

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



.... **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)

2008

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

Department of the Treasury

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

-		nue Service		no organization	_i		2000	nd andina	Doo	ombor	, 20 08		
<u> </u>	For th	ne 2008 ca	alendar	year, or tax yea	r beginning	January	, 2006, a	nd ending		ember			
В	Check if	applicable	Please use IRS	C Name of organi		Internacional	de Mejoram	iento de N	naiz y i rig				
	Address	change	label or	Doing Business		 		1		23	i /1	181761	
۱□	Name c	hange	print or type.			is not delivered to st		Room/suite)				
□ i	nitial re	turn	See Specific			<u>600, Mexico, D</u>	<u>)F</u>			(595)	95	<u> 21900</u>	<u> </u>
<u> </u>	Гегтіпа	ition	Instruc-	_	ate or country, ar	nd ZIP + 4							
Z)	Amende	ed return	tions	MEXICO			-			G Gross r	eceipts \$	42,92	1,380
	Application	on pending	F Nam	ne and address of	principal officer	Thomas Ada	m Lumpkin		H(a) Is the	s a group retur	n for affiliates?	∐Yes	☑ No
	•										ıncluded? [□No
1	Tax-ex	empt status	5 📝 5	01(c) (3)◀ (inse	rt no.) 494	7(a)(1) or 52	27				a list (see ins		ıs)
J	Websi	ite: ▶ cin	nmvt.o	ra			-			exemption nu			
K	Type of	organization	Corpor	ration Trust 7	Association Oth	ner ► Non prof	it L Year	r of formation	1988	M State o	f legal domic	cile	
Pa	art I	Summ	arv										
				the organization	n'e mission (yr most signific	ant activities	·					
	'	CIMMYT	annlie	s science and	partnership:	s to improve t	he productiv	itv and p	rofitabilit	v of maiz	e and who	eat	
8				ns and sustain									
шaп		141111119	3731011	is and sustain	· ilatarai i coc	41000 111 4040	ioping cour						
Ven	ا ۾ ا	Ob I. 4b	F		ation discontinui	d ite operatione	or disposad of	more than S	5% of its a	ecate			
Ĝ	I									3	I		11
oŏ ′^	ı			g members of						. 4			11
<u>i</u>	I			pendent voting			body (Part V	/i, line ib)		. 5			598
Activities & Governance	I			employees (Pa						. 6	<u> </u>		330
Ă				volunteers (es						. —			
				lated business				(C)		. 7a			
	b	Net unrei	iated bu	usiness taxable	income from	Form 990-1, I	ine 34		Dulan V	. 7b	C	V	
								ļ	Prior Y		 	ent Year	
0	8	Contribut	tions an	nd grants (Part	VIII, line 1h)			⊢	41	,068,133		40,593	3,214
Pu	9	Program	service	revenue (Part	VIII, line 2g)			⊢					
Revenue	10	Investme	nt incoi	me (Part VIII, c	olumn (A), lin	es 3, 4, and 7d	d)			429,113			<u>5,985</u>
_				Part VIII, colum						,209,660			<u> 2,181</u>
	12	Total reve	enue—a	dd lines 8 throu	gh 11 (must e	qual Part VIII, c	olumn (A), line	e 12) 📑 🐪	43	,706,903		42,92°	<u>1,380</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)											
	14	Benefits	paid to	or for member					_				
Expenses	15	Salaries, o	other co	mpensation, en	nployee benefi	ts (Part IX, colu	mn (A), lines 5	5–10) 📙					
ea.	16a	Professio	onal fund	draising fees (P	art IX, column	(A), line 11e)		L					
짚				expenses (Part									
	17	Other exp	penses	(Part IX, colum	nn (A), lines 1	1 5-11-1-11-2	11) ====== -	ـا ، ء ـ					
				Add lines 13-				25).	41	,555,280		41,384	4,880
	19			oenses. Subtrac				30 1.	2	151,626		1,53	6,500
Assets or						E 1000		- S-OS	Beginning	of Year	End	of Year	,
sets slan	20	Total ass	ets (Pa	rt X, line 16) .		MAY 2	3. 4. 2010	ــا ـانها ـ	35	650,592		38,327	7,677
AB	21			Part X, line 26)				اققا [23	217,029	_	24,357	7,614
Fund P				nd balances. S		from in P	FAL LIT		12	433,563		13,970	0,063
Pa	rt II		ature l										
		Under pe	nalties of	perjury, I declare ti	nat I have examin	ed this return, inclu	ding accompany	ying schedule	s and stater	nents, and t	o the best of	my know	wledge
		and belie	et, it is true	e, correct, and cor	npiete Declaratio	n of preparer (other	r than oπicer) is -	s based on a	i information	or which p	reparer nas a	iny knov	wiedge
Sig	เก			///					М	av 20.	2010		
He	•	Sign	ature of d	Sfice					Da	te			
	-	N Sc	ott F	erguson -	Deputy D	irector G	eneral fo	or Supp	ort Se	rvices			
				name and title	<u></u>		<u> </u>	- 					
		 	<u> </u>				Date	Che		Preparer's	identifying nur	mber	
		Preparer's					May :	20 self-	loyed ▶ 🔲	(see instruc	tions)		
Paid		200							, <u> </u>				
	parer's	Firm's na	me (or yo	ours L					EIN	▶			
Use	Only	if self-employed),						Phone r)			
N/ ~	v tha			return with the	nrenarar ch	own shoves (s	ee instructio	ns)	Trilone I	. <u>. </u>		Yes [No
ıvıd	y lite	ino uiscl	นออ เปเรี	return With the	s preparer Sil	υννιι αυυνες (δ	しき いるいはしけし	113)			'		,0

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: CIMMYT applies science and partnerships to improve the productivity and profitability of maize and wheat farming systems and sustain natural resources in developing countries.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,063,889 including grants of \$) (Revenue \$ 14,063,889) Global Maize Program: Stress tolerant maize, Nutritious and specialty trait maize
4b	(Code:) (Expenses \$9,110,614 including grants of \$) (Revenue \$9,110,614) Global Wheat Program: Drought tolerant wheat with enhanced quality, Disease resistant wheat with high productivity and quality
4-	(Code:) (Expenses \$ 6,995,964 including grants of \$) (Revenue \$ 6,995,964)
4C	Genetic Resources Enhancement Unit: Conservation, characterization and utilization of maize and wheat genetic resources tools and methodologies for genetic improvement
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 3,267,487 including grants of \$) (Revenue \$ 3,267,487)
4-	Total program comics symmetric N. C. 22.407.054 (Myst squal Doct IV. Line OF column (D))

Pai	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?	2	✓	<u> </u>
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? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		√
6	Did the organization maintain any donor advised funds or any accounts where 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? If "Yes," complete Schedule D, Part II	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, 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		\
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
I4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		√
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	\rightarrow	√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 21	-	V
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	•	✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		✓

`Pa≀	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		√
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	1
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		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

Form **990** (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		✓
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_ ✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," 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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	45		
_	account)? If "Yes," enter the name of the foreign country. Ethiopia, Kenya, Zimbabwe, India, Nepal, China, etc	4a	V	
b	If "Yes," enter the name of the foreign country.			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1 1		
	and Financial Accounts.	5a		1
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	-	7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			_
С	Regarding Prohibited Tax Shelter Transaction?	5c	:	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 <u>h</u>		✓
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		1
^	organization, have excess business holdings at any time during the year?			
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the 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	,]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
11	Section 501(c)(12) organizations. Enter:	<u>. </u>		
а	Gross income from members or shareholders	. I		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		✓_

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	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	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓_
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			_
	of the governing body?	7a		√
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓,	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		_ ,	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			,
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		✓
11	Is there any officer, director or 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	11	✓	
Sec	tion B. Policies	1	., 1	•••
		10-	Yes	No /
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this is done	13	1	
13	Does the organization have a written whistleblower policy?	14	7	
14	Does the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization's CEO, Executive Director, or top management official?	15a	1	
		15b		√
D	Other officers or key employees of the organization?			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		✓
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		✓_
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NOT APPLICABLE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	•		
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► CIMMYT Int. Km. 45. Carretera Mexico-Veracruz. El Batan. Texcoco. Estado de Mexico.	Mexic	ю.	
	Zip 56130. Telephone Number: +52-595-9521900			

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not co	mpensate	any o	offic	er,	dıre	ctor,	trus	tee, or key em	ıployee.	
(A)	(B)			(((C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d		k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Julio Antonio Berdegué								3,940	0	261
Board member		✓	ļ	<u> </u>				-,		
Romano M. Kiome Board member		1						1,730	0	261
Usha Barwale Zehr Board member	-"	1						2,320	0	0
Sara Boettiger								4,510	0	261
Board member		✓	_	<u> </u>		ļ	ļ	.,,,,,		
Tom McKay Board member		1						6,130	0	184
Salvador Fernandez-Rivera		<u> </u>						2.452		
Board member		1				l		2,450	0	130
Andrew Barr Board member		1						2,320	0	0
Pedro Brajcich Gallegos								3,940	0	130
Board member		1	-				├			
Mutsuo Iwamoto Board member		1						3,000	0	261
Edwina Cornish		-	\vdash				\vdash			
Board member		1						0	0	130
Lene Lange		1						8,230	0	261
Board member				_						
Thomas A. Lumpkin	40							175,054	0	39,976
Director General (new)		 		✓	<u> </u>				-	
Masaru Iwanaga	40			1				164,153	o	10,724
<u>Director General (until March 14, 2008)</u> Martin van Weerdenberg	40	ļ	-					140,424	0	32,771
Director for Corporate Services		ļ	 	✓			_			
Rodomiro R. Ortiz Director - Resouce Mobilization	40			1				101,965	0	30,451
Peter Ninnes Executive Officer - Research	40			1				94,208	0	33,617

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employees (co	entinued)
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average	Positi	on (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
		hours per week	익고)	Q	8	욕표	75	compensation from	compensation from related	amount of other
		Week	Individual trustee or director	Institutional trustee	Officer	Key employee	호유	Former	the	organizations	compensation
			충루	₽	~	릥	st c	"	organization	(W-2/1099-MISC)	from the
		1	₹	ᆵ		Š	l s și		(W-2/1099-MISC)		organization
		Į.	ste	l Tig		ı	per				and related organizations
			6	tee			Highest compensated employee				J
					<u> </u>	ļ	8	ļ			
	n Dixon	40			_			ĺ	115,049	0	32,784
	ctor - ITAU (until October 2008)	_			✓	_		<u> </u>	7.0,010		
	athan Hellin	40	-		١.				83,844	0	19,419
	ctor - ITAU (new)	_	<u> </u>		✓	_		<u> </u>			
	anne Banziger	40			١,				106,840	0	40,09
	ctor - GMP		<u> </u>	ļ.,	✓	┞		_			,
	s-Joachim Braun	40			١,				106,374	0	41,02
	ctor - GWP		<u> </u>	_	✓		ļ	<u> </u>	, , , , ,		
	athan Crouch	40			١.				92,081	0	60,070
	ctor - GREU		<u> </u>		✓			<u> </u>			
•	na O. Diallo	40							123,157	0	56,24
	cipal Scientist					_	/	_	120,100	_	,-
	ick C. Wall	40							119,774	0	33,72
	cipal Scientist			-	_		✓				ļ
	erto Javier Peña	40					١,		114,771	0	37,070
	cipal Scientist			<u> </u>		_	✓	-			
	red M. Mwangi	40					١,		109,617	0	49,65
	cipal Scientist i P. Singh		-	_			✓	ļ	•		
	i P. Singn inguished Scientist	40					١,		107,954	0	81,850
חופות			-	-		_	✓		·		
		 	-	-	-	-					
		-	├	-	_		-				
		-									
46	Total			L			<u> </u>	<u> </u>	1,793,835	0	601,360
1b	Total	0 10 10\ wh	· ·			nor	than	· ¢1			
2	organization • 12	e III ia) Wi	io rec	CIVE	5U 11	HOIE	ulai	ΙΦΙ	oo,ooo iii lepo	itable compens	ation nom the
	organization IZ										Yes No
3	Did the organization list any former office							-		*	3 1
	employee on line 1a? If "Yes," complete S										 • • •
4	For any individual listed on line 1a, is the										
	the organization and related organizations										4 1
_	ındıvıdual										
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes " com	comp ete:	sen: Sch	sauc edu	on i de J	rom I for s	any :uch	unrelated org	anization for	5 1
Sec	etion B. Independent Contractors	100, 00///	2,010						po		<u> </u>
1	Complete this table for your five highest c	omnensate	d ind	ene	nde	nt c	contra	cto	rs that receive	d more than \$1	00 000 of
•	compensation from the organization.	ompondato		opc				.0.0	o that receive	a more than \$1	30,000 0.
	(A)							П	(B)		(C)
	Name and business add	dress							Description of s	ervices	Compensation
Nor	ne						-	\vdash			

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ not applicable

Par	t VIII	Statement of Re	venue					
1 21		Statement of the	venue	:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not includ Noncash contributions include Total. Add lines 1a–1f	tibutions). 1e prants, ided above 1f ed in lines 1a-1f. \$	40,593,214	40,593,214			
e				Business Code				
ven	2a							ļ. <u>.</u>
8	Ь							
<u>vi</u> ce	С							
Ser	d	***************************************						
Ë	e	A.II						
Program Service Revenue	f	All other program servi						
	g	Total. Add lines 2a-2f	<u></u>	▶				
	3	Investment income (income similar amounts) Income from investment of		🕨	645,985			_
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	Ь	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (lo	oss) ,	🕨				
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
		Less cost or other basis and sales expenses .						
	d	Gain or (loss) Net gain or (loss)		▶				
evenue	8a	Gross income from events (not including \$ of contributions reported	d on line 1c)					
7.	}	See Part IV, line 18						
Other Rev		Less: direct expenses Net income or (loss) fro		events .				
	9a	Gross income from gam See Part IV, line 19	ning activities.					
	ь	Less: direct expenses.			<u></u>			
		Net income or (loss) from		ities ►				
	10a	Gross sales of inverteurns and allowances						
	b	Less ⁻ cost of goods so	ld b					
		Net income or (loss) fror	m sales of invent					
		Miscellaneous Rev		Business Code				l
	11a	GCP Management Fe		900099	837,415	837,415		
	b	Housing and Cafeteri	a	900099	226,248	226,248		
	С	VAT Recovery (MEXIC	CO)	900099	261,929	261,929		
	d	All other revenue , ,		900099	356,589	356,589		
	e	Total. Add lines 11a-1	1d	▶ }	1,682,181	. <u> </u>		
	12	Total Revenue. Add III 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	, 5, 6d, 7d, 8c, ▶	42,921,380	1,682,181		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	imn (A) but are no	t required to comp	olete columns (B), (C	(D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,218,562	555,171	612,409	50,982
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	Other salaries and wages	9,957,476	8,402,305	1,555,171	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,382,316	948,800	433,516	
9	Other employee benefits	3,928,259	3,061,227	867,032	
10	Payroll taxes	1,049,734	485,014	564,720	
11	Fees for services (non-employees):				
а	Management	- 40.0-0		40.000	
	Legal	43,273		43,273	
	Accounting	99,604		99,604	
	Lobbying		<u>. </u>		
	Professional fundraising services See Part IV, line 17				
	Investment management fees	1,346,009	1,346,009		
_	Other	1,340,003	1,540,003		
12	Advertising and promotion	630,044	326,530	303,514	
13 14	Office expenses	225,274	133,920	91,354	
15		,	,		· · · · · · · · · · · · · · · · · · ·
16	Royalties				
17	Travel	2,089,768	1,884,892	204,876	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.	351,386	340,637	10,749	
20	Interest	51,475		51,475	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	743,791	395,823	347,968	<u>-</u>
23	Insurance	652,540	458,229	194,311	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Utilities, water, gas, electricity	677,063		677,063	
b	Publications, supplies & others	4,048,062	3,185,950	862,112	
С	Collaborators	6,478,635	6,478,635		
d	Training and Workshops	1,301,319	1,283,302	18,017	
e	Farm/Field Expenses	4,220,789	4,151,510	69,279	
	All other expenses Miscellaneous	889,501		889,501	
25	Total functional expenses. Add lines 1 through 24f	41,384,880	33,437,954	7,895,944	50,982
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
			(A) Beginning of year		End o	B) of year	
	1	Cash—non-interest-bearing	265,561	1		326	5,063
	2	Savings and temporary cash investments	26,016,562	2	2	25,79 ⁴	1,753
	3	Pledges and grants receivable, net	4,216,397	3		5,737	7,799
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
ţ	7	Notes and loans receivable, net	461,257	7		1,646	5,780
Assets	8	Inventories for sale or use	654,028	8		882	2,317
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 13,099,824					
	ь	Less: accumulated depreciation. Complete		.			
		Part VI of Schedule D	2,450,896			2,482	2,840
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11	1,585,891	12	_	<u>1,157</u>	<u>,125</u>
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	25 252 522	15			
	16		35,650,592			38,327	
	17	Accounts payable and accrued expenses	8,935,127			13,675	
	18	Grants payable	14,281,902	18 19		0,682	2,147
	19	Deferred revenue		20			
S	20	Tax-exempt bond liabilities		21			
tie	21	Escrow account liability. Complete Part IV of Schedule D					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	23,217,029	26		24,357	,614
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.					
ă	27	Unrestricted net assets	12,433,563	27	1	3,970	0,063
Bal	28	Temporarily restricted net assets		28			
P	29	Permanently restricted net assets		29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ne	33	Total net assets or fund balances	12,433,563	33		3,970	
	34	Total liabilities and net assets/fund balances	35,650,592	34	3	38,327	,677
Pa	rt XI	Financial Statements and Reporting				Γ	
1	Acc	ounting method used to prepare the Form 990: Cash Accrual	☐ Other		Γ	Yes	No
2a		e the organization's financial statements compiled or reviewed by an inde	ependent accountant	?	2a	✓	L
b		e the organization's financial statements audited by an independent acco			2b	✓	
С		es" to lines 2a or 2b, does the organization have a committee that assumes it				,	
		audit, review, or compilation of its financial statements and selection of an inc			2c	✓	
3a		a result of a federal award, was the organization required to undergo an a					
L		Single Audit Act and OMB Circular A-133?			3a		-
D	T	es," did the organization undergo the required audit or audits?			3b_	L	▼

SCHEDULE A `(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 Open to Public Inspection

		t of the Treasury venue Service	▶ A	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.									
		he organization						-	Employ	er identifica	ition number		
				nto de Maiz y Trigo,	Int				23		7181761		
	rt I			harity Status (All or		ons mus	st comp	ete this	part.) (s	ee instru	ictions)		
				ndation because it is:									
1	_		-	irches, or association			-	_		A)(i).			
2	$\overline{\Box}$			on 170(b)(1)(A)(ii). (At						,,,			
3				hospital service organ				on 170(b)	(1)(A)(iii).	. (Attach	Schedule H.))	
4		A medical re	esearch organiza	ation operated in contate:	junction	with a ho	spital de	scribed i	n sectio r				
5		_	tion operated for (b)(1)(A)(iv). (Co	r the benefit of a colle implete Part II.)	ge or un	iversity o	wned or	operated	by a gov	rernmenta	al unit descri	bed in	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	Z	•		y receives a substanti (1)(A)(vi). (Complete F	-	ts suppo	ort from a	governn	nental un	it or from	the general	public	
8				d in section 170(b)(1)		Complete	Part II.)						
An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gro receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											of its		
10 11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
		a 🗌 Type	_	_		oe III–Fun					Type III–O	ther	
е		By checking persons other	this box, I cer er than foundation	tify that the organization managers and othe	tion is no	ot control	lled direc	tly or inc	directly b	y one or	more disqu	alified	
		509(a)(1) or	section 509(a)(2)).									
f		organization	, check this box	a written determination of the communication of the communication acceptance of the communicat							e III supporti	ng . 🗆	
g		following pe		the organization door	pica an	y giit oi o	, On this bath	JII 11 OI 11 C	211 y O1 till	•			
		(i) A person	n who directly o	r indirectly controls, e		-	•	th persor	ns descri	bed in (ii)	Yes 11g(i)	No	
			-	erson described in (i) a		_					11g(ii)		
			•	of a person described							11g(iii)		
h		• -	•	ation about the organ									
(i)		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in cot (i) li	organization isted in your document?	the orga col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	(viı) Amoun support		
				(occ montonom)	Yes	No	Yes	No	Yes	No			
	_				1				 				
										i			
	_												
										<u></u>			
		_											
					<u> </u>				<u> </u>	ļ <u>.</u>			
						<u> </u>							
											_		
-													

	dule A (Form 990 or 990-EZ) 2008	_							ge 2
Pai	t II Support Schedule for Org					and	170(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box	on line 5, 7, o	or 8 of Part I.)				
	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(6	2008	(f) Total	
1	Gifts, grants, contributions, and								
•	membership fees received. (Do not					٠.		404 004	
	include any "unusual grants.")	37,400,000	38,455,312	34,164,744	41,068,133	40	,593,214	191,681,	403
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on								
	its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the								
_	organization without charge	37,400,000	38,455,312	34,164,744	41,068,133	40	,593,214	191,681,	403
4	Total. Add lines 1-3	01,400,000	00,100,012	0.0,10.1,1.11	11,000,100		,000,211	101,001,	
5	The portion of total contributions by each person (other than a governmental unit or								
	publicly supported organization) included								
	on line 1 that exceeds 2% of the amount					ľ			
6	shown on line 11, column (f)							191,681,	403
_	tion B. Total Support				_				
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(€	2008	(f) Total	
7	Amounts from line 4	37,400,000	38,455,312	34,164,744	41,068,133	40	,593,214	191,681,	403
8	Gross income from interest, dividends,								
_	payments received on securities loans,								
	rents, royalties and income from similar sources		403,358	280,574	429,113		645,985	1,759,	030
9	Net income from unrelated business	1							
3	activities, whether or not the business is								
	regularly carried on			-					
10	Other income. Do not include gain or								
	loss from the sale of capital assets	4 440 044	204 540	4 500 704	0.000.000		000 404	7.004	^4^
	(Explain in Part IV)	1,112,814	691,540	1,508,721	2,209,660		,682,181	7,204, 200,645,	
11	Total support. Add lines 7 through 10 .					40	<u> </u>	200,043,	345
12	Gross receipts from related activities, etc	•	•			12			
13	First five years. If the Form 990 is for	-			-	ear a	s a sectio	n 501(c)(3)	
500	organization, check this box and stop he tion C. Computation of Public Su			<u></u>	··	<u> </u>	<u></u>	<u> </u>	
14	Public support percentage for 2008 (line			L column (fl)		14	T	96	<u>~</u>
15	Public support percentage from 2007 Sci	• •	-			15		100	%
	33% % support test—2008. If the organi						more che	ck this hox	
IUa	and stop here. The organization qualifies								V
b	33½ % support test—2007. If the organic	•							
	box and stop here . The organization qua								- 🗆
17a	10%-facts-and-circumstances test – 20		-						
	more, and if the organization meets the "f								
	organization meets the "facts-and-circum								
b	10%-facts-and-circumstances test – 2007		_						
	more, and if the organization meets the "f	_							
	organization meets the "facts-and-circumsta								. 🗆
18	Private foundation. If the organization did							tructions >	

Sche	dule A (Form 990 or 990-EZ) 2008			· · · · · · · · · · · · · · · · · · ·		·	Page 3
Pai	Support Schedule for Organ (Complete only if you checked	nizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	n)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
-	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T			T	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for toganization, check this box and stop			nd, third, fourth			
Sec	tion C. Computation of Public Sup						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S					15 16	% %
Sec	tion D. Computation of Investmer	nt Income P	ercentage				
17	Investment income percentage for 2006			-		17	<u>%</u> %
18 19a	Investment income percentage from 20 33% % support tests—2008. If the orga 17 is not more than 33% %, check this be	anızation dıd n	ot check the b	ox on line 14, a			%, and line
b	331/3 % support tests - 2007. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33⅓%, and

_	4
Page	4

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Part II, Lir	ne 10. Other income:
GCP Man	agement Fee = 837,415
Housing a	and Cafeteria = 226,248
VAT Reco	overy (MEXICO) = 261,929
All other r	revenue = 356,589

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Cer	tro Internacional de Mejoramiento de Maiz y Trigo, Int	23	7181761
Pa		Funds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal or		
6	Did the organization inform all grantees, donors, and donor advisors in writing that quised only for charitable purposes and not for the benefit of the donor or donor advisormermissible private benefit?	sor or othe	r <u> </u>
Pai		' to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)).	
•			orically important land area
		on of certif	ed historic structure
	☐ Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the	e form of a	conservation easement
	on the last day of the tax year.	Г	
		<u> </u>	Held at the End of the Year
а	Total number of conservation easements	–	2a 2b
b	Total acreage restricted by conservation easements	· · · ⊢	2c
C	Number of conservation easements on a certified historic structure included in (a) .	–	2d
d	Number of conservation easements included in (c) acquired after 8/17/06	–	
3	Number of conservation easements modified, transferred, released, extinguished, or the taxable year ▶		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, insperent of the conservation easements it holds?		L. Yes L. No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements du		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$?		Yes L No
9	In Part XIV, describe how the organization reports conservation easements in its rev balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	i's financial	statements that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		milar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describes	research in	furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statistic treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	esearch in f	urtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	ar assets fo	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Pag	е	2

Par	t III Organizations Maintain	ing Collections	of Art, H	istorica	I Treasure	s, or C	Other Similar As	sets (cor	ntınued)
3	Using the organization's accession items (check all that apply):	and other record	s, check a	any of t	he following	that a	re a significant us	se of its o	ollection
а	Public exhibition		d		oan or exch				
b	Scholarly research		е		Other				
C	Preservation for future generations								
4	Provide a description of the organize Part XIV.	ation's collection	s and exp	laın hov	v they furthe	r the c	organization's exe	mpt purp	ose in
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Trust, Escrow and Cust Part IV, line 9, or reported					on ans	wered "Yes" to	Form 990),
	Is the organization an agent, truster included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e followi	ng table:				
								ount	
С	Beginning balance					10	: -		
d	Additions during the year					_1d			
е	Distributions during the year								
f	•					. <u>1f</u>			
	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV						∐ Yes ———	∐ No
Par	t V Endowment Funds. Co	mplete if organi	zation ar	swered	1				
		(a) Current year	(b) Pric	r year	(c) Two years	s back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance				ļ				
b	Contributions								_
С	Investment earnings or losses .								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of	of the vear end ba	lance held	d as:					
а	Board designated or quasi-endown								
ь	Permanent endowment ▶								
C	Term endowment ▶%								
За	Are there endowment funds not in th	e possession of th	ne organiz	ation tha	at are held a	nd adm	ninistered for the		
	organization by	рессессион и							es No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related org							3b	
4	Describe in Part XIV the intended u						,-		
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment	. See F	orm 990, P	art X,	line 10.		
	Description of investment	(a) Cost or of (investment)			st or other s (other)	(c) l	Depreciation	(d) Book v	/alue
1a	Land								
b	Buildings			82	6,308	1	28,779	697,52	29
C	Leasehold improvements								
d	Equipment	11,892	016			10	,210,789	1,681,2	27
_ e	Other	. 381,5	00			2	277,416	104,08	34
Tota	. Add lines 1a-1e. (Column (d) should e	equal Form 990, Pa	rt X, colun	nn (B), lin	ne 10(c).) .	<u></u>	▶	2,4	182,840

Part VII Investments—Other Securities	es. See Form 990, Part X	(, line 12.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives and other financial products.			·
Closely-held equity interests			
Other Short term investment	1,157,125	Cost	
	-	 	
	· 	<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
	•	 	
			
	-	-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Relat	ed. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
		 	
		-	
		-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, P	art X, line 15.		
	(a) Description		(b) Book value
		<u>-</u>	
	 		
Total. (Column (b) should equal Form 990, Part X, c		<u> </u>	
Part X Other Liabilities. See Form 990	, Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
			,
		_	
		-	
·		\dashv	
		-	
	 	_	
	 	_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			
			-

Pao	e	4

	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		42.024.200
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	42,921,380
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	41,384,880 1,536,500
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	1,330,300
4	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
6	Investment expenses	7	
7 8	Prior period adjustments	8	
9		9	
10	Total adjustments (net). Add lines 4–8	10	1,536,500
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	42,921,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	4	
b	Other (Describe in Part XIV)	┥.	
c	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	72,021,000
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es j	
1	Total expenses and losses per audited financial statements	⊢	71,772,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated Scivices and use of facilities	1	
b	Phor year adjustments	7	lu lu
c d	Losses reported on Form 990, Part IX, line 25	7	
u e	Add lines 2a through 2d	20	87,867
3	Subtract line 2e from line 1	3	41,384,880
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	7	
	Add lines 4a and 4b	40	;
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	41,384,880
Par	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4;	Part IV, lines 1b
	e 87,867 represents expenses recorded under CIMMYT, AC.		
CIN	MMYT, AC is a private association chartered under Mexican law. CIMMYT, A.C. does not carry	out	any activities and
onl	y holds part of the land and buildings where Centro Internacional de Maíz y Trigo, Internation	al ca	erries out its
act	ivities.		
		-	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

20**08**

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Centro Internacional de Mejoramiento de Maiz y Trigo, Int

Questions Regarding Compensation

Employer identification number 23 7181761

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	✓ Travel for companions ☐ Payments for business use of personal residence			!
	☑ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		'	
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_	1	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2	✓	ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			i
	Form 990 of other organizations Approval by the board or compensation committee			•
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	4		,
а	Receive a severance payment or change of control payment?	4a		V
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		\ <u>\</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		-
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	5a		1
а	The organization?	5b		1
D	Any related organization?	00		<u> </u>
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of.	6a		1
a	The organization?	6b		1
D	Any related organization?			<u> </u>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
,	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	1	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
0	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	Subject to the initial contract exception described in riegs, section 30.4300-4(a)(5): ii res, describe	R		./

Page 2

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(t)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(j)(a)	reported in prior Form 990 or Form 990-EZ
Thomas A. Lumpkin	€ €	175,054			35,011	4,965	215,030	
Masaru Iwanaga	E	42,515	72,573	49,065	8,503	2,221	174,877	
Martin van Weerdenberg		99,944		40,480	20,209	12,562	173,195	
Jonathan Crouch	E E	85,500		6,581	13,028	47,047	152,156	
Alpha O. Diallo	€3	81,909	11,183	30,064	16,382	39,864	179,402	
Patrick C. Wall	€ €	87,828	24,340	2,606	17,566	16,156	153,496	
Roberto Javier Peña	€ €	73,764		41,007	15,071	21,999	151,841	
Wilfred M. Mwangi	€ €	93,409	13,700	2,508	18,682	30,975	159,274	
Ravi P. Singh	(ii)	91,700	2,000	14,254	18,340	63,516	189,810	
	€ 🖺							
	(i)							
	(3)							
	€ €							
	€ €							
	€ 🖲							
	E E							
							Sch	Schedule J (Form 990) 2008

Part III Supplemental Information

6b, 7, and 8. Also complete this part Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, for any additional information.

Part I - 1a

Travel for companions

and the principal means of satisfying these considerations is through authorized dependent travel awards. Travel points" are the basis for cash travel awards, Among other things, travel for companions were provided to compensate for the hardship that extended absence of a staff member implies for his/her family;

which are to be used by the family as defined below. Travel points accrue to staff when they are away from their assigned post on official business, unaccompanied

by anyone from the nuclear family. This includes travel within the country of assignment but does not include home leave, study leave, or compassionate leave

travel. The policy assumes that the nuclear family member is in residence, but not necessarily present, at base while the staff member is travelling

Tax indemnification and gross-up payments

CIMMYT provides partial tax equalization benefits to international staff whose home governments assess income tax on salaries paid by CIMMYT and on CIMMYT

allowances reported as income and thus subject to taxation

Housing allowance or residence for personal use

Staff based in Mexico: CIMMYT reimburses 75% of rent and 75% of utility charges (for example, gas, electricity, water) - this is subject to pre-set up maximum limit

Staff posted outside of Mexico: For international staff posted outside of Mexico, it is CIMMYT's policy to provide housing, major appliances, and other hard furnishings

and utilities without charge, or to reimburse these costs within agreed limits. The method by which this is achieved varies by location. There will always be additional

costs for staff who wish to acquire house accessories that conform more closely to their own taste in furnishings, and staff will incur operating costs as well.

7 - One time payment was made to the outgoing Director General which has been approved by the Board of Trustees

SCHEDULE O · (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

Centro Internacional de Mejoramiento de Maiz y Trigo, Int	23	7181761
Part III: Impact, Targeting and Assessment Unit - Maize and wheat cropping systems,		
Knowledge, targeting and strategic assessment of maize and wheat farming systems		
		•••••
Part VI Section B 15 Selection process		
The following steps are followed in the selection process:		
- Establish the need for a new position or to fill a vacant position		
- Draft and classify job description/Plan Research Process		
- Create a Search Committee; screen received applications		
- Plan the Interview Process		
- Rank candidates from most promising to least		
- Approval process of the preferred candidate		
- Offer and negotiation process		
- Contract of appointment		
Part VI Section C, 19		·····
Documents will be provided upon request		

PART VI - officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address

Trustees

Prof. Lene Lange (Denmark)

Head, Institute of Molecular Biology University of Copenhagen, Kobenhavns Biocenter Ole Maaloes Vej 5 DK- 2200, Copenhagen Tel. +45 35 32 21 00 (office) Mobile 45 3079 3717 Tel. +45 36176057 (home) Email: lla@bio.ku.dk

Prof. Edwina Cornish (Australia)

Deputy Vice-Chancellor and Vice-President (Research)
Office of the DVC – Research
Monash University
Building 3A, Wellington Road
Clayton, Victoria 3800
Australia

Phone: (61-3) 9905-9300 Fax: (61-3) 9905-5011

Email: edwina.cornish@adm.monash.edu.au

Dr. Usha Barwale Zehr (India/USA)

Joint Director, Research
Deputy Director of Biotechnology Maharashtra
Hybrid Seeds Co. Ltd
4th Fl, Resham Bhavan,
78 Veer Nariman Road,
Mumbai 400 020, India
Tel: 09823157763
Tel. 022-30273007

Email: usha.zehr@mahyco.com

Dr. Julio Antonio Berdegué (México)

President
Rimisp – Centro Latinoamericano para el Desarrollo Rural
Huelén 10, piso 6
Provincia
Casilla 228-22
Santiago – Chile
Tel: (56-2) 236-4557
Fax: (56-2) 236-4558

Email: jberdegue@rimisp.org

Mr. Tom McKay (Canada)

Financial Management 1470 Banff Place Victoria, BC Canada, V8P 2E8 Tel. 1-250-853-7570 E-mail t.m.mckay@shaw.ca

Professor Andrew Barr (Australia)

Director
ABB Grain Pty ltd
"Kathawa"
PO Box 271
Pinery via Owen SA 5460
Australia

Email: helenbarr@dodo.com.au

Dr. Romano M. Kiome (Kenya)

Permanent Secretary Ministry of Agriculture Kilimo House, Cathedral Road

P.O.Box 30028 00100 Nairobi

Kenya

Phone +254 (20) 2710817 Fax +254 (20) 2711149

Email: psagric@wananchi.com

Dr. Sara Boettiger (USA)

Director, Strategic Planning and Development Public Intellectual Property Resource for Agriculture-PIPRA Department of Agricultural and Resource Economics One Shields Avenue PRB

Mail Stop 5, University of California

Davis, CA 95616-8631 Tel: (530) 754-6725 Fax: (530) 752-2278 sboettiger@gmail.com

Dr. Salvador Fernandez-Rivera (Mexico)

Coordinator for Research, Innovation and Partnerships INIFAP Avenida del Progreso No. 5 Barrio Sta. Catarina Delegación Coyoacán Mexico, D.F. 04010, MÉXICO

Phone: (52-55) 3871-8715 Fax: (52-55) 3626-8641

E-mail: fernandez.salvador@inifap.gob.mx

Dr. Pedro Brajcich Gallegos (Mexico)

Director General INIFAP Avenida Progreso No 5 Barrio Santa Catarina 04010 Mexico DF Phone +52 (55) 3871 8709

Fax +52 (55) 3626 8639

Email: brajcich.pedro@inifap.gob.mx

Mutsuo Iwamoto (Japan)

Society of Techno-innovation for Agriculture, Forestry and Fisheries (STAFF) 1-9-13, Akasaka, Minato-ku, Tokyo, 107-0052 Japan

Tel: +81-3-3586-8644
Fax: +81-3-3586-8277
E-mail: iwamoto@staff.or.jp
Home Tel.(Fax): +81-29-824-7055
E-mail: mutsuo-iwamoto@nifty.com

Officer

Marianne Banziger

CIMMYT, ICRAF House

United Nations Avenue, Gigiri PO Box 1041 Village Market-00621,

Nairobi, Kenya

Tel: +254 (20) 722 4614 (direct), Fax: +254 (20) 722 4601

Email: m.banziger@cgiar.org

Highest compensated employee

Wilfred M. Mwangi

CIMMYT, ICRAF House

United Nations Avenue, Gigiri PO Box 1041 Village Market-00621,

Nairobi, Kenya

Tel: +254 (20) 722 4614 (direct), Fax: +254 (20) 722 4601

Email: w.mwangi@cgiar.org