5 7</i>							r other assets	not		
	included on Form 990, Part X?						•		□ Y	'es 🗌 No	C
b	If "Yes," explain the arrangement in P	art XI	II and compl	ete the fo	ollowing to	able [.]					_
							<u> </u>		Amount		_
C	Beginning balance	•			• •		10				_
d	Additions during the year .	• •		•			10				_
e	Distributions during the year	•			•		16				_
f	Ending balance	•									_
2a	Did the organization include an amou)
	If "Yes," explain the arrangement in P Endowment Funds.	art XI	ii Check rier	e ii the e.	xpianatioi	n nas been	provide	ed on Part XIII	· · · ·		_
rai	Complete if the organization	ane	warad "Vac	" on For	m aan F	Part IV Jun	_1 0				
	Complete if the organization	$\overline{}$	Current year		or year	(c) Two year		(d) Three years ba	ick (e) Fou	ır years back	_
1a	Beginning of year balance	— ``		(-,	,	(0)		(4, 11, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	(3): 0	,	_
b	Contributions			 		 					_
C	Net investment earnings, gains, and	 		 							_
•	losses							i			
d	Grants or scholarships										
e	Other expenditures for facilities and								+		_
·	programs	ļ		ļ		<u> </u>]		
f	Administrative expenses	┝╌╴									_
g g	End of year balance			<u> </u>					+		_
2	Provide the estimated percentage of t	the cu	rrent vear er	nd balanc	e (line 1a	ı. column (a	a)) held	as:			_
a	Board designated or quasi-endowme				- (,,	,,				
b	Permanent endowment ▶	%									
C	Temporarily restricted endowment ▶		%								
	The percentages on lines 2a, 2b, and			00%							
3a	Are there endowment funds not in the				zation tha	at are held	and ad	ministered for	the		
	organization by									Yes No	_
	(i) unrelated organizations .								. 3a(i)		_
	(ii) related organizations								. 3a(ii)		_
b	If "Yes" on line 3a(ii), are the related o	rganiz	zations listed	as requi	red on So	chedule R?			. 3b		_
4	Describe in Part XIII the intended uses										_
Part	VI Land, Buildings, and Equip	men	t.								_
	Complete if the organization	ansv	wered "Yes	" on For	m 990, F	Part IV, lin	e 11a.	See Form 99), Part X,	<u>line 10.</u>	
	Description of property		(a) Cost or o			or other basis		Accumulated	(d) Bo	ok value	
			(investm	nent) —————	(0	ther) 	d	epreciation			_
1a	Land				ļ		L) jus			_
b	Buildings			2,080,779			<u> </u>	1,194,959		885,82	0
С	Leasehold improvements										_
d	Equipment			1,214,762				983,572		231,19	1
<u>e</u>	Other	•			<u> </u>	(7)					_
Total.	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	90, Part)	K, column	i (B), line 10	UC).	<u> ▶]</u>		1,117,01	1

Part VII	Investments - Other Securities				
	Complete if the organization ansi		rm 990, Part IV, III	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	, 	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives				
	neld equity interests			 	
(3) Other					
(A)			<u></u> _	<u> </u>	
(B)				 	
(C)				 	
(D)			<u> </u>		
(E) (F)			 	 	
(G)		<u></u>		 	
(H)		·		 	
	b) must equal Form 990, Part X, col (B) line 12)		 	 	
Part VIII	Investments—Program Related	1.			
	Complete if the organization ansi		rm 990. Part IV. lii	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
(1)					
(2)				<u> </u>	
(3)				_	
_(4)				 	
_(5)				 	
(6)		 		 	
(7)			 	 	
(8)			 	 	
(9)	b) must equal Form 990, Part X, col (B) line 13)	 _		 	
Part IX	Other Assets.			ــــــــــــــــــــــــــــــــــــــ	
	Complete if the organization ansi	wered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See Form	990, Part X, line 15.
) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
_(6)					
(7)					
(8)					 -
(9)	mn (b) must equal Form 990, Part X, co	ol (R) (me 15.)		<u> </u>	
Part X	Other Liabilities.	Di. (D) line 10 /			<u> </u>
Tarex	Complete if the organization ansuline 25.	wered "Yes" on For	m 990, Part IV, III	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	K: * 114	N par i ti e	E 40-074
(1) Federal in					
(2)					
(3)				a	, w we will
(4)					
(5)					
(6)					
(7)				ா மு.அ. ம ு. இ.4 - 20	•
(8)					
(9)					
	p) must equal Form 990, Part X, col. (B) line 25.) ▶				
	uncertain tax positions In Part XIII, provi				
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740) Che	ck here if the text of	the toothote has bee	n provided in Part XIII

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	ue per Return	
ı aı	Complete if the organization answered "Yes" on Form 990,		ide per rietarii.	
'	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		` '- -	
a	Net unrealized gains (losses) on investments	2a]]	
b	Donated services and use of facilities	2b		
		2c		
C	Other (December of Deat MIL)	2d		
d	Add lines 2a through 2d	20	2e	
е 3	Subtract line 2e from line 1	• • • •		
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	· · -3-	
4		4a		
a	60 /6 1 5 (200)	4b		
b	Other (Describe in Part XIII.)	[40]	- 4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
ــــــــــــــــــــــــــــــــــــــ	XII Reconciliation of Expenses per Audited Financial Stater			
i ai i	Complete if the organization answered "Yes" on Form 990,		noco per neturn.	
1	Total expenses and losses per audited financial statements	Turriy, iii o 12a.	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		· · - 	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	 -	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1	· · 3 	
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	1 1	
b	Other (Describe in Part XIII.)	4b		
C	Add land and Ale	_ 10	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 18)	. 5	
Part			· · · · · · · · · · · · · · · · · · ·	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1	b and 2b. Part V. line 4: F	Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
•				

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2018 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www irs.gov/Form990 for the latest information.

Employer identification number

Foundation Seed Stocks Division							46-0230291	
Part I General Information	on Grants and	Assistance						
Does the organization maintain the selection criteria used to a Describe in Part IV the organization.	ward the grants of	or assistance?	·	•		or the grants or assista	nce, and	□No
Part II Grants and Other Ass Part IV, line 21, for any	recipient that r	mestic Organiz eceived more th	ations and Dom nan \$5,000 Part	nestic Governm Il can be duplica	ents. Complete if ated if additional s	the organization and pace is needed	swered "Yes" on F	om 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan	•
(1) SDSU AHPS Department			112,110				Research	
(2)	_							
(3)								
(4)								
(5)								
(6)						· <u> </u>		
(7)								
(8)								
(9)								
(10)								
(11)			<u> </u>					
(12)								
2 Enter total number of section	501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table	 		> 0	
3 Enter total number of other org	ganizations listed	in the line 1 table					<u> </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

'Cat No 50055P

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Foundation Seed Stocks Division	46-0230291
Part VI, Line 11b. The Foundation Seed Stock Manager prepares the 990. A copy is provided to the SI	JSU Accounting Department for review
one week prior to filing.	
	······································
Part VI, Line 19. The financial statements and governing documents are not published but would be a	variable upon request. The Foundation
Stocks Division Board of Directors do not have a conlict of interest policy.	·
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