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## Form

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2008 Open to Public

IIIICI	nai Revenue	e Service	The diganization may have to use a copy of this feturn to satisfy state	reporting requir	rements	inspection
<u>A</u>	For the 200	08 <u>calenda</u>	year, or tax year beginning 7/01/08, and ending 6/30/09	9		
В	Check if applica				D Emplo	yer identification number
Ш	Address chang	luse IF	seed Producers, Inc			
П	Name change	print	B B A-		59-	0931036
一	•	type		Room/suite	E Teleph	ione number
님	Initial return	See Speci	I PO BOX 309		850	-594-4721
$\sqsubseteq$	Termination	Instru	Out t t t t t t-		G Gross rece	<u> </u>
	Amended return	n <b>tion</b> s	Greenwood FL 32443	_		, , , , , , , , , , , , , , , , , , , ,
$\Box$	Application per	<sub>ndina</sub> F Na	me and address of principal officer		H(a) Is this	a group return for
_		T	om Stadsklev		affiliate	es? Yes X No
		P	O Box 309		H(b) Are all include	affiliates
			reenwood FL 32443			' attach a list (see instructions)
1	Tax-exempt	status	X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or 527		·	, <b>,</b>
J	Website:	N/A			H(c) Group	exemption number
K	Type of organia	zation X	Corporation Trust Association Other	ear of formation 1		M State of legal domicile FL
P	art l	Summ	ary		_	
	1 Brief	fly describ	e the organization's mission or most significant activities			
•	W	orks w	ith the University of Florida Institute of Food	and Agric	cultura	al
Ë			s to increase Foundation seed supply.	_		
& Governance			•••			
8	2 Che	ck this box	▶ ☐ If the organization discontinued its operations or disposed of more than	25% of its asse	te	
Ğ	I .		ng members of the governing body (Part VI, line 1a)	2370 01 113 8336	3	13
ος (χ	I .		ependent voting members of the governing body (Part VI, line 1b)		4	13
Activities			·		<del></del>	
훘	I .		of employees (Part V, line 2a)		5	20
ĕ			of volunteers (estimate if necessary)		6	13
			related business revenue from Part VIII, line 12, column (C)		7a	
	b Net	unrelated	ousiness taxable income from Form 990-T, line 34		7b	0
	0 000	. محمدات بطعة	and grants (Part VIII Ivan 4h)	Prior Ye	ar	Current Year
90			and grants (Part VIII, line 1h)	20	4 065	405 064
ē			ce revenue (Part VIII, line 2g)		4,065	407,964
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)		1,537	47,462
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,512	877,620
	T		-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,210	0,114	1,333,046
			nilar amounts paid (Part IX, column (A), lines 1-3)			123,994
			o or for members (Part IX, column (A), line 4)			<del></del>
Se	15 Sala	aries, othei	compensation, employee benefits (Part IX, column (A), lines 5–10)	428	3,667	391,879
ි Jenses	16a Pro∏	essionel (	ndraising fees (Part IX, column (A), line 11e)			
<b>€8</b>	brTota	al fundials	ndrausing fees (Part IX, column (A), line 11e)  g expenses 1Part IX, column (D), line 25)  ▶			
) O	17 Oth	er expense	s (Part IX, column (AV)ines 11a-11d, 11f-24f)	31:	1,545	345,873
塣	18 Total	e pense	s (Part IX, column (Agunes 11a-11d, 11f-24f)		0,212	861,746
	19 Rev	enue less	expenses Subtract   05 8 from line 12		9,902	471,300
ွဲ ရ		-		Beginning o		End of Year
Net Assets of Eligible Exp	20 Tota	l assets (	DEM 16U	5,04:		5,830,849
	21 Tota	liabilities	(Part X, line 26)		5,293	2,253,495
<b>2</b> 25	22 Net	assets or	und balances Subtract line 21 from line 20		6,054	3,577,354
P	art II		ure Blog₩ /			
		Under pe	nalties of perjury. I declare that have examined this return, including accompanying schedules	and statements, a	ind to the be	st of my knowledge
	•	and belie	nalties of perjury, I declare that have extending this return, including accompanying schedules it is the contest, and complete Declaration of preparer (other than officer) is based on all info	rmation of which p	preparer has	any knowledge
շր <b>ՙՏ</b> iց	ın İ		Vanuel Alix		-1//	11/2010
He		Sign	ture of officer		Date	7
		ı. •		tive Dir		/
	İ		or print name and title	<u> </u>		
_			101111	T 2.		Preparer's identifying number
Pai	id	Preparer's		Check self-		(see instructions)
	eparer's	signature		5/10 employ	ed ▶ □	
	e Only	l _	ne (or yours Kattell & Company, P.L.		EIN	<u> </u>
	,	If self-em			Phone	
		<u> </u>	and ZIP+4 Gainesville, FL 32601		no ▶	
			return with the preparer shown above? (see instructions)			Yes No
DAA	For Priv	acy Act a	nd Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2008)

		rvice Accomplishments (se	e instructions)							
Works wi		ty of Florida Insoundation seed sup	titute of Food and Ag	ricultural						
the prior Fon If "Yes," des	n 990 or 990-EZ? cribe these new services on Sc	nt program services during the year hedule O lake significant changes in how it co		Yes X No						
services?	cribe these changes on Schedu	· ·	nducts, any program	Yes X No						
4 Describe the Section 501(	exempt purpose achievements c)(3) and 501(c)(4) organization	for each of the organization's three	largest program services by expenses required to report the amount of grants and service reported							
The Organization works with the University of Florida Institute of Food and Agricultural Sciences for the purposes of increasing found seed from the point at which a variety is developed by a trained plant breeder to the state where ample stock are made available to qualified seed producers. This is done by using equipment and land owned by the organization to grow, harvest and process foundation seed products. The organization also assists in licensing and marketing of released cultivars.										
4b (Code	) (Expenses \$	including grants of	\$ ) (Revenue S	)						
4c (Code	) (Expenses \$	including grants of	\$ ) (Revenue :	<b>b</b> )						
4d Other progra (Expenses	im services (Describe in Scheo)	dule O) ncluding grants of \$	) (Revenue \$	)						
4e Total progra	am service expenses 🕨 \$	(Must eq	ual Part IX, Line 25, column (B))	000						

Part IV	Checkl	ist of R	eauirea	d Sche	dules

			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_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	1		
_	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_		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<b></b> -	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8_	-	
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ł	1	
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	- <del>'</del>	<del> </del>	<del></del>
•	Parts VI, VII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	<u> </u>		Ι
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		Х
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_		X
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		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19_		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		l	
	Schedule J	23	X	├-
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 questions			=
	24b-24d and complete Schedule K If "No," go to question 25	24a	-	X
þ	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		l	1
	to defease any tax-exempt bonds?	24c	├	
d 250	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? If "Yes," complete Schedule L, Part I	2		1
L	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a	-	<del>  -</del>
b	person from a prior year? If "Yes," complete Schedule L, Part I	254		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b	$\vdash$	<del>                                     </del>
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20	†	<del>  **</del> -
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
_	And Antiboto Anto a barren in again on marking in 1 day antiboto Antonio pl 1 mit in		000	(2000)

Form 990 (2008) Florida Foundation

Part 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		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	_31		X
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		X
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		X
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		X
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		X
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		
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			
	VI	37		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

15 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Electr 0-of into applicable 15 D D D D D D D D D D D D D D D D D D						Yes	No
b. Effer the number of Forms W-26 included in line 1a. Enter-0- find applicable  Del the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with packup withholding rules for reportable payments to vendors and reportable gamming (gambling) with packup withholding rules for reportable payments to vendors and reportable gamming (gambling) with packup withholding rules for reportable payments to vendors and reportable gamming (gambling) with packup withholding rules for reportable payments to vendors and reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup with packup withholding rules for reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup withholding rules for reportable gamming (gambling) with packup withholding) with packup withholding rules for reportable for reportable gamming (gambling) with packup withholding rules for reportable for reportable gamming (gambling) with respect to the reportable for reportable gamming (gambling) with respect to the reportable for reportable gamming (gambling) with respect to the reportable gamming (gambling) with respect to the reportable gamming (gambling) with respect to the reportable gamming) with a sample gamming (gambling) with respect to the reportable gamming) with a sample gamming (gambling) with respect to the reportable gamming) with a sample gamming (gamming) with a sample gamming) with respect to the reportable gamming gamming (gamming) with a sample gamming gamming) with a sample gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming gamming	1a						
c Dit the organization comply with backup withholding jules for reportable payments to vendors and reportable gaining (gainshing) warming to prize winners?  2 Effect 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  2 In a fall least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file this return (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 A In the sum of lines ta and 2a is greater than 250, you may be required to e-file this return (see instructions)  4 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial ecocunt in a foreign occuntry (such as a bank account, securities account, or other financial accounts)  5 If 'Yes,' enter the name of the foreign country    5 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  6 Was the organization aparty to a prohibbed tax shelter transaction?  5 Was the organization aparty to a prohibbed tax shelter transaction?  5 Life Yes,' did the organization aparty to a prohibbed tax shelter transaction?  5 Life Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$3.5°  7 Life Yes,' did the organization mixture with the value of the goods or services provided?  7 Life Yes,' did the organization include with every solicitation an express statement that such contributions or gain she are contributions of care, bother whiches, did not reparated to fine form \$2.22\$  10 Unit the organization is		• •	1a				
gaming (gambling) wannings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, flied for the calendar year ending with or within the year covered by this return  5 If al least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  8 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  9 A A A any time during the calendar year, did the organization file all required federal employment tax returns?  9 A A A 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 accounts are foreign country)  9 A B A A 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?  9 A B A A any time during the foreign country (such as a bank account, securities account, or other financial accounts are foreign country).  9 A B A A A any time during the foreign country (such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  9 A A A A A any time during the foreign country (such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  9 A A A A A A any time during the foreign country (such as a bank account, securities account, or other financial accounts.  9 A A A A A A A A A A A A A A A A A A	b						
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Slatements, filled for the callendry year ending who within the year cowered by this return Slatements, filled for the callendry year ending who within the year cowered by this return (see instructions) Did the understand the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a X  X 19 17 **Tex**, This is filled a Form 990. T for this year? If No,** provide an explanation in Schedule O 3a 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 accounts  3b If "Yes,** enter the name of the foreign country (such as a bank account, securities account, or other financial accounts  3c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes,** is question 5a or 5k of dit the organization file Form 8886-T, Disclosure by Tax-Exempt Entity  8c A X  Did the organization aparty to a prohibited tax shelter transaction?  5c If "Yes," did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity  8c A X  Frequency of the organization account of the organization file Form 8886-T, Disclosure by Tax-Exempt Entity  8c A X  If "Yes," did the organization in the time for the second of the organization of more than 373?  10 Year transaction short may receive deductible contributions under section 170(c).  11 Yes, "did the organization provide goods or services in exchange for any quip for quo contribution of more than 3737  11 Yes," did the organization organization make a distribution of underly, to pay premiums on a personal benefit contract?  12	С		portabl	е			
Statements, filed for the calendar year ending with or within the year covered by this return 2 bif at least one is reported on line 2a, dit the organization file all required federal employment fax return?  Note, if the sum of line 3 a and 2 a is greater than 250, you may be required to e-file this return (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If Yes, has it filed a Form 990-T for this year? If No, "provide an explanation in Schedule O  3b	0-		1 1		1c	ļ	X
b If at least one is reported on line 2a, add the organization file all required defaral employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a X  X  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; account; the same of the foreign country ∨ Ness the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  3b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b If Yes," to question 5a or 5b, did the organization flief form 888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax State Transaction?  5c If "Yes," to question 5a or 5b, did the organization shat were not tax deductible?  5c Obd the organization solicit any contributions that were not tax deductible?  6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$750.  8d Did the organization shall may receive deductible contributions under section 170(c).  9d Did the organization shall may receive deductible contributions under section 170(c).  9d Did the organization that may receive deductible contributions under section 170(c).  9d Did the organization during the year pay premiums, directly or indirect	Za			0.0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  Job the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  John 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_						
an Brutuctons)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [Section 1] or the section of the result of the organization are an interest in, or a signature or other authority over, a financial account in a foreign country [Section 1] or the section of the result of the organization and financial accounts of the section of the sectio	U		ns7		25	<del> </del>	<u> </u>
3a							
this return?  bif "Yes", has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial accounts?  bif "Yes", enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  bif "Yes", enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sae Was the organization apond to a prohibited tax shelter transaction at any time during the tax year?  Sae Uniform Shelter Transaction?  So Uniform Shelter Transaction?  Bif "Yes," to question 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  Bif "Yes," to question 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  Bif "Yes," did the organization solicit any contributions that were not tax deductible?  Conganizations that may receive deductible contributions under section 170(c).  Did the organization prowide goods or services in exchange for any quid pro quo contribution of more than 3752.  If "Yes," did the organization notify the donor of the value of the goods or services provided?  To granization shat may receive deductible or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To Wif "Yes," did the organization notify the donor of the value of the goods or services provided?  To Uniform Shall shall be	3a	•	d by				
b if "Yes." has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O  43 At any time during the calendar year, did the organization have an interest in, or a signitative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account)?  54 If "Yes," enter the name of the foreign country ▶  55 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  56 D of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  57 Organization of the Association of the Associat	-	- · · · · · · · · · · · · · · · · · · ·	u by		32	1	Y
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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	Sec	tion A. Governing Body and Management						
concumitations, processes, or changes in Schedule O. See instructions  1							Yes	No
1a Eart the number of voling members of the governing body Enter the number of voling 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization make any significant changes to its organizational documents as more the prior Form 990 was filed? 5 Did the organization become aware during the year of a material divension of the organization is asset? 6 Does the organization become aware during the year of a material divension of the organization is asset? 7 Does the organization have members or stockholders, or other persons? 7 Did the organization have members is tockholders, or other persons? 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization or the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Does the organization have withen politices and procedures governing the activities of such chapters, affisities, and branches to ensure their operations are consistent with those of the organization? 9 Big Significant organization have a written politices and procedures governing the activities of such chapters, affisities, and the representations in submitted to the organization is sometime or furnished. Or the process, far any the organization was filed? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations make any the difference or furnished to the organization's make a		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the					
b Einer the number of voting members that are independent 2 Did any officer, director, trustee, or few employee have a family relationship with 3 any other officer, director, trustee, or few employees to a management company or under the direct 3 supervision of officers, director, trustee, or key employees to a management company or other person? 3 X 4 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, director or trustees, or key employees to a management company or other person? 4 X 5 Did the organization have make any spinificant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 X 6 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 7 A X 8 Did the organization become embers, stockholders, or other persons who may elect one or more members 8 of the governing body? 8 Bid the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 9 The governing body? 8 Bid X 9 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have for the process, flar, by, the organization uses to review the form 990 provided to the organization specifically and provided to the organization of the organization? 9 Did the organization have a written conflict of interest policy? If No. 90 to line 13 1 Is the any officer, director or frustee, or key employee sequend to disclose annually interests that could give in the organization have a written organization organization of the deliberation and decision of the deliberation and decision of the delibe		circumstances, processes, or changes in Schedule O See instructions	1	ı				
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Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Thomas Stadsklev  PO Box 309								
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   Thomas Stadsklev PO Box 309		Own website Another's website X Upon request						
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  Thomas Stadsklev PO Box 309	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict	of u	nterest			
organization ▶ Thomas Stadsklev PO Box 309		policy, and financial statements available to the public						
$lackbox{lackbox{lackbox{lackbox{}}}}{}$	20	State the name, physical address, and telephone number of the person who possesses the books an	d reco	ords	of the			
Greenwood FL 32443		organization ▶ Thomas Stadsklev PO Box 309						
	G	reenwood F	<u>L 3</u>	324	443	 		

# 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

(A)	(B)		<u> </u>		C)	3.100	<u>,,,,</u>	trustee, or key employee (D)	(E)	(F)
Name and Title	Average			chec	k all 1	that a	pply)	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
Tom Stadskle	v							****		
ED/ Treas	40	X	L.	X			L	82,386	0	0
Will Nugent	-									
Board Member	1	X						0	0	0
Joe West										
Board Member	1	X						0	0	0
Joe Campbell										
Board Member	1	X						0	0	0
Buddy Thomas										
Board Member	1	X					_	0	0	0
Scott Robins	on								, <del>-</del>	
President	1	X		X				0	0	0
Jerry Mixon										<u> </u>
Board Member	1	X						0	0	0
Marty Griswo	ld									
Board Member	1	_ X	<u> </u>	L				0	0	
Mark McLella	n									
Board Member	<u>1</u>	X					L	0	0	
George Hochn									_	
Board Member	1	X						0	0	0
Rex Wilson										
Vice Preside	1	X		X	L			0	0	
Bill Johnson										
Board Member	1	X						0	0	0
Larry Arring	ton									
Board Member	1	X	<u> </u>				<u> </u>	0	0	0
Pat Cockrell										
Board Member	1	X				<u> </u>		0	0	0
	<del></del>	4-	<u> </u>			<u> </u>	<u> </u>			
		—	├_	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
			1							
			L	1	1	l	i	1		

(A)	(B)	Posi	tion (	(C checl	C) k all t	hat s	onlw	(D)	(E)		(F)		
Name and title	Average hours per week	or director	_	Officer	Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga	m the nizat relat	of ition e ion ed	
		ļ									_		
										_	_		
<u>.</u>			_			_			***				
<u>.</u>					_		_		<del>-</del>	-	_		
							_			-			
		-											
<u>.</u>										-			
ib Total						L .	<b>&gt;</b>	82,386					
2 Total number of inconganization ▶ 0	dividuals (including those in	1a)	who	rece	eived	mor	e th	an \$100,000 in reportable	compensation from the		<del>-</del>		
								oyee, or highest compensa	ted		$\neg$	Yes	No
For any individual I the organization an		of re	port	able	com	npen	satio	on and other compensation es," complete Schedule J fo			-		X
	ed on line 1a receive or actor to the organization? If "Yes							ny unrelated organization for such person	or		5	x	
	e for your five highest comp	ensa	ated	ınde	pend	dent (	cont	tractors that received more	than \$100,000 of				
compensation from	n the organization (A) Name and business address		_					Descri	(B) otion of services		Com	(C) pensa	tion
							<u> </u>						
	<del>-</del>												
	<del>_</del> .						_						
O Tatal and the control of	de condest	•			- 41								
	dependent contractors (inc n the organization ▶	udin	g tho	se ir	י (1 ר	who	rece	eived more than \$100,000 ii	n		0		

Pa	rt V	III Stater	nent of Rev	<u>/enue</u>				··		
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S S	40	Federated car	mpalane	1a	***************************************			revenue		512, 513, or 514
ant	1a			1b						
ρĘ	D	Membership d		1c		<del></del>				ı
ifts	C	Fundraising e								
ej, a	a	Related organ		1d						
ons	8	Government grants		1e						
Contributions, gifts, grants and other similar amounts	1	All other contribution and similar amounts	ns, gifts, grants, a not included above	1f	<u>.</u>					
Cont	g	Noncash contribution Total. Add line		1a-1f \$						
-	n	Total. Add line	es 1a-11							
ž	_					Busn. Code	246 000			
ě	2a	•	es Collecti	on Fee	•	<del> </del>	346,023	346,023		
ě	b	License	Income			<del></del>	61,941	61,941		
Ž	С						-			
Š	d					<del></del>				
ran	е								_	
Program Service Revenue		All other progr		venue		L		<del>-</del>		
_		Total. Add line					407,964			
	3	Investment inc		g divide:	nds, intere	est, and				
		other similar a	•			<b>•</b>	47,462			47,462
	4	Income from I	nvestment of t	ax-exem	pt bond p	roceeds 🕨				
	5	Royalties	<del></del>			<b>•</b>				
			(ı) Rea		(II) F	ersonal				
	6a	Gross Rents		2,750						
	b	Less rental exps								
	С	Rental inc or (loss)		2,750						
	d	Net rental inco				<u> </u>	2,750	2,750		
	/a	Gross amount from sales of assets	(i) Securi	ties	(II)	Other				
		other than inventory					ļ			
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (to	ss)							
	8a	Gross income from	om fundraising e	vents						
ã.		(not including \$					ļ			
Υθ		of contributions	reported on line	1c)						
8		See Part IV, line	18	а						
Other Reven	b	Less direct ex	penses	b						
ŏ	C	Net income or	(loss) from fu	ndraisin	events					
	9a	Gross income fro	om gaming activi	ties		1				
		See Part IV, line	19	а						
	b	Less direct ex	cpenses	b						
	C	Net income or	(loss) from ga	ımıng ad	tivities					
	10a	Gross sales of	f inventory, les	s						
		returns and all	lowances	а	1,	780,107				
	b	Less. cost of	goods sold	b		905,237				
	С	Net income or	(loss) from sa	les of in	ventory	<b>•</b>	874,870	874,870		
			ellaneous Reven			Busn. Code			· · · · · · · · · · · · · · · · · · ·	
	11a									
	b									
	c						-			
		All other rever	nue							
	6	Total. Add line								
	12	Total Revenu		20.3	4 5 6d 1	7d 8c				
		9c, 10c, and 1		., -9, 0,	., 0, 00,	-, oo,	1,333,046	1,285,584	o	47,462
		unu I						-,200,004		-7,402

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			450		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			-	
	organizations in the U.S. See Part IV, line 21	123,994			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		<u> </u>		
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	1,500			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 000			
7	Other salaries and wages	290,003			
8	Pension plan contributions (include section 401(k)	40 757			
	and section 403(b) employer contributions)	42,757	<del></del>		
9	Other employee benefits	35,292 22,327		<del> </del> -	
10	Payroll taxes	22,321			
11	Fees for services (non-employees)  Management				
a	Legal				
	Accounting	21,475			
	Lobbying	21,115	·		<u></u>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,116			
13	Office expenses	26,744			<del>-</del>
14	Information technology				,
15	Royalties	_			
16	Occupancy	17,298	· ·		
17	Travel				
18	Payments of travel or entertainment expenses		· <del></del>		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,232			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,724			
23	Insurance	39,491			
24	•				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	Repair & Maintenance	39,129			
b	Seed Treatment/Drying	30,035			
C	Seed Packing/Cert	25,229			<u> </u>
d	Peanut Inspection/Market	22,682 19,675			
0	Warehouse/Shop	18,675			<del> </del>
f 25	All other expenses	37,043 861,746		<del> </del>	<del> </del>
25		001,/46		<del> </del>	
26	Joint Costs. Check here Inf 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				

	dit /	A Dalance Sheet					
			(A) Beginning of year		( <b>B</b> ) End of y	ear	
_	1	Cash—non-interest bearing	18,716	1			480
	2	Savings and temporary cash investments	3,552,235		4,62		
	3	Pledges and grants receivable, net	5/332,233	3	4,02	<u> </u>	203
	4	Accounts receivable, net	273,350	$\overline{}$	10	6	662
	5	Receivables from current and former officers, directors, trustees, key	273,330	4		0,	502
	ľ	employees, or other related parties Complete Part II of Schedule L		_			
	6	Receivables from other disqualified persons (as defined under section		5			
	١	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L					
<b>(</b> A	7	Notes and loans receivable, net		6		-	
ē	8	Inventories for sale or use	162 607	7		_	<del></del>
Assets	I -		162,607	8			091
⋖	9	Prepaid expenses and deferred charges	94,376	9		6,.	<u> 305</u>
	ı	Land, buildings, and equipment cost basis 2,859,414	*				
	P	Less accumulated depreciation Complete	040.000				
	١.,	Part VI of Schedule D 1,949,072	940,063		91	0,:	<u>342</u>
	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)	5,041,347		5,83		
	17	Accounts payable and accrued expenses	23,776	17	4	<u>3,!</u>	<u>528</u>
	18	Grants payable		18			
	19	Deferred revenue		19	<u> </u>		
	20	Tax-exempt bond liabilities		20			
<u>ë</u>	21	Escrow account liability Complete Part IV of Schedule D		21			
Ħ	22	Payables to current and former officers, directors, trustees, key					
Liabilities		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	1,911,517	25	2,20	9,	967
	26	Total liabilities. Add lines 17 through 25	1,935,293	26	2,25		
S		Organizations that follow SFAS 117, check here ▶ X and					
nces		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets	3,106,054	27	3,57	7 . :	354
Ã	28	Temporarily restricted net assets		28			
Fund Bala	29	Permanently restricted net assets		29			
٦		Organizations that do not follow SFAS 117, check here ▶					
<u>-</u>		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ş	32	Retained earnings, endowment, accumulated income, or other funds		32			
=	33	Total net assets or fund balances	3,106,054		3,57	7.	354
Net	34	Total liabilities and net assets/fund balances	5,041,347	34	5,83		
	art 3			<u> </u>		<u> </u>	
_	_					Yes	No
1			Other				
		ere the organization's financial statements compiled or reviewed by an independent account	intant?		2a		X
		ere the organization's financial statements audited by an independent accountant?			2b	X	-
(	c If'	"Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibilit	ty for oversight of				
		e audit, review, or compilation of its financial statements and selection of an independent			2c	X	
3.		s a result of a federal award, was the organization required to undergo an audit or audits as	s set forth in				
		e Single Audit Act and OMB Circular A-133?			3a		X
_	o If'	"Yes," did the organization undergo the required audit or audits?			3b		L
						200	

# SCHEDULE D

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ 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

OMB No 1545-0047

Name of the organization Employer identification number Florida Foundation Seed Producers, Inc. 59-0931036 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in 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 SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>		oundation			<u> 59-09</u>					Pa	age 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures,	or Other	Simil	ar As	sets	(contin	ued)	
3	Using the organization's accession and other items (check all that apply)	r records, check any of the	following that are a	significal	nt use of its	collect	tion				
а	Public exhibition	d Loan o	or exchange progran	ns							
b	Scholarly research	e Other	J- p3								
С	Preservation for future generations							_			
4	Provide a description of the organization's co	ollections and explain how t	hey further the orga	nızatıon's	s exempt pu	rpose	ın				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, I	nistorical treasures,	or other	sımılar					$\Box$	
Da	at IV Trust, Escrow and Custod					-d "V	" t		Yes	<u> </u>	No
1.41	Part IV, line 9, or reported				i alisweit	eu i	es i	o Forr	n 990,		
4.0	——————————————————————————————————————						_				
та	Is the organization an agent, trustee, custodi	an or other intermediary to	r contributions or oti	ner asset	s not					$\Box$	
	included on Form 990, Part X?							Ш	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	j table			_					
									Amount	<u> </u>	
	Beginning balance						1c				
d	Additions during the year						1d				
θ	Distributions during the year						_1e				
f	Ending balance						1f			_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21?							Yes		No
_ b	If "Yes," explain the arrangement in Part XIV									ш.	
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes" t	o Form	n 990. Pa	rt IV.	line	10.		_	
		(a) Current year	(b) Prior year		years back			rs back	(e) Four	vears	back
1a	Beginning of year balance					`	<u> </u>		177	,	
	Contributions				~~~			***************************************			<del></del>
	Investment earnings or losses						•••••			•••••	
	Grants or scholarships					·····					
	Other expenditures for facilities						••••••				
٠											
	and programs						••••••				<del></del>
	Administrative expenses										
	End of year balance			L							
2	Provide the estimated percentage of the year	r end balance held as									
	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
С	Term endowment ▶ %										
3a	Are there endowment funds not in the posse	ssion of the organization th	at are held and adm	ninistered	for the						
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on Sch	edule R?						3b		
4	Describe in Part XIV the intended uses of the	e organization's endowmen	t funds								
Pa	rt VI Investments—Land, Build	ings, and Equipmen	t. See Form 99	0, Part	X, line 10	).					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	ner		preciatio	on -		(d) Book	value	
1a	Land		448	,266					4/	18 . 2	266
	Buildings			,552		650	.16	5		5,	
	Leasehold improvements		333	<del>,                                    </del>			,	+		- <del></del>	<del></del>
d			1,555	506	1 /	298	an'	<del>,</del>	10	56 4	689
	Other	<del></del>	1,333	, , , , ,			, , ,	+-		, , ,	<del>553</del>
	I. Add lines 1a-1e (Column (d) should equal f	Form 990. Bod V. column /	P) line 10(=) \					+-		<u>, v</u>	242
Juli	i vao inies Ta-Te (Column (a) snould equal i	OIIII 990, FAIT A, COIUMN (	D), line TU(C) )					<u> </u>		LU,.	<u>342</u>

59-0931036

Schedule D (Form 990) 2008 Florida Foundation

	dule D (Form 990) 2008 Florida Foundation		<u>59-093103</u>	6	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990	to Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,333,046
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	861,746
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	471,300
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	<del></del> _
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	471,300
	Reconciliation of Revenue per Audited Financial Staten	nents V	/ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		<del></del>	1	1,333,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	2b		1 1	
c	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIV)	2d		1 1	
e	Add lines 2a through 2d			20	
3	Subtract line 2e from line 1			3	1,333,046
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b		<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	1,333,046
	Reconciliation of Expenses per Audited Financial State	ments	With Expenses per l		
1	Total expenses and losses per audited financial statements	11101110	THE EXPONESS POL	1	861,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<b></b>	
a	Donated services and use of facilities	2a	1	1 1	
	Prior year adjustments	2b	<u> </u>	1	
b	A see a see and the Fermi COO Book IV has OF	2c		1	
C		2d		1 1	
ď	Add lines 2a through 2d	_ <u> </u>	J	2e	
9				3	861,746
3	Subtract line 2e from line 1	ſ	1	•	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	1 1	
	Other (Describe in Part XIV)	4b	<u> </u>	┨╻╻	
_	Add lines 4a and 4b			4c	961 746
5			<del> </del>	5	861,746
	at XIV Supplemental Information	<del></del>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
and :	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4l	0		
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**SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047

, **2** Open to Public Inspection ☐ Yes Employer identification number 59-0931036 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Inc. Florida Foundation Seed Producers, Department of the Treasury Internal Revenue Service Name of the organization

Part !

	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use		f non-cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance	Agricul						•
use of grant funds in the United States	nts and Organizations in the United State hat received more than \$5,000. Check this	onal space is needed	IN (c) IRC (d) Amount of cash grant (e) Amount of non-cash (b) Method of valuation section (book, FMV, appraisal, assistance other)		2052 123,994					St.
ribe	Part # Grants and Other Assistance to Governmen Form 990, Part IV, line 21, for any recipient the	Part IV and Schedule I-1 (Form 990) if additic	1 (a) Name and address of organization (b) EIN or government	University of Florida PO Box 113203	Gainesville FT 32611 59-6002052					2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2008

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

3 Enter total number of other organizations

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Schedule I (Form 990) 2008 Florida Foundation

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 59-0931036 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV

### **SCHEDULE J**

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

### **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.

OMB No 1545-0047 2008

Open To Public Inspection

Name of the organization Florida Foundation

Seed Producers, Inc.
Questions Regarding Compensation

Employer identification number 59-0931036

			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_		
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		
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			
	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			
a	Receive a severance payment or change of control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
_	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			
а	The organization?	_5a_		<u> </u>
b	Any related organization?	5b_	ļ	
	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			
а	The organization?	6a_		<u> </u>
b	Any related organization?	6b_		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.			
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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	1		
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe		Ì	1
	in Part III	l a	ı	į .

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Schedule J (Form 990) 2008

Page 2

59-0931036

Schedule J (Form 990) 2008 Florida Foundation

Part II

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

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)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation	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	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Tom Stadsklev	67,70	0	14,683	0	0	82,38	0
	(E)	0	0	0		0	0
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						Schedule	Schedule J (Form 990) 2008

# Part [ Supplemental Information

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

# Part III - Other Additional Information

The executive director was paid salary and benefits from the University of Florida which does not meet the definition of a related organization as provided by the IRS.

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ 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.

2008
Open to Public Inspection

Name of the organization

Florida Foundation Seed Producers, Inc.

Employer identification number 59-0931036

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
The Form 990 is prepared by the independent auditor and then reviewed by
the Executive Director and Office Manager.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The salary of the executive director is paid by the University of Florida.

Please refer to Schedule J.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents are made available to public upon request.