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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Centro Internacional de Mejoramiento De
Maiz y Trigo
% KICK GEELS CIMMYT INT

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
Apartado Postal 6-641

City or town, state or province, country, and ZIP or foreign postal code
Ciudad de Mxico 06600
Mexico

D Employer identification number
23-7181761

E Telephone number
(595) 952-1900

G Gross receipts $ 122,283,138

F Name and address of principal officer
MARTINUS JACOBUS KROPFF
Apartado Postal 6-641
Ciudad de Mxico 06600
MX

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //www CIMMYT org/

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ P I O

L Year of formation 1988

M State of legal domicile MX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MAIZE AND WHEAT SCIENCE FOR IMPROVED LIVELIHOODS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MAIZE AND WHEAT SCIENCE FOR IMPROVED LIVELIHOODS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

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) (Expenses $ 33,111,231 including grants of $ 7,313,605) (Revenue $ 0)

See Additional Data

4b (Code) (Expenses $ 28,746,199 including grants of $ 6,105,859) (Revenue $ 0)

See Additional Data

4c (Code) (Expenses $ 20,808,212 including grants of $ 4,419,784) (Revenue $ 0)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 35,340,734 including grants of $ 7,225,988) (Revenue $ 1,120,358)

4e **Total program service expenses** ▶ 118,006,376

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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	**1a**	13		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See Additional Data Table

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, **Section A** . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,024,310	0	418,002

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 18

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GRAHAM MCLAREN, 901 North Washington Street ALEXANDRIA, VA 22314	CONSULTANT	168,192
JENNIFER NELSON, CARRETERA VERACRUZ KM 45 TEXCOCO, 0 56237 MX	CONSULTANT	114,040
PATTI PETESCH, CARRETERA VERACRUZ KM 45 TEXCOCO, 0 56237 MX	CONSULTANT	110,450
JOSE LUIS CROSSA, CARRETERA VERACRUZ KM 45 TEXCOCO, 0 56237 MX	CONSULTANT	108,287

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	50,208,514			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	69,501,402			
	g Noncash contributions included in lines 1a - 1f $ _____					
	h **Total.** Add lines 1a-1f ▶		119,709,916			

Program Service Revenue	Business Code				
2a SERVICE REVENUE AND MEMBERSHIP FEES	900099	932,333	932,333		
b IBP GRANT MANAGEMENT FEE	900099	188,025	188,025		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		1,120,358			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		1,266,424			1,266,424
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0 / 0				
d Net rental income or (loss) ▶		0			
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	186,440				
b Less cost or other basis and sales expenses					
c Gain or (loss)	186,440				
d Net gain or (loss) ▶		186,440			186,440
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
b Less direct expenses b	0				
c Net income or (loss) from fundraising events ▶		0			
9a Gross income from gaming activities See Part IV, line 19 a	0				
b Less direct expenses b	0				
c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances a	0				
b Less cost of goods sold b	0				
c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		0			
12 **Total revenue.** See Instructions ▶		122,283,138	1,120,358		1,452,864

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,767,032	1,767,032		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	23,298,204	23,298,204		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	262,998		257,738	5,260
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	30,834,314	39,497,625	-9,279,997	616,686
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,455,984	7,254	2,399,610	49,120
9 Other employee benefits	10,236,128	21,782	10,009,623	204,723
10 Payroll taxes	2,208,029		2,163,868	44,161
11 Fees for services (non-employees)				
a Management	1,698,507	1,659,591	4,946	33,970
b Legal	236,767	11,166	220,866	4,735
c Accounting	41,239	34,644	5,770	825
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,310,666	8,481,486	1,121,662	707,518
12 Advertising and promotion	0			
13 Office expenses	1,882,291	1,031,023	813,622	37,646
14 Information technology	1,811,702	1,129,301	646,167	36,234
15 Royalties . .	0			
16 Occupancy	0			
17 Travel	4,955,285	4,416,947	439,232	99,106
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	2,438,507	2,357,773	31,964	48,770
20 Interest	1,471,993		1,471,993	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	3,033,271	1,204,685	1,767,921	60,665
23 Insurance . . .	373,370	39,961	325,942	7,467
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FARM/FIELD PROGRAM	10,642,480	10,227,964	201,666	212,850
b PUBLICATIONS, SUPPLIES, MISC	6,434,928	4,599,144	1,707,085	128,699
c TRAINING & WORKSHOPS	4,594,894	1,934,827	2,568,169	91,898
d	0	0	0	0
e All other expenses	260,035	16,285,967	-16,038,582	12,650
25 **Total functional expenses.** Add lines 1 through 24e	121,248,624	118,006,376	839,265	2,402,983
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

		(A) Beginning of year		(B) End of year
1	Cash–non-interest-bearing	11,892,716	1	19,728,120

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	122,283,138
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,248,624
3	Revenue less expenses Subtract line 2 from line 1	3	1,034,514
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,359,288
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	52,393,802

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			

Additional Data

Software ID:

Software Version:

EIN: 23-7181761

Name: Centro Internacional de Mejoramiento De Maiz y Trigo

Form 990 (2018)

Form 990, Part III, Line 4a:

SUSTAINABLE INTENSIFICATION PROGRAM (SIP) SUSTAINABLE INTENSIFICATION AGRICULTURE PRACTICES ARE AIMED AT ENHANCING THE PRODUCTIVITY OF LABOR, LAND AND CAPITAL THEY OFFER THE POTENTIAL TO SIMULTANEOUSLY ADDRESS A NUMBER OF PRESSING DEVELOPMENT OBJECTIVES, INCLUDING UNLOCKING THE AGRICULTURAL POTENTIAL TO ADAPT PRODUCTION SYSTEMS TO CLIMATE CHANGE, SUSTAINABLY MANAGE LAND, SOIL, NUTRIENT AND WATER RESOURCES, IMPROVE FOOD AND NUTRITION SECURITY, AND ULTIMATELY REDUCE RURAL POVERTY IMPROVED PRODUCTIVITY CAN INCREASE FOOD AVAILABILITY AND INCOME, BENEFITTING THE LIVELIHOODS OF SMALLHOLDER FARMERS, NATURAL RESOURCE INTEGRITY, SOCIAL EQUITY, NUTRITION, HEALTH AND RESILIENCE AGAINST BIOPHYSICAL OR SOCIO-ECONOMIC SHOCKS SMALLHOLDER FARMING SYSTEMS ARE DIVERSE AND COMPLEX IN PRACTICE, SUSTAINABLE INTENSIFICATION INVOLVES SUCH CONSERVATION AGRICULTURE PRACTICES AS MINIMAL SOIL DISTURBANCE, PERMANENT SOIL COVER AND THE USE OF CROP ROTATION TO SIMULTANEOUSLY MAINTAIN AND BOOST YIELDS, INCREASE PROFITS AND PROTECT THE ENVIRONMENT IT CONTRIBUTES TO IMPROVE SOIL FUNCTION AND QUALITY, WHICH CAN IMPROVE RESILIENCE TO CLIMATE VARIABILITY THROUGH THE LENS OF SUSTAINABLE INTENSIFICATION, TECHNICAL INNOVATIONS ARE ASSESSED NOT ONLY FOR THEIR POTENTIAL TO INCREASE THE PRODUCTIVITY OF A SINGLE COMMODITY, BUT ALSO FOR THEIR IMPACT ON OVERALL FARM PRODUCTIVITY, PROFITABILITY, STABILITY, PRODUCTION AND MARKET RISKS, RESILIENCE, AS WELL AS THE INTERESTS AND CAPACITY OF INDIVIDUAL FARMERS TO ADOPT THOSE INNOVATIONS

Form 990, Part III, Line 4b:

GLOBAL MAIZE PROGRAM (GMP) CIMMYT develops and deploys maize germplasm with high yield, stress resilience and nutritional quality for over 600 million maize-dependent people, including about 120 million malnourished children in Africa, Latin America and Asia The product development team focuses on developing germplasm with tolerance to drought, heat, poor soil fertility, waterlogging, acidity, diseases, insect-pests and parasitic weeds, in partnership with an array of public and private institutions Trait pipeline work includes identification, validation and deployment of molecular markers for key traits, and implementation of marker-assisted recurrent selection and genomic selection for increasing genetic gains in tropical maize germplasm The program also undertakes strategic research on doubled haploid technology for the tropics, for accelerated development of homozygous parental lines, and offers related development service to national agricultural research systems and small-and medium-enterprise seed companies This work plays a key role in facilitating the deployment of improved maize seed in the tropics, especially targeting women farmers and disadvantaged groups to maximize impact Work includes identification of easy-to-produce, best-bet hybrids and improved open-pollinated varieties, seed production research and recommendations, promoting scale-appropriate delivery of new and improved products through seed company partners

Form 990, Part III, Line 4c:

GLOBAL WHEAT PROGRAM (GWP) THROUGH ITS GLOBAL WHEAT PROGRAM, CIMMYT COLLABORATES WITH NATIONAL AGRICULTURAL RESEARCH INSTITUTIONS, NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS, SEED SECTOR ORGANIZATIONS, REGIONAL RESEARCH NETWORKS, PRIVATE COMPANIES, ADVANCED RESEARCH INSTITUTIONS AND OTHER DEFINED CGIAR CENTERS, TO PROVIDE FARMERS THE BEST SEED, AGRONOMY, TRAINING AND INFORMATION NEEDED TO INCREASE YIELDS WHEAT PROVIDES 20 PERCENT OF THE CALORIES AND PROTEIN PEOPLE CONSUME GLOBALLY AN ESTIMATED 80 MILLION FARMERS IN THE DEVELOPING WORLD RELY ON WHEAT FOR THEIR LIVELIHOODS DEMAND FOR WHEAT BY 2050 IS PREDICTED TO INCREASE BY 70 PERCENT FROM TODAYS LEVELS DUE TO POPULATION GROWTH AND DIETARY CHANGES, BUT THE CHALLENGES TO WHEAT PRODUCTION ARE STARK AND GROWING THE CROP IS AT RISK FROM NEW AND MORE AGGRESSIVE PESTS AND DISEASES, DIMINISHING WATER RESOURCES, LIMITED AVAILABLE LAND AND UNSTABLE WEATHER CONDITIONS RELATED TO CLIMATE CHANGE SINCE IT'S FOUNDING BY THE LATE U S SCIENTIST AND NOBEL PEACE PRIZE LAUREATE, NORMAN BORLAUG, CIMMYT'S GLOBAL WHEAT PROGRAM HAS PROVIDED ELITE BREEDING LINES, THROUGH ITS SYSTEM OF INTERNATIONAL NURSERIES, TO NATIONAL BREEDING PROGRAMS AROUND THE WORLD THESE WHEAT LINES HAVE BEEN PUT THROUGH CIMMYT'S RIGOROUS SHUTTLE BREEDING SYSTEM, WHICH TESTS THEM IN DIFFERENT LOCATIONS AND CLIMATE CONDITIONS MORE THAN HALF OF THE WHEAT AREA IN DEVELOPING COUNTRIES IS SOWN WITH EITHER STRAIGHT CIMMYT INTRODUCTIONS OR DERIVED FROM CROSSES WITH CIMMYT LINES IN ADDITION TO IMPROVING BREAD AND DURUM WHEAT, THE CIMMYT GLOBAL WHEAT PROGRAM USES WILD RELATIVES OF WHEAT TO INTRODUCE TRAITS SUCH AS DROUGHT TOLERANCE AND IMPROVED NUTRITIONAL QUALITY CIMMYT'S WHEAT MOLECULAR MARKER LABORATORY DEVELOPS TOOLS AND INFORMATION THAT

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses $ 13,276,780 including grants of $ 2,820,065) (Revenue $ 0)
RESEARCH PARTNERSHIP PROGRAM (RPP)

(Code) (Expenses $ 10,902,938 including grants of $ 2,315,847) (Revenue $ 0)
SOCIOECONOMICS PROGRAM (SEP)

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses $	7,562,081	including grants of $	1,606,230) (Revenue $	0)	
GENETIC RESOURCE PROGRAM (GRP)						
(Code	) (Expenses $	3,598,935	including grants of $	483,846) (Revenue $	0)	
INNOVATIVE BUSINESS STRATEGIES PROGRAM (IBS)						

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 188,358)

IBP MANAGEMENT FEE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nicole Birrell Board Chair	60 00	X						48,682	0	0
Jose Cacho Ribeiro Board Member	10 00	X						1,600	0	0
Ramesh Chand Board Member	10 00	X						3,600	0	0
Feng Feng Board Member	30 00	X						7,200	0	0
Neal Gutterson Board Member	20 00	X						8,100	0	0
Rita Mumm Board Member	30 00	X						17,500	0	0
Bongiwe Njobe Board Member	30 00	X						9,700	0	0
Raul Gerardo Obando Rodriguez Board Member	20 00	X						4,000	0	0
Robert Semple Board Member	30 00	X						13,000	0	0
Johannes Hendricus de Roo Board Member	30 00	X						7,600	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees,

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Vail Pixley Genetics Resources Dir	40 0 0 0				X			156,408	0	21,256
Jean-Marcel Ribaut Integrated Breeding Dir	40 0 0 0					X		197,775	0	32,618
Bram Govaerts CIMMYT Regional Representative	40 0 0 0					X		162,478	0	21,354
Denis Huneault Director of Business Services	40 0 0 0					X		214,900	0	23,047
Ravi Prakash Singh	40 0					X		196,023	0	32,787

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Centro Internacional de Mejoramiento De Maiz y Trigo

Employer identification number
23-7181761

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total

990 Schedule O, Supplemental Information

Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B ETHIOPIA INDIA KAZAKHSTAN KENYA MEXICO NEPAL PAKISTAN TURKEY ZIM BABWE ADDITIONAL COUNTRIES ARE REPORTED IN ATTACHMENT 5 ALTHOUGH THE ORGANIZATION HAS FORE IGN ACOUNTS IT IS NOT REQUIRED TO FILE FBAR REPORTS BECAUSE IT IS A NON-US ORGANIZATION AN D NO US INDIVIDUALS HAVE SIGNATURE AUTHORITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B THE FINAL VERSION OF FORM 990 IS REVIEWED BY THE GENERAL COUNS EL AND SECRETARY OF THE BOARD OF TRUSTEES, THE DIRECTOR OF FINANCE, THE DIRECTOR GENERAL A ND THE CHAIR OF THE BOARD OF TRUSTEES BEFORE SENDING IT TO THE DEPARTMENT OF THE TREASURY AND INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C THE CIMMYT'S EMPLOYEE CONFLICT OF INTEREST COMMITTEE, CONSISTI NG OF CIMMYT'S DG, COMPLIANCE OFFICER, DIRECTORS OF HUMAN RESOURCES AND FINANCE (OR THEIR DESIGNEES) REVIEWS ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND DETERMINES WHETHER OR NO T A CONFLICT EXISTS, TAKES APPROPRIATE CORRECTIVE ACTION OR AUTHORIZES EXCEPTIONS (ON A CA SE-BY-CASE BASIS) EACH PROGRAM DIRECTOR/UNIT HEAD IS RESPONSIBLE FOR ENFORCING THE POLICY FOR HIS/HER PROGRAM/UNIT IF A PROGRAM DIRECTOR/ UNIT HEAD HAS DETERMINED THAT A PRIMA FA CIE CASE OF CONFLICT OF INTEREST EXISTS, THE PROGRAM DIRECTOR/ UNIT HEAD MUST INFORM THE C OMMITTEE AND PROVIDE ALL SUPPORTING INFORMATION AND/OR DOCUMENTATION AS A RESULT OF THE C OMMITTEES ASSESSMENT, THE INDIVIDUAL EMPLOYEE WILL BE ADVISED IN WRITING, SIGNED BY THE DG OR HIS/HER REPRESENTATIVE TO GIVE UP THE CONFLICTING INTEREST OR NOT TO REPRESENT CIMMYT IN SITUATIONS WHERE THE CONFLICT EXISTS OR MIGHT DEVELOP THE COMMITTEE MAY ALSO ADVISE TH E CONCERNED EMPLOYEE TO CONTINUE TO REPRESENT CIMMYT, UNDER THE DIRECTION OF HIS/HER SUPER VISOR IF AN EMPLOYEE IS INVOLVED IN ANY SITUATION DESCRIBED UNDER CONFLICT OF INTEREST SI TUATIONS, HE/SHE MUST REPORT THE RELEVANT DETAILS IN A MEMORANDUM TO HIS/HER SUPERVISOR AN

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B THE PROCESS FOR DETERMINING COMPENSATION IS REVIEWED INDEPENDENTLY COMPENSATION IS DOCUMENTED IN HUMAN RESOURCES FILES AND THE BOARD MINUTES FOR THE SENIOR MANAGEMENT COMPENSATION, HUMAN RESOURCES PREPARES A PROPOSAL ACCORDING TO T HE MARKET AND EXECUTIVE COMMITTEE PROVIDES FEEDBACK AND AUTHORIZATION FOR THE DIRECTOR GE NERAL'S COMPENSATION, HUMAN RESOURCES PREPARES A PROPOSAL ACCORDING TO THE MARKET AND THE BOARD OF TRUSTEES PROVIDES FEEDBACK AND AUTHORIZATION COMPENSATIONS OF OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED CONSIDERING THE CURRENT WORKING MARKET

990 Schedule O, Supplemental Information

Return Reference	Explanation
GOVERNING DOCUMENTS MADE AVAILABLE TO PUBLIC	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO LICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Centro Internacional de Mejoramiento De Maiz y Trigo

Employer identification number
23-7181761

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization without deferred compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations

Matthew Paul Reynolds Distinguished Physiologist	40 0 0 0					X		157,587	0	28,109

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | **Yes** | **No**

Form 990 or 990-EZ.

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation