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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

		2010 colondary year and average has inches.				20 12
		2012 calendar year, or tax year beginning January 1st , 2012, and endi		_		, 20 12 r identification number
		applicable C Name of organization Centro Internacional de Mejoramiento de Maiz y Trigo	, internacioi	1	Linpicyc	
_	Address		uto	+-,	Tolophon	23 7181761 e number
_	Name ch	ango ·	ile.	[]	elebiloti	
_	Initial ret			╫		5959521900
╣.	Terminat	ed City, town or post office, state, and ZIP code		1.	_	
╝,	Amende				Gross red	
	Tax-exer	on pending F Name and address of principal officer Thomas A Lumpkin onpt status	H(b) Are	all aff 'No,"	iliates inc attach a	or affiliates? Yes V No cluded? Yes No list. (see instructions)
	Website					number ▶
		rganization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of forms	tion		M State	of legal domicile
Pa	art (Summary				
	1	Briefly describe the organization's mission or most significant activities:				
ا ه		To sustainable increase the productivity of maiz and wheat system to ensure global	food securi	ty ar	nd redu	ce poverty
일						
Ë						
Activities & Governance	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more tha	an 25	5% of i	ts net assets.
ق ا	3	Number of voting members of the governing body (Part VI, line 1a)			3	
တ္တ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
iĝ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	
₹	6	Total number of volunteers (estimate if necessary)			6	
۲	7a	Total unrelated business revenue from Part VIII, column (C), line 12		•	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		•	7b	
	-	Net differenced business taxable income from 1 offi 550 1, fine 64	Prior '	· Year	'.~	Current Year
	8	Contributions and grants (Part VIII, line 1h)			7 022	
Revenue				19,9	17,823	122,406,
	9	Program service revenue (Part VIII, line 2g)				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			21,784	417,
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			04,634	699,
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>81,6</u>	44241	123,523,
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits paid to or for members (Part IX, column (A), line 4),				
န္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,28	34,876	32,036,
Expenses	16a	Professional fundraising fees (Part IX, column (A), Jine 1/1e),				
ğ	b	Total fundraising expenses (Part IX column (D) line 25); ►			۵.	
Ω	17	Other expenses (Part IX, column-(A), lines 11a-11d, 11f-24e)		47,41	14,143	85,470,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		72,69	9,019	117,506,
	19	Revenue less expenses. Subtract-line-18 from line 12		8,94	15,222	6,017,
- S	<u> </u>		Beginning of 0	Curre	nt Year	End of Year
anc	20	Total assets (Part X, line 16)	•	96.58	36,448	115,875,
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			78,506	75,950,
캶	22	Net assets or fund balances. Subtract line 21 from line 20			07,942	39,925,
Pa					,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	00,020,
	art II	Signature Block				
		ities of perjury, I declare that I have examined this return, including accompanying schedules and stat i, and complete Declaration of preparer (dine) than officer) is based on all information of which prepar				iy kilowiedge and bellet
				Ma		2013
e:~	ın	Signature of officer		Pia Date	y 20;	. 2013
Sig He		1.				
пе	re	Thômas W. Short - Deputy Director General for (Corporat	ive	Ser	vices
		Type or print name and title				l nervi
Pa	id	Print/Type preparer's name Preparer's signature	ate		Check [_ _{if} PTIN
	epare	p			self-emp	
	e On		Fi	rm's	EIN ▶	
U3	G UIII	Firm's address ▶		hone		
			· · · · · · · · · · · · · · · · · · ·			
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				🔲 Yes 🔲 N

	,
Part	
1	Check if Schedule O contains a response to any question in this Part III
'	Briefly describe the organization's mission: To sustainable increase the productivity of maiz and wheat system to ensure global food security and reduce poverty
	To sustainable increase the productivity of maiz and wheat system to ensure global rood security and reduce poverty
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations 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: GMP) (Expenses \$ 39,520,504 including grants of \$) (Revenue \$ 39,520,504)
-14	Global Maiz Program
	Uses maize genetic resources to provide diverse, high-yielding varieties that withstand infertile soils, drought, insect pests, and
	diseases
	Conducts crop and natural resource management research to help farmers exploit the full potential of improved seed and to
	preserve and enhance soil and water resources
	Explores new market opportunities for smallholder farmers. Works with a range of partners to generate and share knowledge and techniques, ensuring that research results reach farmers' fields
	and make a difference
	Offers a rich assortment of training opportunities in maize breeding and crop management research (in-service courses,
	visiting scientist appointments, pre- and post-doctoral fellowships, among others).
4b	(Code: GWP) (Expenses \$ 19,373,444 including grants of \$) (Revenue \$ 19,373,444)
	Global Wheat Program Rainfed farming systems:
	This program seeks to improve food security and resource conservation in these very diverse ecologies, which cover large areas of
	Asia, northern, southern, and eastern Africa, and Latin America, and include countries where half of the daily food requirement is
	met by wheat alone. Expected applications of research carried out in the program will provide farm households with new options to
	diversify crop and livestock production systems, improve their productivity, and conserve scarce water and soil resources.
	Some areas experience widespread and serious micronutrient malnutrition.
	Irrigated/Intensive systems: Intensive agricultural systems are a source of food and income security for rural and urban households in Asia, North Africa, and Latin America. These systems are central to reducing poverty in Asia, which still has the largest number of
	poor people in the world. Intensive systems are usually irrigated and highly productive, featuring multiple crops (including large area
	of maize and wheat). They also face serious problems, including the unsustainable exploitation of water and soils, inefficient use of
	chemical inputs, and emerging or worsening disease and pest problems.
4c	(Code: <u>CAP</u>) (Expenses \$ 19,341,076 including grants of \$) (Revenue \$ 19,341,076)
	Conservation Agriculture Program:
	Conservation agriculture is a set of principles that build on systems agronomy research developed by CIMMYT and partners around
	the world, particularly on cropping methods that simultaneously boost productivity and reduce resource degradation in cropping systems that include maize or wheat. Through partnerships with national agricultural research systems, agri-business,
	and other CGIAR centers, CIMMYT works toward an ultimate vision of widespread use of sustainable systems by smallholder wheat
	and maize farmers, based on the principles of conservation agriculture. The aim is to improve rural incomes and livelihoods through
	sustainable management of agro-ecosystem productivity and diversity – while minimizing unfavorable environmental impacts.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 39,271,671 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 117,506,694

art	Checklist of nequired Schedules			г
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1 2	√	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11 -	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , ,	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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, Parts II and IV	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		→
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	•	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
04	D'AU		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	27		✓
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-	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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37		✓
	101 112 113 113 113 113 113 113 113 113 11	38	_▼	

orm 99	90 (2012)			Page
Part				
	Check if Schedule O contains a response to any question in this Part V		Yes	. <u>L</u>
10	Esta Was a subsumment of the Day O of Form 4000 Estay O March applicable	г—	res	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	4.	-	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		✓
20				
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
b	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		-
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	 	✓
b 40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	 •
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	
ь	If "Yes," enter the name of the foreign country: ▶		 	╁
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		+ *
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		 ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			+ •
-	gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	İ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	_	
	organization, have excess business holdings at any time during the year?	8		√
9	Sponsoring organizations maintaining donor advised funds.	_		
а	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:			1
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 10b	ł		1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		ĺ	
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)		ŀ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		┿
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
-	Note. See the instructions for additional information the organization must report on Schedule O.		†	Ė
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management	*		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			;
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		√ √ √
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	<u> </u>
9	Each committee with authority to act on behalf of the governing body?	-8b	✓-	 -
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	✓	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14 15	Did the organization have a written whistleblower policy?	13		1
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NOT APLICABLE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	า 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		·	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: CIMMYT INT. Km 45 Carretera Mexico-Veracruz, El Batan, Texcoco, Edo de Mexico Zip 56130	of the	•	

	·					
Part VII	Compensation of Officers, Director	rs, Trustees,	Key Employees,	Highest Comp	ensated Employee	s, and
	Independent Contractors					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	ours per officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	약	Ins	皇	G	em H	Εō	from the	related organizations	other compensation
•	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual t	iona		oldı	8 CO	ļ ,	(W-2/1099-MISC)		organization and related
	line)	rust	l tru		yee	npe				organizations
		ee	stee			nsat				
						ed				_
(1) Sara Boettiger										
Board Member		✓						11,240	27,420	
(2) Tom McKay										
Board Member		✓						6,040	2,648	
(3) Mutsuo Iwamoto										
Board Member		✓						5,030	13,131	
(4) Andrew Barr										
Board Member		✓					<u> </u>	4,680	307	
(5) Cornelis Broekhuijse										
Board Member		✓						2,400	6,698	
(6) Usha Barwale Zehr	<u></u>									
Board Member		✓						5,030	10,437	
(7) Martin Qaim	_									
Board Member		✓		L				4,630	113	
(8) Pedro Brajcich										
Board Member	ļ	✓	_					4,590	375	
(9) Salvador Fernadez-Rivera										
Board Member		✓					<u> </u>	4,590	335	
(10) Lindiwe Sibanda	_					1				
Board Member		✓					<u> </u>	5,150	1,215	
(11) Snape John	<u> </u>									
Board Member		✓			ļ		ļ	4,630	309	
(12) Cebreros Alfonso	ļ									
Board Member		✓						3,240	1,194	
(13)		_								
	ļ	✓	<u> </u>				L			
(14)	ļ									
		✓								

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (contin	ued)		
					((>)							
	(A)	(B)			Pos				(D)	(E)		(F)	
	Name and title	Average				eck more than one person is both ar			Reportable	Reportable	Est	imated	ı
		hours per					or/trust		compensation	compensation from		ount of	
		week (list any						<u> </u>	from	related		other	
		hours for related	호	ıstıt	Officer	éy	mpl dgh	Former	the organization	organizations (W-2/1099-MISC)		pensation the	on
		organizations	e d	utic	er	<u> </u>	est	ъ	(W-2/1099-MISC)	(VV-2/1099-IVIIGC)		inizatio	'n
		below dotted	Q a	nal		Key employee	con		,			related	
		line)	Individual trustee or director	5		8	ıper				orga	nızatıoı	าร
			8	Institutional trustee			Highest compensated employee						
							8						
	nomas A. Lumpkin	 				,							
	or General					✓			275,000			1	<u> 17,150</u>
	arianne Banzinger	ļ				1			400 000				00 044
	y Director General For Research and Partne nomas W Short			H		V			180,000				86,341
	y Director General for Corporate Services	}				/			165,000				99.000
	ans-Joachim Braun					_			165,000	- · · · - ·			99,000
	ım Director	 	ĺ			 			155,000				73,442
	ean-Marcel Ribaut					Ť			133,000				13,772
	ım Director		ĺ			✓			145,000				66,349
	vier Delannay								,				50,510
Princip	pal Scientist	<u> </u>				✓			131,389				51,295
(21) M	aruthi Prasanna Boddupalli												
Progra	m Director			_	_	-✓			125,000				77,108
(22) B	uno G. Gerard	ļ											
	m Director					✓			120,000				72,000
	niferaw Bekele												
	m Director					✓			116,666				70,000
	ngh Ravi	 											
	quished Scientist Wheat Breeder					✓			116,098				<u>69,659</u>
	erremans Johanna	ļ				,							
Interna 1b	ational Finance Director Sub-total	l				✓			114,242				<u>68,525</u>
C	Total from continuation sheets to Part		 	•	•		•		1,643,395				50,869
_	-	•		•	•		•		61,250				64,182
2	Total number of individuals (including but	not limited	_				· ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,704,645		0 of	9	<u>15,051</u>
-	reportable compensation from the organi		ו נט נו	056	1151	eu a	above	;) W	no received m	ore man \$100,00	U OI		
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	Эе.	kev e	emp	lovee, or high	est compensate	d 🗀	1.00	
	employee on line 1a? If "Yes," complete 3	Schedule J	for su	ıch	indi	vid.	ıal				3	1	
4	For any individual listed on line 1a, is the	sum of rei	portal	ole d	com	nper	nsatio	n a	nd other comp	ensation from th		1	
	organization and related organizations												
	individual	-							•		4	1	
5	Did any person listed on line 1a receive of									ation or individu		+	
•	for services rendered to the organization'								. •		5		1
Section	on B. Independent Contractors		-									<u> </u>	 _
1	Complete this table for your five highest of	compensat	ed ind	depe	end	ent	contra	acto	ors that receive	ed more than \$10	0,000 o	f	
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within the or	ganizati	on's t	ax
	year.												
	(A)								(B)		(C)		
	Name and business add								Description of se	ervices	Compen	sation	
		.	-										
-					-								
								_	·· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor	rs (includir	ng bu	t n	ot I	ımıt	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 of compens		_							1			

Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a respon	nse to any quest	tion in this Part V	III		<u></u> . 🗆
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, C	е	Government grants (contributions) 1e		-			
ion r Si	f	All other contributions, gifts, grants,					
the th		and similar amounts not included above 1f	122,406,564			†	
E O	g	Noncash contributions included in lines 1a-1f: \$,,			1	
Col	h	Total. Add lines 1a-1f	▶	122,406,564			
			Business Code				
Program Service Revenue	2a					Ī	
æ	b						
ice	С						
e P	d						
Ē	e						
gra	f	All other program service revenue .					
F	g	Total. Add lines 2a-2f	▶			_	
	3	Investment income (including divide	ends, interest,				
		and other similar amounts)	▶ [417,931		l	
	4	Income from investment of tax-exempt bo	nd proceeds ► [
	5	Royalties	▶				
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
1	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis				i	
		and sales expenses					
	С	Gain or (loss)					
;	d	Net gain or (loss)	<u> ▶</u>		 		
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a					
ᅙ	1	Less: direct expenses b		ļ			
		Net income or (loss) from fundraising	events . ►				ļ
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	ь	Less: direct expenses b					
		Net income or (loss) from gaming activ	vities •			†	1
		Gross sales of inventory, less				 	
	104	returns and allowances a					
		Less: cost of goods sold b					
	b	Net income or (loss) from sales of inve	ntory ▶			1	1
		Miscellaneous Revenue	Business Code				
	110		34511.033 OOGE	600 301			1
		GCP Management Fee		699,381			<u> </u>
	1	Gain on sale of fixed assets		119		 	
	c d	All other revenue					
	e	Total. Add lines 11a–11d		699,499			
	12	Total revenue. See instructions		122 522 004		 	

I Expenses	Functional	Statement of	Part IX
I Expenses	Functional	Statement of	Part IX

	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22	se to any question i (A) Total expenses	n this Part IX . (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
3 <i>b,</i> 9 <i>b</i> 1 2	t include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in		(B) Program service	(C) Management and	, (D) Fundraising
2	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in				
3					
	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees	2,619,696			
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	17,943,565			
7 8	Other salaries and wages				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	2,418,160 7,264,752	· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	1,790,453	· <u> </u>		
11	Fees for services (non-employees):	1,700,400			
а	Management	354,546			
b	Legal	80,253			
C	Accounting [175,718			
d	Lobbying [
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		 		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,879,936			
12	Advertising and promotion [
13	Office expenses [2,446,074			
14	Information technology [1,005,454			
15	Royalties				
16	Occupancy				
17	Travel	5,355,777			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,092,434			
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	14,376,320	 		
23 24	Other expenses. Itemize expenses not covered	171,234		· · · · · ·	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Utilities & field expenses	14,045,499	· · · · · · · · · · · · · · · · · · ·		
b	Publications, suppliers & others	3,990,268			
C	Collaborators	33,624,484			
d	Training & worlshops	3,872,071			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	117,506,694			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	art X	Baiance Sneet			
		Check if Schedule O contains a response to any question in this Part X		· · ·	
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,689,425	1	18,889,964
	2 `	Savings and temporary cash investments	33,396,992	2	53,580,684
	3	Pledges and grants receivable, net	18,826,056		11,097,558
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			i i
		Complete Part II of Schedule L	183,647	5	142,251
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	2,015,457	7	7,077,306
As	8	Inventories for sale or use	730,271	8	971,333
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	-		
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	4,744,600	10c	24,116,177
	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	<u> </u>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	96,586,448		115,875,273
	17	Accounts payable and accrued expenses	8,032,714		10,209,296
	18	Grants payable	51,682,734		56,382,752
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and		-	
Liabilities		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 to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,963,058	25	0.357.003
	26	Total liabilities. Add lines 17 through 25	62,678,506		9,357,983 75,950,031
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	62,676,300		73,330,031
es		complete lines 27 through 29, and lines 33 and 34.			
٥	27	Unrestricted net assets		27	-
흥	28	Temporarily restricted net assets	- -	28	
8	29	Permanently restricted net assets		29	
Š	_ `	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Ē		complete lines 30 through 34.			:
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	1
sel	31	Paid-in or capital surplus, or land, building, or equipment fund	· 	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	33,907,942	33	39,925,242
~	34	Total liabilities and net assets/fund balances	96,586,448	34	115,875,273
					Form 990 (2012)

1-1 1 k

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			123,52	3,994
2	Total expenses (must equal Part IX, column (A), line 25)	2			117,50	
3	Revenue less expenses. Subtract line 2 from line 1	3				7,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6_				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
_					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled (or			
	reviewed on a separate basis, consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
D	Were the organization's financial statements audited by an independent accountant?		.	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a			
			İ			
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
C	of the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, ex			2c	✓	
	Schedule O.	piain	III			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	<u>.</u>			
Ja	the Single Audit Act and OMB Circular A-133?	101111	"'	2-		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rac +h	<u>.</u> }	3a		_✓
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ا ا	3b		
	The state of the s				₁ 990	(2012)
				FOIT	1330	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Haine	or the organization						i '	embioser i	zenuncauoi	number		
			Maiz y Trigo, Internacio		_					81761		
Par			rity Status (All orga						nstructio	ons.		
_			ation because it is: (Fo		_		-	-	_			
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).			
2			170(b)(1)(A)(ii). (Attac			_						
3	•	•	spital service organiza						6 /1 \/4\/ 6 \	<u>-</u> .		
4	hospital's nam	ne, city, and stat			·							
5	section 170(b)(1)(A)(iv). (Com	•	_	•				vernment	tal unit d	lescrib	ed in
6 7	An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Par	al part of					nit or fron	n the ge	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)						
9	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	ions-su lated bus	bject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
10	☐ An organizatio	n organized and	d operated exclusively	to test fo	or public s	safetv. Se	ee sectio	n 509(a)	4).			
11		-	nd operated exclusive		•	-				or to ca	rrv ou	ut the
			olicly supported organ									
			describes the type of									
	a 🗌 Type I	b Type	il c 🗌 Type II	I-Functio	nally inte	grated	d □ '	Type III-I	Non-funct	ionally in	itegraf	ted
е	☐ By checking ti	his box, I certify	that the organization				r indirectl	ly by one	or more	disqualifi	ied pe	rsons
			ers and other than one									
	or section 509	(a)(2).										
f	-	ation received a check this box	a written determinatio		the IRS t			I, Type	ll, or Typ	e III sur	portir	ng . П
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	on from a	any of the	e			
			indirectly controls, eithody of the supported of								Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii	+	1
		•	a person described in							11g(iii	+	1
h			ion about the support								<u> </u>	l
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amou su	nt of mo	onetary
			(**************************************	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)				-								
(C)				<u> </u>	-							
(D)										_		
(E)												

18

Part							
	(Complete only if you checked the Part III. If the organization fails to						under
	on A. Public Support	 					
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,593,214	48,765,978	59,090,122	79,917,822	122,406,564	350,773,700
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						
4	Total. Add lines 1 through 3	40,593,214	48,765,978	59,090,122	79,917,822	122,406,564	350,773,700
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 shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					<u> </u>	
	on B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	40,593,214	48,765,978	59,090,122	79,917,822	122,406,564	350,773,700
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	645,985	328,274	208,790	121,784	417,930	1,722,763
10	is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	1,682,181	1,240,067	1,792,443	1,726,418	699,381	7,140,608
11	Total support. Add lines 7 through 10	/a.a. in atmustic					359,636,953
12	Gross receipts from related activities, etc	•	•			12	350,773,700
13	First five years. If the Form 990 is for the organization, check this box and stop he	=			-		
Socti	on C. Computation of Public Suppor			· · · · ·	· · · · ·	· · · · ·	· · • ·
14	Public support percentage for 2012 (line 6			1 column (fl)		14	99 %
15	Public support percentage from 2011 Sch		•		1	15	96 %
16a	331/3% support test—2012. If the organization qua	zation did not d	heck the box	on line 13, and	line 14 is 331/		eck this
b	331/3% support test—2011. If the organicheck this box and stop here. The organic					15 is 33 ¹ / ₃ % o	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circur	ind-circumstar mstances" test	nces" test, che	ck this box an tion qualifies a	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization management	tion meets the	"facts-and-cir	cumstances" 1	test, check th	is box and sto	and line p here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	A /Farra 000 as 000 F7 0040						5 2
Part	le A (Form 990 or 990-EZ) 2012 Support Schedule for Organiza	tions Descr	ibed in Secti	ion 509(a)(2)		-	Page 3
	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi			er Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support	() 0000	#.) 0000	(-) 0010	(-1) 004.4	(-) 0010	(0 T)
	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1`	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
6 7a	Total. Add lines 1 through 5 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 \$5,000 or 1% of the amount on line 13 for the year		-				
с 8	Add lines 7a and 7b					,	
Secti	on B. Total Support				· -		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6						
b	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	_					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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, and 12.)						
14	First five years. If the Form 990 is for the	-			· ·		
	organization, check this box and stop her			<u> </u>			🕨 🗆
	on C. Computation of Public Suppor			0 1 (0)		1451	
15 16	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sch					15 16	% %

Section D. Computation of Investment Income Percentage Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . 17 % 17 Investment income percentage from 2011 Schedule A, Part III, line 17 18 % 331/3% support tests-2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Generation	Challenge Program Management Fee 699,381
	·
- 	
	······································
	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

,	-10 01 3211-1-11		
Centro	Internacional de Mejoramiento de Maiz y TRigo		23 7181761
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds 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	held in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that g	
	only for charitable purposes and not for the		
		<u></u>	
Par		lete if the organization answered "Yes	
1	Purpose(s) of conservation easements held to		
		recreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
	•		Held at the End of the Tax Yea
а	Total number of conservation easements .		2 a
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements include		
	historic structure listed in the National Regist		f 1
3	Number of conservation easements modified		
	tax year ▶	, , , , , , , , , , , , , , , , , , ,	and the organization daming the
4	Number of states where property subject to	conservation easement is located >	
5	Does the organization have a written poli		aspection, handling of
	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitor		
-	>	mg, mopodang, and officioning contourvant	in outsine during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
•	►\$	moposting, and smoroling conservation ca	demonts during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(b)(4)(B)
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other s		
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,	-	▶ \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works		
	following amounts required to be reported un		
а	Revenues included in Form 990, Part VIII, line		
h	Assets included in Form 990. Part Y		· · · · · • •

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	, or Ot	her Similar /	Asse	ets (coi	ntinue	ed)
3	Using the organization's acquisition,										
	collection items (check all that apply):										
а	☐ Public exhibition		d	□ Loan	or exchang	ie prodi	rams				
b	☐ Scholarly research		e								
C	☐ Preservation for future generations	<u>.</u>	•								-,
4	Provide a description of the organization		and expla	an how t	hev further	the ord	ianization's ex	emp	t purpo	se in	Part
	XIII.		and expit		ncy farther	ino org	arnzanon o ox	υ ,	, baibo	OO	
5	During the year, did the organization	solicit or receive	donation	s of art	historical tr	oacuro	e or other ein	ailar			
•	assets to be sold to raise funds rather							iliai	□ v •		N _a
Dort									<u> </u>		
Part		_	•	-	anization	answe	red res to	FOII	11 990,	ran	ıv,
	line 9, or reported an amoun						-41				
1a	Is the organization an agent, trustee,							not		_	
	included on Form 990, Part X?					• • •		•	∐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:		· · ·				
								Amo	ount		
C	0 0					1c	:				
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f			<u>-</u>		
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21? .					☐ Ye	s 🔲	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	(planatio	n has been	provide	ed in Part XIII				
	Endowment Funds. Comple										
		(a) Current year		or year	(c) Two year		(d) Three years b		(e) Four	ears b	ack
1a	Beginning of year balance							\neg			
b	Contributions		 -					\dashv			
C	Net investment earnings, gains, and							\dashv			—
•	losses										
d	Grants or scholarships							\dashv			
e	Other expenditures for facilities and							\dashv			
-	programs		-								
	· •				<u> </u>	-					
f	Administrative expenses							_			
g	End of year balance		<u> </u>		L.,,						
2	Provide the estimated percentage of t	•	nd balanc	e (line 1g	i, column (a)) held a	as:				
a	Board designated or quasi-endowmen		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2										
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	ministered for	the	_		
	organization by:								`	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organi	izations listed as r	equired o	n Sched	ule R? .		<i>.</i> .		3b		
4	Describe in Part XIII the intended uses										
Part							.,,				—
	Description of property	(a) Cost or o			or other basis	(c) /	Accumulated		(d) Book	value	
		(investm			ther)		epreciation		. ,		
1a	Land									_	
b	Buildings				5 227 014		2 451 500			1 700	224
C	Leasehold improvements	•			5,237,814		3,451,580			1,786	,234
			E 470 040		17.052.505		20 224 222			22 222	
d e	Equipment		<u>5,470,948</u> 1,022,276		17,052,505		30,224,892			22,298	
	Add lines 1a through 1e. (Column (d) n		1,932,276	Cookies	(R) line 10	1/c) 1	1,900,895				,382
rvial.	Aud mies la miough le. (Columni (a) n	iusi equal FUIII 9	ou, rail/	i, colullil	, <i>(ט), וווופ</i> 10	(レノ・/ ・		ı	7	24,116	.236

Part VII	Investments - Other Securitie	es. See Form 990, Part X,	line 12.	
(8	n) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	derivatives	•		
	neld equity interests	·		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)			+	
(I)			 	
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Relat		line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	
	(a) besorption of investment type	(S) BOOK Value	Cost or end-of-year ma	
(1)		+	+	
(2)		+	+	
(4)				
(5)		-	 	
(6)	-		-	-
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets. See Form 990, I	Part X, line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·		···	
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)	mn (b) must equal Form 990, Part X,	col (R) line 15.)		
Part X	Other Liabilities. See Form 99		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		····
	income taxes	(0)	-	
(2) Supplie		7,712,717	<i>i</i>	
(3) Others	7.3	667,149	1	
	I and provisions	714,565	1	
(5) Employ		207,999	-	
	accruals	55,553		
(7)	· · · · · · · · · · · · · · · · · · ·		1	
(8)			1	
(9)]	
(10)]	
(11)]	
	(b) must equal Form 990, Part X, col. (B) line 25.)			
	GC 740) Footnote. In Part XIII, provide the	e text of the footnote to the org	ganization's financial statements that	
liability for ur	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Pa	art XIII

_	
Page	•

D				<u> </u>	
Part				T T	
1	Total revenue, gains, and other support per audited financial statements			1	123,523,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
a	Net unrealized gains on investments	2a		1	
þ	Donated services and use of facilities	2b_			
С	Recoveries of prior year grants	2c		i i	
d	Other (Describe in Part XIII.)	2d	417,930		
е	Add lines 2a through 2d			2e	417,930
3	Subtract line 2e from line 1			3	123,523,994
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 XIII.)	4b	699,499	1 1	
	Add lines 4a and 4b			4c	699,499
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	124,223,493
Part		ents	With Expenses pe	er Retu	<u>rn</u>
1	The same of the sa			1	117,506,694
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b]]	
С	Other losses	2c]]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIII.)	4b]	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	· · · · · · · · · · · · · · · · · · ·	5	117,506,694
Part	XIII Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and				
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	. Also	o complete this part to	provid	e any additional
nform	ation.				
CIMMY	T AC is a private association chartered under Mexican law				
CIMMY	T AC does not carry activities and only holds part of the Centro Internacional of	de Me	joramiento de Maiz y T	Rigo, In	ernacional
and a	nd buildings				
Part XI	Interest 417,930 GCP Management Fee and Fixed Assets sells 699,499				

Schedule D (Fo	orm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
-		

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Centro Internacional de Mejoramiento de Maiz y TRigo, Internacional

23 7181761

Employer identification number

Part	Questions Regarding Compensation			
			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			,
	☑ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	ļ		
b	If any of the boxes on line 1a are 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	1	1	Ī
	explain	1b	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	İ	1	İ
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		✓
		<u> </u>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	l		
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			ł
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			ŀ
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			1
-	organization or a related organization:			
_	· ·		ŀ	
a	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue 504/oV(2) and 504/oV(4) approximations proved complete lines 5.0			i
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
_	·		ŀ	
a	The organization?	5a		✓
Ь	Any related organization?	5b		✓
_	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		√
b	Any related organization?	6b		✓
_	If "Yes" to line 6a or 6b, describe in Part III.			ļ
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	✓	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	<u> </u>	✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ا م	l	1

Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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.

m 990 Part VII Section A line s (B)(il-(iii) for each listed individual must equal the total amount of Eq

Note: The sum of Columns (D)(I)(T)(III) for each listed making make a figure of the form of the form of W-2 and/or 1099-MISC compensation	בפרו	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	אוו, ספכנוטוו א, וווופ	ia, applicable coluin	III (D) aild (E) aillouin	S IOI IIIat IIIUNIQUAI.
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
	9							
Thomas A. Lumpkin	€ €	275,000		117,150				
1 Director General								
Marianne Banzinger Deputy Director General For	e e	180,000		86,341				
Thomas W Short	: =	165.000		000.66				
Deputy Director General for 3 Corporate Ser	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Lond Londing Drong	8	155,000		73,442				
4 Program Director	(II)							
Jean-Marcel Ribaut	(i)	145,000		66,349				
5 Program Director	€							
Xavier Delannav	8	131,389		51,295				
6 Principal Scientist	(ii)							
Manithi Prasanna Boddinalli	(1)	125,000		77,108	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7 Program Director	(ii)							
Brino G. Gerard	(1)	120,000		72,000				
8 Program Director	<u>(E)</u>							
Shiferaw Bekele	8	116,666		000'02				
9 Program Director	€							
Singh Bavi	8	116,098		69'69				
10 Senior Scientist	(E)							
Herremans Johanna	(1)	114,242		68,525				
11 International Finance Director	(ii)							
	(1)							
12	€							
	(3)							
13	€							
	€							
14	€							
	(I)							
15	⊞							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
Part - 1a
Travel for companions -
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;
and the principal , means of satisfying these considerations is through authorized dependent travel awards. " Travel points" are basis for cash travel awards,
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
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 are closely to their own taste in furnishings, and staff will incur operating costs as well.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Dr, Mutsuo Iwamoto (Japan)

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Forestry and

Fisheries (STAFF)

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Dr. Lindiwe Majele Sibanda (Zimbabwe)

Chief Executive Officer and Head of

Diplomatic Mission

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Email:cbroekhuijse@gmai.com

Dr. Thomas A. Lumpkin (USA)*

Director General

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México, D.F.

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Fax +52 (55) 58047558

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Lic. Francisco Javier Mayorga Castañeda*

Secretario de Agricultura, Ganadería, Desarrollo

Rural, Pesca y Alimentación

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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Name of the organization	Employer identification number
Centro Internacional de Mejoramiento de Maiz y Trigo, Int	23 7181761
<u></u>	
Part VI Section 15 compensation process	
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For the Senior management compensation Human Resources prepare a proposal and the General Dir	ector, Deputy General Director for
Comparete Comings and Domate Director for Document manyide foodback and authorization	
Corporate Services and Deputy Director for Research provide feedback and authorization	
For Directors compensation Human Resources prepare a proposal and the Board of Trustees provide	feedback and authorization
Part VI Section c, 19	
Documents will be provided upon request	
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
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