${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and}$ the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation Oversight Hearing on "School Trust Lands Ownership within Federal Conservation Areas" September 10, 2013

For Individuals:								
1. Name:								
2. Address:								
. Email Address:								
4. Phone Number:								
* * * *								
For Witnesses Representing Organizations:								
1. Name: Maria Baier								
2. Name of Organization(s) You are Representing at the Hearing: Sonoran Institute								
3. Business Address: [Redacted for privacy]								
4. Business Email Address: [Redacted for privacy]								
5. Business Phone Number: [Redacted for privacy]								

For all Witnesses

Name/Organization: Maria Baier, Sonoran Institute

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Oversight Hearing on "School Trust Lands Ownership within Federal Conservation Areas"

September 10, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. I have a Juris Doctor degree.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Former member of Western State Land Commissioners Association.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Former Director of Arizona Office of the Trust for Public Lands. Former Senior Policy Adviser on Natural Resources for the Office of the Governor of Arizona. Former Arizona State Land Commissioner. Former Executive Director of Valley Partnership and significant private sector experience in land use matters. Current CEO of the Sonoran Institute.

- d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

 N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

 None.
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

 None.
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. N/A

Witnesses Representing Organizations

Name/Organization: Maria Baier, Sonoran Institute

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Oversight Hearing on "School Trust Lands Ownership within Federal Conservation Areas"

September 10, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

CEO of Sonoran Institute.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

See additional document.

- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

 None.
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

 None.
- l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). See additional document.

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 black lung benefit trust or private foundation)

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

2011
Open to Public Inspection

JUL 1, 2011 and ending JUN 30, A For the 2011 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Address change The Sonoran Institute, Inc. Name change 86-0684610 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-44 E. Broadway Blvd, Suite 350 (520)290-0828 Amended return 5,836,082. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Tucson, AZ 85701 H(a) is this a group return pending F Name and address of principal officer:Bill Mitchell for affiliates? __Yes LX No same as C above H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ www.sonoraninstitute.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1990 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: The Sonoran Institute inspires Governance and enables community decisions and public policies that respect the Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 21 <u>21</u> Number of independent voting members of the governing body (Part VI, line 1b) Activities & 55 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T. line 34 Prior Year **Current Year** 4,545,246. Contributions and grants (Part VIII, line 1h) 4,522,345. 1,515,791. 1,285,546. Program service revenue (Part VIII, line 2g) 1,029. 1,546. Investment income (Part VIII, column (A), lines 3, 4, and 7d) <20,119. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,650. 5,789,318. 6,068,716. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,717. 44,389. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,800,937. 2,956,263. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,655,064. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,763,934. 4,590,588. 4,655,716. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,478,128. 1,133,602. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 3,092,624. 4,036,106. 20 Total assets (Part X, line 16) 811,889. 21 Total liabilities (Part X, line 26) 1,007,631. 2,084,993. 3,224,217. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Kati, Shields, Sign Katie Shields, Chief Finance & Admin Officer Here Type or print name and title Print/Type preparer's name Preparer's signature ₽00596839 Paid Carla J. Keegan Firm's name Keegan, Linscott & Kenon, P.C. 86-0750225 Preparer Firm's EIN 🛌 Firm's address 33 N. Stone Avenue, Suite 1100 Use Only Tucson, AZ 85701 Phone no. (520) 884-0176 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: The Sonoran Institute inspires and enables community decisions and
	public policies that respect land and people of western North America.
	paste portoros chas respect rana ana people or nosceni north interioa.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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? 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,189,551 • including grants of \$ 6,500 •) (Revenue \$ 564,195 •)
	West-Wide - The research team has completed components of the report
	for the Eastern Sierra Economic Assessment and provided extensive
	research and report writing for WLC projects. The research team
	completed initial research for a Worker Attraction Study in
	collaboration with the U of A and has provided research and reports for
	various projects. They have completed a final report on ecosystem
	values in the Cache la Poudre watershed and completed reports & maps
	for the Western Maricopa Mineral Assessment. The research team also
	provides all GIS analysis and support for the entire organization and
	has provided research and report sections in support of projects in the
	Northern Rockies. The research team has conducted research and has
41-	collaborated in environmental coalition regarding the proposed Rosemont (Code:) (Expenses \$ 640,190. including grants of \$ 0.) (Revenue \$ 277,036.)
4b	(Code:) (Expenses \$640,190 · including grants of \$0 ·) (Revenue \$277,036 ·) Colorado River Delta Program - Restoration: The Colorado River Delta
	Program restored 26 acres of riparian habitat along the Colorado River
	in Mexico, and monitored and maintained an additional 19 acres of
	riparian habitat. The program also created a pilot channel in the Upper
	Gulf of California estuary, which has effectively enhanced the
	connectivity of freshwater flows to the sea and opened new nursing and
	spawning areas for marine species. At the Las Arenitas Treatment
	Wetland, an additional 10 acres of cattail beds were completed, making
	the artificial treatment wetland over 60% complete.
	Outreach: The program significantly expanded their fundraising and
	communications campaign through the creation of the Delta Plan of
4-	Action funding prospectus, the creation of the Sonoran Institute Delta (Code:)(Expenses \$ 491,508. including grants of \$ 21,000.) (Revenue \$ 11,667.)
46	(Code:) (Expenses \$ 491,508. including grants of \$ 21,000.) (Revenue \$ 11,667.) Northern Rockies - The Northern Rockies program completed several
	pieces of research regarding the economics of real estate development
	and community planning. We completed studies in six communities
	comparing the tax revenues generated by properties in the downtown core
	with those from big-box stores on the community edge. The studies
	showed that downtown properties generate substantially more tax
	revenues per acre than do commercial properties on the edge. The
	Northern Rockies program also completed a fiscal impact analysis of for
	Natrona County, Wyoming, that assessed the local government costs of
	providing services to sprawling rural development in that county. Those
	costs were compared to the tax revenues those subdivisions generated;
	it showed that rural residential subdivisions cost far more to provide
4d	Other program services (Describe in Schedule O.) (Expenses \$ 899,193. including grants of \$ 16,889.) (Revenue \$ 426,666.)
40	(Expenses \$ 899,193 • including grants of \$ 16,889 •) (Revenue \$ 426,666 •) Total program service expenses ▶ 3,220,442 •
40	Total program service expenses ► 3,220,442.
132002 02-09-	Con Cabadala O for Continuation (a)

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		X
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		X
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	Х	
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.			
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	Х	
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		x
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		X
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		17	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	ļ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			_v ,
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		 ^``
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا		
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		x
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^``
	1 100 to mile 204, did the organization attach a copy of its addited infantial statements to this fetuliti	<u> </u>	990 (2011)
			1	1

Form 990 (2011) The Sonoran Institute, Inc.

Part IV | Checklist of Required Schedules (continued)

	1		_	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22		
_0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		Will.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		′	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	_	v	
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	055		Х
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		27
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	The second of th			

Form **990** (2011)

Form 990 (2011) The Sonoran Institute, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second S		Check if Schedule O contains a response to any question in this Part V	<u></u>		Ш
be Enter the number of Forms W2G included in line 1s. Enter of Irnd applicable				Yes	No
Die the organization contribly with buckup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without without the without the contributions of the calendar year ending with or within the year covered by this return. If all the calendar year ending with or within the year covered by this return. Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By the comparization have unrelated business gross income of \$1,000 or more during the year? By the comparization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, sectifies account, or other financial account)? 4 If "Yes," I has it filed a form 990°T for this year? If "No," provide an explanation in Schedule O 5 If "Yes," I have the mann of the foreign country, MEXX LOO See instructions for filing requirements for Form TD F90°22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization apent to a prohibited tax whether transaction at any time during the tax year? 5 a Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Was the organization have armusi gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5 c C With the organization have armusid gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution that were not tax deductible? 6 b Was the organization have armusid gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution of capital than the promote that the property of the organization solicit is the promote that the organization for the down or of the value of the good of the promote that the promote	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, less filed for the calendar year ending with or within the year covered by this return 3 It less to one is reported on line 2a, did the organization file all required federal employment tax returner? 3 It was not offines 1 and 2a is grower than 250, you may be required to ending the year? 3 It was not filmes 1 and 2a is grower than 250, you may be required to ending the year? 3 It was not filmes 1 and 2a is grower than 250, you may be required to ending the year? 3 It was not filmes 1 and 2a is grower than 250, you may be required to ending the year? 3 It was not filmes 1 and 2a is grower than 250, you may be explanation in Schedule O 4 It was the organization have unrelated business gross income of \$1,000 or more during the year? 4 If was the calendar year, did the organization have an Interest In, or a signature or other authority over, a financial accountly (such as a bark account, securities account, or other financial accountly? 4 If was, "enter the name of the foreign country Mexit Co 5 If was, the organization apparty to a prohibited tax shefter transaction at any time during the tax year? 5 If was, the organization apparty to a prohibited tax shefter transaction at any time during the tax year. 5 If was, the film organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductible? 5 If was, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 If was, "did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 5 If was, "did the organization netwer and x deductible? 6 If was, "did the organization netwer and x deductible? 6 If was, and the organization netwer and x deductible? 6 If was, and the organization rece	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see Instructions) By life tieses are partialized have used as a greater than 250, you may be required to 6-file (see Instructions) By life tieses and a form 990-T for this year? If 'No.' provide an explanation in Schedule O By life tieses and during the calendar year, did the organization have an interest in, or a signature or other authently over, a finencial account in a foreign country (such as a bank account, securities account, or other financial account)? By life the name of the foreign country, № Mexit CO By life the name of the foreign country № Mexit CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country № Mexit CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the foreign country is the Next CO By life the name of the organization file form 888817 By life the organization sell that were not tax deductable? By life the organization related the name of the contributions under section 170(c). By life the organization related the name of the na	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	HAN		
filled for the celendary year ending with or within the year covered by this return ■ 1 st latest and is reported on line 2, did the organization file all erayider deferred employment tax returns? ■ 2b		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did the organization for this year? If "No." provide an explanation in Schedule O 32 Did The organization and a foreign country (such as a bank account, securities account, or other financial account)? 32 A X X Did "Yes," has it filed a form 990-T for this year? If "No." provide an explanation in Schedule O 33 Did No. If "Yes," the provide an above the comparization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 34 X S Did any taxebul party notify the organization have prevent than the second of the comparization and that it was or is a party to a prohibited tax shelter transaction? 35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36 Did any taxebul party notify the organization hat it was or is a party to a prohibited tax shelter transaction? 36 Did the organization include with a way and party to a prohibited tax shelter transaction? 37 Did "Yes," to line Sa or 5b, did the organization file Form 8866-7? 38 Did "Yes," to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 38 Did "Yes," told the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 39 Did the organization receive a payment in axess of \$75 made party as a contribution of party for goods and services provided to the payor? 30 Did the organization receive a payment in axess of \$75 made party as a contribution of payment to the form 8202? 30 Did the organization receive any funds, directly or indirectly, to pay promiums on a personal benefit contract? 31 Did the organization received a contribut	2a				NEW Y
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 41. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the second of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the second of the organization and party to a prohibited tax shelter transaction or the financial accounts. 50. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 51. Was 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? 50. But it "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70. Organizations that may receive deductible contributions under section 170(c). 80. If the organization notify the donor of the value of the goods or services provided? 71. Yes," did the organization notify the donor of the value of the goods or services provided? 72. X 73. X 74. If "Yes," indicate the number of Forms 8282 filed during the year 75. If the organization notify the donor of the value of the goods or services provided? 76. If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 CP organization make any taxable distributions and services provided and organization file a Form 1098 CP organization make any taxable distributions and escilon 509		filed for the calendar year ending with or within the year covered by this return 2a 55		144	24.23.23
3a Id the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filled a Form 990.7 for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry). 4b If "Yes," either the name of the foreign country," MeX1CO 5c es instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," to line 5 or 55b, did the organization file Form 8888-17? 6c 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? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Variation of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7e Did the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7d If "Yes," did the organization neceive a payment in excess of \$75 made partitions, application, and partition received a contribution of cars, beats, ariplanes, or other vehicles, did the organization file form 1041? 7e Did t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, old the organization have an interest in, or a signature or other authority over, a financial accountly is overlap country. № MeX.1.CO 5ae instructions for filing requirements for Form TD F902-21, Report of Foreign Bank and Financial accountly. 5b If "Yes," either the name of the foreign country. № MeX.1.CO 5ce in Instructions for filing requirements for Form TD F902-21, Report of Foreign Bank and Financial Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b If we have the party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6b Dos 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If were, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of Forms 8882 filed during the year 7c If Yes, indicate the number of Forms 8882 filed during the year 9b If we organization receive any funds, directly or indirectly, on a personal benefit contract? 7r If If the organization received any funds, directly or indirectly, on a personal benefit contract? 7r If If the organization received and contribution of care, boots, brightning, directly or indirectly, on a personal benefit contract? 7r If If the organization received and contribution of care, boots, brightning, directl		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1000	7.830	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so other financial account?) 5b il ""Yes," enter the name of the foreign country." MEXT CO 5c in structions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Id "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d 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? 6d If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that many receive deductible contributions under section 170(c). 8d bid the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 8d bid the organization notity the donor of the value of the goods or services provided? 9d bid the organization notity the donor of the value of the goods or services provided? 7d bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e bid the organization, during the year year year. 9d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f gift the organization received a contribution of qualified infelledual property, did the organization file or form 1098-C? 7f bid the organization maintaining donor advised funds and section 59(a)(3) supporting organization. Bid a form 1098-C? 7f provided the organization maintaining donor advised funds and section 59(a)(3) supporting organization. Bid in maintaining donor advised funds and section 59(a)(3) s	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," either the name of the foreign country; Mexico See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. See instructions for the see and supply to the profit of the sealer of the See and services provided to the organization not and services and services provided to the programmation services provided to the page of the services provided? To repair If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
b if "Yes," either the name of the foreign country: MEXICO See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa Dees 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? So If "Yes," cited the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Pospitations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Ide Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract? To Ide Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spensoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spensoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spensoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Spensoring organization make a distribution of cars, boats, air	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization shelt are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 10 Was if "Yes," indicate the number of Forms 8282 filed during the year 11 Was, "Indicate the number of Forms 8282 filed during the year 12 Was, "Indicate the number of Forms 8282 filed during the year 13 Was if "Yes," indicate the number of forms 8282 filed during the year 14 Was if the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required? 15 Was in the organization received a contribution of cars, boats, alriplanes, or other vehicles, did the organization file Form 8899 as required? 15 Sponsering organizations maintaining door advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4968? 16 Wa			4a	X	<u> </u>
56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 57 Mas the organization aparty to a prohibited tax shelter transaction? 58 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 58 Did any taxable party notify the organization lie Form 8989-17? 59 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? 59 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Toganizations that may receive deductible contributions under section 170(c). 50 If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 50 If the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 50 If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 50 If "Yes," indicate the number of Forms 8282 filed during the year 51 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 52 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 52 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 53 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 54 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 55 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 56 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	b	If "Yes," enter the name of the foreign country: ▶ Mexico			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 1 "Yes," to line 5 a or 5b, did the organization file Form 888617 6 a Does the organization sended are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 c		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40.00	330	PERM
ti "Yes," to line 5a or 5b, did the organization file Form 8865-T7 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? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," inclinate the number of Forms 8282 filed during the year 8 If "Yes," inclinate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premilums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 9 Sponsoring organizations maintaining doner advised funds and section 509(a)(3) supporting organization file a Form 1098-C? 9 Sponsoring organizations maintaining doner advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining doner advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or pald to other sources against mamounts due or received from them.) 10 Section 501(c)(29) qualified nonprofit health lines in more than one state? 10 S	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
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?	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
any contributions that were not tax deductible? b f' "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7 The provided of the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f' Yes," Indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required? g ff the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required? 7 The organization received a contribution of qualified Intellectual property, did the organization file Form 1086-C? Sponsoring organizations maintaining donor advised funds. 8 Did the organization make a distribution of under section 4986? 9 Sponsoring organizations maintaining donor advised funds. 8 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds. 1 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds. 1 Did the organization incomes or shareholders Did the organiza	C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Pe 7 Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of qualified intellectual property, did the organizations file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th If the organization and divised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and vised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 6 Gross income from members or shareholders 7 Section 501(c)(12) organizations. Enter: a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 8 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 9 Section 501		any contributions that were not tax deductible?	6a		X
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? 7 The bif "Yes," indicate the number of Forms 8282 filed during the year of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 The provided of if "Yes," indicate the number of Forms 8282 filed during the year and if yes," indicate the number of Forms 8282 filed during the year and if yes," indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and yes, indicate the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 forms 8289 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 forms 8289 as required? If the organization make and a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 forms 8289 as required? If the organization make and the maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? But the organization make any taxable distributions under section 4966? Section 501(c)(27) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, li	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
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		were not tax deductible?	6b		<u> </u>
b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization flee Form 899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C; Th Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? B Sponsoring organizations make adistribution to a donor, donor advisor, or related person? 9a b Did the organization make any taxable distributions under section 4966? 9a b Did the organization make adistribution to a donor, donor advisor, or related person? 9b Osection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did by Gross income from members or shareholders Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(12) organizations. Enter: 3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11c 12a 12b 17b 17c 77c X X X 14a X 15b 16r Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b 17b 17c 17d 77c 77d 77d 77d 77	7		4,535	1460	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Note of paralization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? B Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4986? Did the organization make any avable distributions under section 4986? B Did the organization make any taxable distributions under section 4986? B Did the organization make any paralizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Gross income from members or shareholders D Gross income from members or shareholders D Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 501(c)(12) organizations. Enter: D Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(129) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is elecated and payments for indoor tanning services	а	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		X
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 71 bif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 72 bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations amintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 bid the organization make any taxable distributions or advised funds. 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 12a 10a 11b 12a 12b 17b 12a 12b 17c 12a 12b 17d 12a 12b 17d 17d 17d 17d 17d 17d 17d 17			7b		<u> </u>
d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? The fithe organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? The 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? Sponsoring organization make any taxable distributions under section 4966? But the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year If the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand If the organization is it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. If the organization is it filed a Form 7	C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 a Did the organization make a distribution to a donor, donor advised funds. 10 bid the organization make a distribution to a donor, donor adviser, or related person? 9 bid the organization make a distribution to a donor, donor advisor, or related person? 9 bid Gross receipts, included on Form 900, Part VIII, line 12. 10 bid Gross income from members or shareholders 11 bid Gross income from themsources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 bid fi "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 bid fi "Yes," enter the amount of reserves the organization in the organization must report on Schedule O. 13 bid fi "Yes," enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans from the organization make and the plans from 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			7c		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	d		13,33.0	PARE.	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If Yes, 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the axyear? 14b If "Yes," has it filed a Form 720 to report these paymen	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make and distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f		7f		ļ
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15b 15c	g		7g		<u> </u>
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did	h	- · · · · · · · · · · · · · · · · · · ·	7h		1
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c	8		74.5	177	10000
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 11d Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			8		<u> </u>
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9		PAPA		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		-	-		<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12	b		9b	1.5	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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. 14b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14.0		
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12a	N/N /N/N	1000000
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· ,			M
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 14b			10-		ļ
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 14b	а		ıJa	North N	Street,
organization is licensed to issue qualified health plans	ı_	- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand	α				
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 X 14b	_				14.54
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1/12	 	 x
				.	 ** -
	Ŋ	ii 169, Has it lied a Form 720 to report these payments: ii 170, provide an explanation in ochediae o		990	(2011)

Form 990 (2011) The Sonoran Institute, Inc. 86-0684610 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				• • • • • • •		X			
Sec	tion A. Governing Body and Management									
		1. 1		21	******	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21						
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21						
2	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?									
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		Г	5		X			
6	Did the organization have members or stockholders?			Г	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			···						
	persons other than the governing body?				7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy the	following.	···	A SA	1,713	N			
а		-	_		8a	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			}-	OD.					
9		icheu a	it trie		9		Х			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. Oodo \		9		- 11			
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)							
40				г		Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			}-	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		77			
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y befo	e filing the form	1?	11a	Secret Co.	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				1111	7.5	100			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			.	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done				12c		X			
13	Did the organization have a written whistleblower policy?			L	13	Х				
14	Did the organization have a written document retention and destruction policy?			L	14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent		Net					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				May		35.25			
а	The organization's CEO, Executive Director, or top management official				15a	Х				
b	Other officers or key employees of the organization			Г	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent w	ith a							
	taxable entity during the year?				16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			····	1,54	30.55				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•		719	440	11/14/2			
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure				102					
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	/Secti	on 501(c)(3)s or	alv) av	/ailah	مام				
.5	for public inspection. Indicate how you made these available. Check all that apply.	(COCII	5.1.00 1,0,0,0,0 OI	ny/ at	, anal	,,,,				
	X Own website X Another's website X Upon request									
10	· · ·	nfliat -	fintaract - =!!	, ,,,	fir	olel				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	JI IIIICT C	n milerest polic)	, and	ımar	icial				
00	statements available to the public during the tax year.	سلم∟.	undo efth		>					
20	State the name, physical address, and telephone number of the person who possesses the books a	na reco	ords of the orga	nızati	on: 🝺	_				
	The Organization - 520-290-0828									
	44 E. Broadway Blvd., Suite 350, Tucson, AZ 85701									

01-23-12

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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.

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

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

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

(A)	(B)	Ī		((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	k, unle icer ar	ss pe	erson	is bot	th an		compensation	amount of
	week (describe	Ē	Π			П	ΤĖ	from the	from related organizations	other compensation
	hours for	trustee or director				20		organization	(W-2/1099-MISC)	from the
	related	Tee oat	ustee			ensati		(W-2/1099-MISC)	,	organization
	organizations	i i	nal tr		loyee	comp				and related
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Phil Allsopp	1 0,	<u>=</u>	╁┺	<u> </u>	×	王高	1			
Director	1.00	x						0.	0.	0.
(2) Patsy Batchelder			<u> </u>				\vdash			
Director	1.00	x						0.	0.	0.
(3) Henri Bisson		 								
Director	1.00	X						0.	0.	0.
(4) Andrew Downs										
Director	1.00	X						0.	0.	0.
(5) Chris Duerksen										
Director	1.00	Х						0.	0.	0.
(6) Louise Glasser										
Director	1.00	Х	<u> </u>					0.	0.	0.
(7) Paul Walden Hansen										
Director	1.00	X						0.	0.	0.
(8) Ann Hunter-Welborn									_	_
Director	1.00	X						0.	0.	0.
(9) Nyda Jones-Church	1	l								
Treasurer	1.00	Х	<u> </u>	Х		<u> </u>	<u> </u>	0.	0.	0.
(10) Joseph Kalt	1 00	,,								•
Member at Large	1.00	Х		ļ		<u> </u>	<u> </u>	0.	0.	0.
(11) Suzanne Lewis	1 00	٦,								0
Director	1.00	Х	├		-	<u> </u>	<u> </u>	0.	0.	0.
(12) Dennis Minano Vice-Chair	1 00	٦,		x			l	0.	0	0
(13) Bill Mitchell	1.00	X	ــــ	Δ	<u> </u>	<u> </u>	<u> </u>	U •	0.	0.
Chair	1.00	x		x				0.	0.	0.
(14) Bryan Morgan	1.00	<u> </u> ^	-	Δ		├		0.	U •	
Director	1.00	x						0.	0.	0.
(15) Alan Nicholson	1.00	<u> </u>	\vdash			-	-	0.	· ·	
Member at Large	1.00	x						0.	0.	0.
(16) Laurinda Oswald	1.00	1			<u> </u>	┢	-	0.	9•	
Director	1.00	x			Ī			0.	0.	0.
(17) Chris Perez		 	\vdash		<u> </u>	 	\vdash			
Director	1.00	х						0.	0.	0.
132007 01-23-12			_		L					Form 990 (2011)

Form **990** (2011)

Part VII Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	es, a	nd	High	1es	t Compensated Employ	rees (continued)		
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estir	nated
	hours per week		k, unle icer ar					. 1	compensation		unt of
	(describe	\vdash	T		T	T	T	- irom	from related		her
	hours for	director			ĺ			the organization	organizations (W-2/1099-MISC)		nsation n the
	related	0.00	stee			sated		(W-2/1099-MISC)	(W-2/1033-W100)		ization
	organizations		al tru		yee	mber		(**************************************		_	elated
	in Schedule	Individual	Institutional trustee	je.	Key employee	Highest compensated employee	Je			organi	zations
(18) Louise Benz Plank	O)	Ē	lust	Officer	Key	운동	Ē			ļ	
Director	1.00	\ v						0.	0.		0.
(19) Buzz Thompson	1.00	1	 		\vdash	\vdash	┢		0.		· ·
Director	1.00	x						0.	0.		0.
(20) Karen Wade		╁	\vdash		H	†	T			 	
Director	1.00	x						0.	0.		0.
(21) Martin Yenawine											
Secretary	1.00	Х		Х				0.	0.		0.
(22) Luther Propst									_		
Executive Director	40.00	<u> </u>	<u> </u>	Х			ļ	125,350.	0.	<u> </u>	0.
(23) Beth Frantz Chief Finance & Admin Offi	40.00			х				104 766	_		0
Chief Finance & Admin Offi	40.00	-	_	Λ		-	╀	104,766.	0.		0.
		 	\vdash			 	-				
1b Sub-total	***************************************							230,116.	0.		0.
c Total from continuation sheets to Par								0.	0.	1	0.
d Total (add lines 1b and 1c)								230,116.	0.	<u> </u>	0.
2 Total number of individuals (including bu		nose	liste	ed at	DOV	e) wi	ho i	received more than \$100	0,000 of reportable		2
compensation from the organization										Ιγ	es No
3 Did the organization list any former office	cer, director, or tru	uste	e. ke	v en	nplo	ovee	. or	highest compensated e	mplovee on		
line 1a? If "Yes," complete Schedule J fo				-	-	-				3	l x
4 For any individual listed on line 1a, is the											na sa
and related organizations greater than \$										4	X
5 Did any person listed on line 1a receive											
rendered to the organization? If "Yes," c	omplete Schedul	e J 1	for st	ıch	pers	son .				5	X
Section B. Independent Contractors									*		
1 Complete this table for your five highest the organization. Report compensation	-									sation fro	m
(A)	ioi trie caleridar y	cai	GHUI	ng w	VILI	OI W	iu ii	(B)	year.	(C)	
Name and busine	ess address	N	INC	c				Description of s	ervices (Compens	ation
2 Total number of independent contractor		ot li	mite	d to		_	ste	d above) who received m	nore than		
\$100,000 of compensation from the organization	anization 🕨				()					
										Form 40	10 (2011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues						
Am Am	С	Fundraising events	1c	20,354.				
를 를	d	Related organizations	1d					
ns,		Government grants (contribut		756,487.				
e ij	f	All other contributions, gifts, gran		2545504				
ē.		similar amounts not included abov		3745504.				
E E	_	Noncash contributions included in lines			4522345.			
0 6	<u> </u>	Total. Add lines 1a-1f		1	4342343.			
	2 a	Contract Income	•	Business Code 900099	1278894.	1278894.		,
Ž.	z a b	B		900099	6,652.	6,652.		
Ser	C				0,0020	0,0020		
ag ag	d	*****						
Program Service Revenue	e							
4	f	All other program service reve	nue					
		Total. Add lines 2a-2f			1285546.	Mark Control of the Control		tag ta grand opens garage
	3	Investment income (including						
		other similar amounts)			33,390.			33,390.
	4	Income from investment of tax		′ ⊢				
	5	Royalties				and a secretary of the second		The same of the service of the servi
	_	_	(i) Real	(ii) Personal				
		Gross rents						
l		Less: rental expenses						
l		Rental income or (loss) Net rental income or (loss)			and a recitation of a second second	11 10 10 10 10 10 10 10 10 10 10 10 10 1		ACCEPTAGE OF THE PROPERTY.
		Gross amount from sales of	(i) Securities	(ii) Other				ESSENT COLORAGE
	1 a	assets other than inventory	(i) Securities	783.				
	b	Less: cost or other basis						
	-	and sales expenses	32,094.	533.				
	С	Gain or (loss)	4 4 4 4 4	> 250.				
		Net gain or (loss)	,		<31,844.	>		<31,844.
enne	8 a	Gross income from fundraising including \$ 20,3						
Š		contributions reported on line	1c). See					
ē		Part IV, line 18						
Other Rev		Less: direct expenses		14,137.	.1 / 1 2 7			111 127
-		Net income or (loss) from fund	-	>	<14,137.		aj inglesji daga daga da saka	<14,137.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam				, ,		
		Gross sales of inventory, less					A Commence of the	45.05.5.5.5.5.5
	io a	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
F		Miscellaneous Revenu		Business Code		The state of the s		
	11 a	01.1		900099	546.	546.		
	b	Loss on Exchang	e Rate	900099	<6,528.	> <6,528.	>	
	С		•					
		All other revenue						
	е	Total. Add lines 11a-11d			<5,982.		_	40 503
	12	Total revenue. See instructions.			5789318.	1279564.	0.	Form 990 (2011)

Form 990 (2011) The Sonoran Institute, Inc. Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	44,389.	44,389.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			A transfer of property of the	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,513,539.	1,716,312.	610,843.	186,384
8	Pension plan accruals and contributions (include	12 520	10 501	0 645	
	section 401(k) and section 403(b) employer contributions)	13,739. 215,597.	10,501.	2,645. 51,078.	593
9	Other employee benefits	215,597.	145,617.	51,078	18,902
10	Payroll taxes	213,388.	152,426.	47,279.	13,683
11	Fees for services (non-employees):				
a	Management	3,778.		3,778.	
	Legal	21,382.	6,082.	15,300.	
_	Accounting	21,302.	0,002.	13,300.	
d	LobbyingProfessional fundraising services. See Part IV, line 17			Terrana de la citac establica de	
e f	Investment management fees		The state of the s	100 March 1922 (1986)	
	Other	593,778.	501,042.	86,995.	5,741
g 12	Advertising and promotion	33377737	302,012.	0073331	
13	Office expenses	59,699.	28,669.	28,060.	2,970
14	Information technology		,	,	
15	Royalties				
16	Occupancy	195,213.	96,374.	98,839.	
17	Travel	205,480.	138,938.	50,696.	15,846
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,413.	39,211.	24,885.	7,317
20	Interest	4,754.		4,754.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,587.	33,243.	8,344.	
23	Insurance	14,177.	4,406.	9,771.	
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 0.)				
а	Outside Services	162,815.	110,470.	52,225.	120
b	Telephone	51,229.	35,080.	15,263.	886
c	Training and Seminars	42,062.	13,658.	24,158.	4,246
d	Field Supplies and Mate	37,569.	30,256.	6,961.	352
	All other expenses	150,128.	113,768.	25,739.	10,621
25	Total functional expenses. Add lines 1 through 24e	4,655,716.	3,220,442.	1,167,613.	267,661
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)				
13201	0 01-23-12				Form 990 (2011

		Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	772,266.	1	748,178.
	2	Savings and temporary cash investments	951,120.	2	208,772.
	3	Pledges and grants receivable, net	1,028,498.	3	1,733,565.
	4	Accounts receivable, net	15,322.	4	33.
	5	Receivables from current and former officers, directors, trustees, key			
	"	employees, and highest compensated employees. Complete Part II			
				5	*****
	6	of Schedule L Receivables from other disqualified persons (as defined under section		- 3	
		· · · · · ·		1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
ş	_	employees' beneficiary organizations (see instructions)		<u>6</u> 7	
Assets	7	Notes and loans receivable, net			
ĕ	8	Inventories for sale or use	10,935.	8	40,098.
	9	Prepaid expenses and deferred charges	10,955.	9	40,090.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 333,914. 223,395.	0E 2E4		110 510
			85,254.	10c	110,519. 990,406.
	11	Investments - publicly traded securities		11	990,400.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	000 000	14	004 525
	15	Other assets. See Part IV, line 11	229,229.	15	204,535.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,092,624.	16	4,036,106.
	17	Accounts payable and accrued expenses	388,148.	17	366,760.
	18	Grants payable	FEO. 5.6.6	18	445 645
	19	Deferred revenue	573,566.	19	415,217.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II	The state of the s	16.7%	
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,014.	23	10,347.
	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			40 -4-
		Schedule D	27,903.	25	19,565.
	26	Total liabilities. Add lines 17 through 25	1,007,631.	26	811,889.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete		1	
es		lines 27 through 29, and lines 33 and 34.		1 *	
anc	27	Unrestricted net assets	267,474.	27	301,183.
3aj	28	Temporarily restricted net assets	839,899.	28	1,795,264.
힏	29	Permanently restricted net assets	977,620.	29	1,127,770.
Ī		Organizations that do not follow SFAS 117, check here		134	
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	2,084,993.	33	3,224,217.
	34	Total liabilities and net assets/fund balances	3,092,624.	34	4,036,106.

Form **990** (2011)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133?

3a

3h

Х

SCHEDULE A (Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Sonoran Institute, Inc. 86-0684610 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col. (i) organized in the (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. n col. (i) listed in your support organization (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 The Sonoran Institute, Inc. 86-06846 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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.)

Se	ction A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	, ,			, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	4,018,439.	3,685,368.	3,356,720.	4,545,246.	4,501,991.	20,107,764.
2	Tax revenues levied for the organ-						
	ization'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	4,018,439.	3,685,368.	3,356,720.	4,545,246.	4,501,991.	20,107,764.
	The portion of total contributions			B K AND REAL VIEW			
	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)						6,332,007.
6	Public support. Subtract line 5 from line 4.			YERE EVERY COURTY	news endergo.	sandenijorg nateri	13,775,757.
	ction B. Total Support			·			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	4,018,439.	3,685,368.	3,356,720.	4,545,246.	4,501,991.	20,107,764.
	Gross income from interest,	· · · ·		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	26,252.	6,775.	274.	1,029.	33,390.	67,720.
9	Net income from unrelated business	,			,		·
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			40,567.	5,692.		46,259.
11	Total support. Add lines 7 through 10				A Charles A Section	eragisk i alfebruar közegere	20,221,743.
	Gross receipts from related activities,	. etc. (see instructio	ons)			12 5	,896,916.
	First five years. If the Form 990 is for						· ·
-	organization, check this box and stor						▶□
Sec	ction C. Computation of Publ	ic Support Per					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	68.12 %
	Public support percentage from 2010					15	70.10 %
	33 1/3% support test - 2011. If the					nore, check this bo	
	stop here. The organization qualifies						\mathbf{X}
b	33 1/3% support test - 2010. If the o						is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			•		***************************************	
		314 1101 011001(4)		, , . , . , . , . , . , . , . ,		edule A (Form 990	

132022 01-24-12

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				-		-
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	İ					
3							
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b	execute as a fit references to a second		Personal and a record of the contract of the c	The second transporting and desirable		ļ
<u>8</u>	Public support (Subtract line 7c from line 6.)	ARTHUR BENEVILLE	All the state of t	er print i eller i en	AND DESCRIPTIONS	service and a service of	<u> </u>
	ction B. Total Support	T	I		1 48 2010		T (0.77.1.1
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	:					
	and income from similar sources						
t	Unrelated business taxable income						
	(less 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		\{\partial \text{\text{\$\gamma}}				
	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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
				•••••			<u></u> ▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
15	Public support percentage for 2011 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2010					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage			•	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2010. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	· >
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section	on 501(c)(4), (5), or (6) organiza	tions: Complete Part III.	,,	, ,	,
Name of o	organization	-		Emp	loyer identification number
	The Son	oran Institute, 1	Inc.		86-0684610
Part I-	A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 c	rganization.
2 Politi	cal expenditures	zation's direct and indirect politica		▶ \$	
Part I-	B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
		incurred by the organization unde			
2 Ente	the amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
		on 4955 tax, did it file Form 4720 f			
		•••••			
b If "Ye	es," describe in Part IV.				
Part I-	C Complete if the org	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 Ente	the amount directly expende	d by the filing organization for sec	tion 527 exempt funct	ion activities 🕨 \$	
		nization's funds contributed to oth	-		
		s. Add lines 1 and 2. Enter here ar			
line 1	7b			 ► \$	
		1120-POL for this year?			
	•	mployer identification number (EIN	'	•	0 0
		tion listed, enter the amount paid comptly and directly delivered to a			•
	•	additional space is needed, provide			tto bogrogatou fund of a
tmon	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) LIIV	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					·

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a Lobbying nontaxable amount	406,249.	394,228.	379,672.	383,833.	1,563,982.		
b Lobbying ceiling amount (150% of line 2a, column(e))					2,345,973.		
c Total lobbying expenditures	210,610.	17,215.	47,802.	2,322.	277,949.		
d Grassroots nontaxable amount	101,562.	98,557.	94,918.	95,958.	390,995.		
e Grassroots ceiling amount (150% of line 2d, column (e))					586,493.		
f Grassroots lobbying expenditures	6			0.1.1.0/5			

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 The Sonoran Institute, Inc. 86-068461

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
'	Other activities?		- A2000 A300 A		
J	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1 2 2 2 2 2	, N. P. P. Mark	
		55 Value	NACH SAL		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			They have be	gandeni Ange
Day	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501/c	(5) or se	ction	
Par		JII JU 1 (C,	(0), 01 30	Ction	
	501(c)(6).			Yes	No
				163	140
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? † III-B Complete if the organization is exempt under section 501(c)(4), section	FO4/-	3	ation.	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	AA-1110-W-1		III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total	• • • • • • • • • • • • • • • • • • • •	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A; and	Part II-B, li	ne 1. Also,	complete
	part for any additional information.				
	741 (a) 417 444 447 447 447 447 447 447 447 447				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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. 2011
Open to Public Inspection

Name of the organization

Employer identification number

_	The Sonoran Institute, Inc.		86-0684610
Par	t I Organizations Maintaining Donor Advised Funds or Other Simil	ar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fund	ls (I	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 o	donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu		
o	for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth		
	impermissible private benefit?		
Par			
Ь	Purpose(s) of conservation easements held by the organization (check all that apply).	Omrood, raitiv,	
1		on of an historical	ly important land area
		on of a certified hi	•
	T TO LOCATION THAT HAVE THE TOTAL THAT HAVE TH	on of a certified in	Storic structure
_	X Preservation of open space		-nties ecomont on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 1,920.00
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure included in (a)		2c U
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a his	toric structure	
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the orgar	nization during the tax
	year ▶0_		
4	Number of states where property subject to conservation easement is located	11	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	asements during t	he year ▶ <u>5</u>
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the ye	ear ▶ \$500 •
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a	nd expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements tha	t describes the or	ganization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasu	res, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	enue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research		
	the text of the footnote to its financial statements that describes these items.		
b	W. L. L. OFAC 440 (ACC 050) to see at the the results of	e statement and b	palance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, or research in furthe		
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
0	If the organization received or held works of art, historical treasures, or other similar assets	for financial gain	. provide
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these		, , , , , , , , , , , , , , , , , , , ,
_			▶ \$
a			
b	Assets included in Form 990, Part X		• •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Part VI Land, Buildings, and Equipme	nt. See Form 990, Part X	, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,125.	3,125.	0.
d Equipment		234,484.	149,228.	85,256.
e Other		96,305.	71,042.	25,263.
Total. Add lines 1a through 1e. (Column (d) must equ		mn (B), line 10(c).)		110,519.

Schedule D (Form 990) 2011

Part VII Investr	nents - Other Securities. Se	e Form 990, Part X, line		****	
(a) Descript	ion of security or category ing name of security)	(b) Book value		(c) Method of valuation to rend-of-year marke	
(1) Financial derivativ	es				
	y interests				-100
(3) Other					- MANUE - MANU
(A)					*****
(B)	198				
(C)					
(D)					
(E) (F)					
(G)					
(H)					
(I)					
	al Form 990, Part X, col (B) line 12.) ▶		Charles and the American		ter State of the state of
Part VIII Invest	ments - Program Related. S	ee Form 990, Part X, liı	ne 13.		
(a) Descri	ption of investment type	(b) Book value	Cos	(c) Method of valuation at or end-of-year marke	
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
(10)					
	al Form 990, Part X, col (B) line 13.) ▶		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Part IX Other	Assets. See Form 990, Part X, line				(b) Book value
7.3		Description			193,131.
	to Rincon Institu	ice			11,404.
	. 8				
(3)					
(5)			******		
(6)	3-9-9-				
(7)					
(8)					
(9)					
(10)					204,535.
	st equal Form 990, Part X, col (B) lin			>	204,555
<u> </u>	Liabilities. See Form 990, Part X, (a) Description of liability	mie ∠o.	(b) Book value		
1. (1) Federal incor					
(2) Capital	Lease Obligation		19,565.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	ret equal Form 990 Part Y col (B) lin	e 25)	19.565.		
FIN 48 (ASC 740) FOOT 2. FIN 48 (ASC 740).	ust equal Form 990, Part X, col (B) lin lote. In Part XIV, provide the text of the foothote t	to the organization's financial	statements that reports the organi	zation's liability for uncertain	tax positions under
132053 01-23-12				Sche	dule D (Form 990) 201

2011.04020 The Sonoran Institute, Inc. S2315_1

Section 501(c)(3), as confirmed by a determination letter issued by the

Internal Revenue Service and is classified as other than a private

foundation under IRC Section 509(a)(1). The Institute also qualifies for
the charitable contribution deduction under IRC Section 170(b)(1)(a).

Management evaluated the Institute's tax positions in accordance with the accounting standard on accounting for uncertainty in income taxes and concluded that the Institute had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of the accounting standard. With few exceptions, the Institute is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2007.

The Institute recognizes interest and penalties related to unrecognized tax benefits in miscellaneous expenses and accrued expenses in the accompanying financial statements. During the year ended June 30, 2012 and 2011, the Institute did not recognize any interest and penalties.

Part XII, Line 2d - Other Adjustments:

Special Event Expenses 14,137.

Part XIII, Line 2d - Other Adjustments:

Special Event Expenses 14,137.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990. See separate instructions. Inspection

Employer identification number

The Sonoran Ins	titute.	Inc.		86-068461)
			tside the United States. Compl		
to Form 990, Par					
			ds to substantiate the amount of its gra		. —
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? L	ſes ∟ No
2 For grantmakers. Described United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	de the
3 Activities per Region. (T	he following Par		an be duplicated if additional space is		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Mexico	1	15	Mexico Field Office	Field Activities	640,190.
		·			
3 a Sub-total	1	15		A STATE OF THE STA	640,190.
b Total from continuation sheets to Part I		0			0.
c Totals (add lines 3a and 3b)		15			640,190.

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

Schedule F (Form 990) 2011

Language services								
en a samilia figur								
and the constitution								
۱"	Enter total number of recipient organizations listed above that are recognitions and the provided a continued	recipient organization	Enter total number of recipient organizations listed above that are reserved to the control of t	e recognized as charities by the foreign country, recognized as tax-exempt by an invalency letter	by the foreign country,	recognized as tax-ey	xempt by	
-*	ule inc, or for writch the grantee or courses has provided a Enter total number of other organizations or entities	other organizations c	or entities	or containing to			•	

Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011 The Sonoran Institute, Inc.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
(g) Description of non-cash assistance					·	Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients	·					
(b) Region						
(a) Type of grant or assistance						

132073 01-23-12

Schedu	le F (Form 990) 2011 THE SONOTAN INSCILLUTE, INC.	00-0004010	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2011

Open To Public Inspection

Employer identification number

The Son	oran Institute, Ir	ıc.			86-0684	610
Part I Fundraising Activities. required to complete this part	Complete if the organization answ.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Specia r oral agreement with any individua art VII) or entity in connection with positions or entities (fundraisers) pure	ation of ation of I fundra al (includ profess	non-go gover ising o ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrit	. ► oution:	s or has been notifie	d it is exempt from r	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	D or 990)-EZ.		Schedule G (For	m 990 or 990-EZ) 2011

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None Donor (add col. (a) through Receptions col. (c)) (event type) (total number) (event type) 20,354. 20,354. 1 Gross receipts _____ 20,354. 20,354 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 14,137. 14,137. 9 Other direct expenses 14,137 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10...... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs _____ 5 Other direct expenses Yes Yes Yes No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ______ No b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	edule G (Form 990 or 990-EZ) 2011 The Sonoran Institute, Inc. 86-0)684610	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	└── No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
		•	
	Name		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
Ū	Too, one hand address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Denovintian of convices provided		
	Description of services provided		

	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047

Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.

roducers connect, and to community outreach on the Employer identification number Š omprehensive Park County 86-0684610 dentify parcels of land exempt groundwater well awareness of the impact hat are ideally suited increase knowledge and ဌ (h) Purpose of grant ielp landowners and Community outreach or assistance support of zoning. liscuss and raise X Yes of exempt wells, Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any reation of a sanss. tlas. recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(f) Method of valuation (book, if applicable cash grant or government assistance if applicable cash grant inon-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Ö Ö ċ Ö ö assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 3,750. 5,000, 5 000 5,000 2,250 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Inc 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3)501(c)(3) The Sonoran Institute, Enter total number of other organizations listed in the line 1 table 38-1612715 27-1277635 81-0465413 13-4293305 36-3699660 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Greater Gallatin Watershed Council 1 (a) Name and address of organization Park County Environmental Council Suite 411 Gallatin Valley Land Trust Livingston, MT 59047 Name of the organization 321 East Main St., Bozeman, MT 59715 Bozeman, MT 59771 Bozeman, MT 59771 Bozeman, MT 59771 Trout Unlimited P.O. Box 1253 P.O. Box 7021 P.O. Box 164 P.O. Box 751 Future West Part II

132101 01-27-12

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2011)

86-0684610

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: Sonoran	ın Institute	ute screens		applicants by using	
an application for describing the	grant	requirements	and	availability.	
The application requests many details		including appl	applicant qual	qualifications,	
expectations, 501(c)(3) status, and	nd financial		information. Su	Successful	
eive a grant award	letter which	1	enumerates major		
[]	ırizing their	heir efforts,	ts, results,	s, and	
spending are required.				·	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2011
Open to Public Inspection

Name of the organization

The Sonoran Institute, Inc.

Employer identification number 86-0684610

Form 990, Part I, Line 1, Description of Organization Mission:
land and people of western North America.
Form 990, Part III, Line 4a, Program Service Accomplishments:
copper mining project.
Form 990, Part III, Line 4b, Program Service Accomplishments:
Facebook site and blog, and through building new partnerships with
Patagonia and the Redford Center. Additionally, the Delta Program
outreach component, Adopt-the-River, had 5 new groups join the program.
The program also created the Sonoran Institute Mexico, A.C., a Mexican
non-profit organization based in Mexicali, Baja California to assist
with outreach activities in Mexico and restoration goals.
Research: The program worked with several bi-national partners to
produce a comprehensive report on the year-long Monitoring Project on
the Cienega de Santa Clara, the largest wetland in the Delta.
Additionally, the Program made significant progress in researching the
economic benefits of restoring the Delta in their 3-year economic study
of the Delta in collaboration with seven organizations from Mexico and
the U.S.
Form 990, Part III, Line 4c, Program Service Accomplishments:
services to than the tax revenues they return to the taxpayer. Finally,
the Northern Rockies program embarked upon a housing market analysis
for three Northern Rockies communities, which will be completed in
fiscal year 2013.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Form 990, Part XI, line 5, Changes in Net Assets:

request.

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990.

Employer identification number 86-0684610

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity The Sonoran Institute, Inc. Name, address, and EIN of disregarded entity Name of the organization Part II Part

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling entity Ξ N/A Public charity status (if section 501(c)(3)) Line 11a, I Exempt Code section 501(c)(3) Ē Legal domicile (state or foreign country) Arizona Primary activity 9 Conservation The Rincon Institute - 86-0684609 Name, address, and EIN of related organization 44 E. Broadway Blvd. #350 85701 Tucson, AZ

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

86-0684610

Page 2

Schedule R (Form 990) 2011 The Sonoran Institute, Inc.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing e partner? (i) Yes No	(j) (k) General or Percentage managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	s a Corpo g the tax y	ration or Trust (Corear.)	mplete if the orga	anization an	ıswered "Yes" 1	o Form 990, Pa	t IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	Z: c		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
132162 01-23-12				44					Sched	ule R (Forn	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 The Sonoran Institute, Inc.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Xes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed	in Parts II-IV?			Ň.
a Beceiot of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				<u>1</u>		×
				9		×
				ဍ		×
loons or loop distractions to or for related organization(s)				4	×	
				1		×
e Loans or loan guarantees by related organization(s)						1
				#		×
				٩		×
				7 +		×
h Exchange of assets with related organization(s)				≣ :		1 >
i Lease of facilities, equipment, or other assets to related organization(s)				F		4
(a) Consideration can be a second and can be a second consideration (a)				∛ =	N.	×
ر Lease of Tacilities, equipment, of outer assets from Leaded organization(s) الا المراجعة	ization(s)			¥		×
	ization(s)			=		×
Sharing of facilities againment malling lists or other assets with related organization(s)	S)U(S)			1m		×
11 Sharing of paid employees with related organization(s)				1	X	
o Reimhusement paid to related organization(s) for expenses				9		×
				1p	×	
A Other transfer of each or prepared to related organization(c)				1		×
y Other transfer of cash or property from related organization(s)				. 1r		×
힏	ho must complete th	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) The Rincon Institute	D	193,131.	Cash Value			
(2)						
8						
(0)						
(5)						ļ
(5)	-					
132163 01-23-12	45		Schedule R (Form 990) 2011	e R (Forr	n 990)	201

86-0684610

Schedule R (Form 990) 2011 The Sonoran Institute, Inc.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)

Name, address, and EIN of entity	Primary activity	dioimolo.	mon, concentration		•		1011777		
		(state or foreign country)	rredominant income partners se. (related, unrelated, enricled sorticity) excluded from tax under section 512-514) yes no	ssc. Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No	General or managing partner? Yes No	Percentage ownership
		!							
		•							
									MATE OF THE PARTY

Schedule B	R (Form 990) 2011	The	Sonoran	Institute,	Inc.	86-0684610	Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation					
I CIL VII] Supplemental inic	nination			N O I I I B (see feeton)	_4:\	
	Complete this part to pr	ovide addi	tional informatio	n for responses to qu	uestions on Schedule R (see instru	ctions).	

					mr.		
						1	-
							
		·					

ARIZONA FOR	M Arizona Exempt Organization Annual Information Return	2011
99	For the \square calendar year 2011 or \square fiscal year beginning $07/01/11$ and ending $06/30/12$. •

CHECK						Employ	er identification number (EIN	0
Original X A	mend		<u> </u>			ا ۾	-0684610	
D. J.		wmber b Number and street or PO Box 44 E. Broadway Blvd, Suite	350	1			nsaction privilege tax nu	ımher
Business telepho	эпе г	E Civ state and 7ID and	330			- '```	illocotion privilego tax na	
(520) 29	0 –					N/	A	
		This is a first return Name change Address cha	nge	ĺ	CHECK BOX II	F: Retu	rn filed under extens	ion.
CC GHOOK BOX			ŭ			3-mos.		
A Date Arizon	a or	erations began 11/26/1990			82	82 C	82 F	
B Nature of A	rizor	na activities Land conservation		ſ	REVENUE USE (ONLY. DO	O NOT MARK IN THIS AF	₹EΑ.
		orm filed: X 990 990-EZ Other (specify)		- 1				
Attac	:h a	copy of the organization's federal return.		ĺ				
Sources	1	Gross sales or receipts from business activities 1		00				
of	2	Less: Gost of goods sold or of operations - attach		ļ				
Income		itemized statement 2		00				
	3	Gross profit from business activities - subtract			[o]		66	ı
		line 2 from line 1 3	1	00	22 200 -		160	
	4	Interest	4		33,390	_		
	5	Dividends	5			0		
	6	Rents and royalties	6		<31,844×	0		
	7	Gain or (loss) from sales of assets, excluding inventory items	7					
	8	Dues, assessments, etc., from members	8			0		
	9	Dues, assessments, etc., from affiliated organizations	9		522,345	00		
	10	Contributions, gifts, grants, etc., received	10		$\frac{322,343}{279,564}$		Statement 2	
	11	Other income - attach itemized statement		-		12	5,803,45	500
		Total income - add lines 3 through 11				00	3,003,43	5 00
Administrative	13	Compensation of officers, directors, trustees, etc.	13		797,227			
Expenses	14	Salaries and wages - other than amounts included on line 2	14		4,754			
•	15	Interest	15 16		60,962			
	16	Taxes	17		98,839			
	17	Rent expense	18		8,344		Statement 1	
	18	Depreciation - attach schedule Miscellaneous expenses - attach itemized statement	19		479,285		Statement 3	
	19	Total expenses - add lines 13 through 19					1,449,41	
Disbursements	20	Dues, assessments, etc., to affiliated corporations	21			00	<u> </u>	
From Current		Contributions, gifts, grants, etc., paid	22		44,389			
Income for the		Benefit payments to or for members or their dependents:			E			
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits	23a		10	00		
Exempt		b. Other benefits	23b		(00		
Purposes	24	Dividends and other distributions to members, shareholders, or depositors	24			00		
	25	Other	25	3,	176,053	00 5	Statement 4	
	26	Total - add lines 21 through 25				. 26	3,220,44	2 00
Disbursements	27	Dues, assessments, etc., to affiliated corporations	27		(20		
From Principal	28	Contributions, gifts, grants, etc., paid	28			00		
for the	29	Benefit payments to or for members or their dependents:						
Organization's Exempt		a. Death, sickness, hospitalization, disability, or pension benefits	29a			00		
Purposes		b. Other benefits	29b			00		
	30	Dividends and other distributions to members, shareholders, or depositors	30			00		
	31	Other	31			00		1
	32	Total - add lines 27 through 31				1		00
Other	33	Carlot Global Collins					1 122 60	00
Accumulation		Accumulation of income in current year - line 12 less the sum of lin					1,133,60	
of Income		Accumulation of income at beginning of year					3,218,59	
137971 10-24-11	36	Accumulation of income at end of year - add lines 34 and 35					3,410,39	
Penalty ADOR 10418 (11)	37	Penalty for late filing or incomplete filing - See instructions	M IO EL	CDIATE	OD IC INCOME	37	2 & 40-1105/I/\	00
VDOU 10410 (11)		THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETUR	N IS FIL	ED LA IE	OK IS INCOMPL	ere. ARS	9 42-1125(K).	

	E: Amounts used in attached schedules and in this columnamounts.	nn sh	ould be end of		(a) Beginning of year		(b) End of year
	Assets						
				_	1 702 206	1 1	056 050
A1	Cash		1	-r	1,723,386 oc	A1	956,950 00
A2a	Accounts receivable	A2a	1.77	00			
	b Less: allowance for doubtful accounts	A2b		00	4 - 200	1	2 21]
	c Line A2a less line A2b. Enter difference in column (b)			15,322 o	A2c	33 00
АЗа	Other notes and loans receivable - attach schedule	A3a		00			
	b Less: allowance for doubtful accounts	A3b		00			
	c Line A3a less line A3b. Enter difference in column (b)				A3c	00
Α4	Inventories				00		00 00 00
A5	Investments (securities) - attach schedule Se	ee	Statement 5		00	A5	990,406 00
A6	Investments (other) - attach schedule				00) A6	00]
A7a	Investments (other) - attach schedule	A7a	333,914	00			
	b Less: accumulated depreciation - attach schedule	A7b	223,395	00			445 546
	c. Line A7a less line A7b. Enter difference in column (b)		<u>[</u>	85,254 0		110,519 00
A8	Other assets - describe Se	ee	Statement 6	_ [1,268,662 o		1,978,198 00
A 9	Total assets - add lines A1 through A8				3,092,624 0) A9	4,036,106 00
	Liabilities						
۸ ۱۸	Accounts payable and accrued expenses			[388,1480	A 10	366,760 oo
	Mortgages and other notes payable - attach schedule			- 1	18,014 ₀		10,347 00
A 1 1	Other liabilities - describe Se		Statement 7		601,469 o		434,782 00
A 12	Total liabilities	π.π		····	1,007,631 ₀		811,889 00
A 13	Total liabilities - add lines A10 through A12			١٠ ١		21	
	Net Assets						
A14	Capital stock or trust principal					A 14	00
A15	Paid-in or capital surplus) A15	3 224 217
A 16	Retained earnings or accumulated income				2,084,993 ₀		3,224,217 00
A17	Total net assets - add lines A14 through A16				2,084,9930	D A17	3,224,217 00
A18	Total liabilities and net assets - add lines A13 and A1	17			3,092,6240	A18	4,036,106 00
Cert	ification Under penalties of perjury, I declare that I have best of my knowledge and belief, it is a true, or the income tax laws of the State of Arizona.	e exa orrec	mined this return, inclu t and complete return,	iding mad	e in good faith, for the ta	xable ye	ear stated pursuant to
	Here Caxia Minda			(1	115/12	<u>Chie</u>	f Finance & A
	Officer's signature			Dat	e	Title	
Paid				1		5005	0.6020
Prep	parer's						96839
Use	Only Preparer's signature			Dat	e	Preparer'	s EIN, PTIN or SSN
	Keegan, Linscott & Keno	n,	P.C.				750225
	Firm's name (or preparer's, if self-employed)					⊦ırm's ∟	X EIN or SSN
	33 N. Stone Avenue, Sui	te	1100				
	Tucson, AZ			8	5701	(520) 884-0176
	Firm's address			ZIP	code	Firm's tel	lephone number
1379		ent o	f Revenue, PO Box 52	153.	Phoenix AZ 85072-215	3	

AZ 99	Depreciation/Amortization Expense	Statement 1
Description		Amount
Depreciation/Amortiza	tion	8,344.
Total to Form 99, Pag		8,344.
AZ 99	Other Income	Statement 2
Description		Amount
Other Income Loss on Exchange Rate Contract Income Program Service Incom		546. <6,528.> 1,278,894. 6,652.
Total to Form 99, Pag	e 1, Line 11	1,279,564.
AZ 99	Misc Expenses	Statement 3
Description		Amount
Direct expenses of fu Pension plan contribu Other employee benefi Legal fees Accounting fees Other professional fe Office expenses Travel Conferences and conve	etions ts	14,137. 3,238. 69,980. 3,778. 15,300. 92,736. 31,030. 66,542. 32,202. 9,771. 52,345.
Outside Services Telephone Training and Seminars Field Supplies and Ma All other expenses		16,149. 28,404. 7,313. 36,360.

10.5	AZ 99	Other	Expenses		Statement	4
10	Description				Amount	
All other expenses 113, Total to Form 99, Page 1, Line 25 3,176,0 AZ 99 Investments (Securities) Statement Description Beg of Year End of Year Publicly Traded Securities 0. 990, Total to Form 99, Page 2, Line A5 0. 990, AZ 99 Other Assets Statement Description Beg of Year End of Year Pledges and Grants Receivable Prepaid Expenses and Deferred Charges 10,935, 40,	Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Accounting fees Other professional fees Office expenses Occupancy Travel Conferences and conventions Depreciation/Amortization Insurance Outside Services Telephone Training and Seminars				1,716,3 10,5 145,6 152,4 6,0 501,0 28,6 96,3 138,9 39,2 33,2 4,4 110,4 35,0 13,6 30,2	01. 17. 26. 82. 42. 69. 74. 38. 11. 80. 58.
AZ 99 Investments (Securities) Statement Description Beg of Year End of Year Publicly Traded Securities 0. 990, Total to Form 99, Page 2, Line A5 0. 990, AZ 99 Other Assets Statement Description Beg of Year End of Year Pledges and Grants Receivable 1,028,498. 1,733, Prepaid Expenses and Deferred Charges 10,935. 40,					113,7	
Description Publicly Traded Securities Total to Form 99, Page 2, Line A5 Other Assets Description Description Description Description Description Description Beg of Year Statement Description Beg of Year End of Year Fledges and Grants Receivable Prepaid Expenses and Deferred Charges 1,028,498. 1,733, 40,	Total to Form 99, Page 1, Li	ne 25			3,176,0	53.
Publicly Traded Securities Total to Form 99, Page 2, Line A5 O. 990, AZ 99 Other Assets Statement Description Pledges and Grants Receivable Prepaid Expenses and Deferred Charges 1,028,498. 1,733, 10,935. 40,	AZ 99 In	vestment	s (Securities)	Statement	5
Total to Form 99, Page 2, Line A5 AZ 99 Other Assets Description Pledges and Grants Receivable Prepaid Expenses and Deferred Charges O. 990, Beg of Year End of Year 1,028,498. 1,733, 40,	Description			Beg of Year	End of Yea	r
Description Description Pledges and Grants Receivable Prepaid Expenses and Deferred Charges Description Description Beg of Year End of Year 1,028,498. 1,733, 40,	Publicly Traded Securities			0.	990,4	06.
Description Pledges and Grants Receivable Prepaid Expenses and Deferred Charges Beg of Year 1,028,498. 1,733, 40,	Total to Form 99, Page 2, Li	ne A5		0.	990,4	06.
Pledges and Grants Receivable 1,028,498. 1,733, Prepaid Expenses and Deferred Charges 10,935. 40,	AZ 99	Other	Assets		Statement	6
Prepaid Expenses and Deferred Charges 10,935. 40,	Description			Beg of Year	End of Yea	r
	Prepaid Expenses and Deferre Advance to Rincon Institute		ន	10,935. 207,050.	1,733,5 40,0 193,1 11,4	98. 31.
Total to Form 99, Page 2, Line A8 1,268,662. 1,978,	Total to Form 99, Page 2, Li	ne A8		1,268,662.	1,978,1	98.

AZ 99	Other Liabilities		Statement 7
Description		Beg of Year	End of Year
Deferred Revenue Capital Lease Obligations		573,566. 27,903.	415,217. 19,565.
Total to Form 99, Page 2, Li	ne A12	601,469.	434,782.

A For the 2010 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

JUL 1. 2010

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

and ending JUN 30, 2011

Open to Public

OMB No. 1545-0047

B Check if applicable: C Name of organization D Employer identification number X Address The Sonoran Institute, Inc. Name 86-0684610 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 44 E. Broadway Blvd, Suite 350 (520)290-0828 Amended return 6,069,558. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Tucson, AZ 85701 H(a) Is this a group return pending F Name and address of principal officer: Bryan Morgan Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No." attach a list. (see instructions) J Website: ➤ WWW.sonoraninstitute.org H(c) Group exemption number Other -K Form of organization; X Corporation Trust Association L Year of formation: 1990 M State of legal domicile; AZ Part I Summary Briefly describe the organization's mission or most significant activities: The Sonoran Institute inspires Activities & Governance and enables community decisions and public policies that respect the Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 53 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,356,720. 4,545,246. Contributions and grants (Part VIII, line 1h) Revenue 1,284,599 1.515.791. Program service revenue (Part VIII, line 2g) 274. 1,029. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 47,916. 6,650. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,689,509 6,068,716. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,950 25,717. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,962,835 2,800,937. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,914,772. 1,763,934. 4,590,588. 4,884,557. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <195,048.> 1,478,128. 19 Revenue less expenses. Subtract line 18 from line 12 20. Beginning of Current Year End of Year 1,284,403. 3,092,624. 20 Total assets (Part X, line 16) 677,538. 1,007,<u>631</u>. 21 Total liabilities (Part X, line 26) 606,865. 2,084,993. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Beth Frantz, Chief Finance & Admin Officer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Carla J. Keegan self-employed Firm's name Keegan, Linscott & Kenon, P.C. Preparer Firm's EIN Firm's address 33 N. Stone Avenue, Suite 1100 Use Only Tucson, AZ 85701 Phone no. (520) 884-0176 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,078,976 • including grants of \$

13,342.)(Revenue\$

20,614.)

4e Total program service expenses

3,158,641.

Form 990 (2010)

Form 990 (2010) The Sonoran Institute, Inc.

[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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₹5*
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-4		
•	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 where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		~~	
	If "Yes," complete Schedule D, Part V	10	X	
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.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-^
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳.,		†
	complete Schedule G, Part III	19		Х
20a		20a		X
b				
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Earm	aan	(2010)

	[The state of the			
04	Did the examination report more than \$5,000 of grants and other appiataments and examinations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	050		x
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	ļ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodulo I Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		İ	
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	Ì		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		1-22
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	- 01		
OL.	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	1 4	<u> </u>

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
	and an action of the state of t		Yes	No				
- 1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41		162	NO				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
•	(gambling) winnings to prize winners?	1c	x					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			***************************************				
	filed for the calendar year ending with or within the year covered by this return 2a 53							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	*************						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X					
b	If "Yes," enter the name of the foreign country: ► Mexico							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	i						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
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?	6a		X				
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).			x				
а								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,				
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	l _						
e	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						
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h						
o	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.	<u> </u>						
а	Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>				
10	Section 501(c)(7) organizations. Enter:			 				
а	Initiation fees and capital contributions included on Part VIII, line 12	1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:	İ						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ŀ				
	amounts due or received from them.)		ł					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l.,					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.	1		1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	1				
	organization is licensed to issue qualified health plans	1						
	Enter the amount of reserves on hand	<u> </u>	ļ	 				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1					

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
_	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			- V				
_	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ہ ا		х				
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		$\frac{X}{X}$				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	· · · · · · · · · · · · · · · · · · ·	X				
6	Does the organization have members or stockholders?	6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a		х				
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7b						
	by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		·	· · · · · · · · · · · · · · · · · · ·				
		·····	Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			l				
	and branches to ensure their operations are consistent with those of the organization?							
_	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a		X				
b	,							
	 Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 							
b	to applicate 0	12b	x					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		 				
Ū	in Schedule O how this is done	12c		x				
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	X	1				
15	Did the process for determining compensation of the following persons include a review and approval by independent		·					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	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		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
500	exempt status with respect to such arrangements?	16b		<u> </u>				
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ			***********				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	o for						
10	public inspection. Indicate how you make these available. Check all that apply.	5 101 .						
	X Own website X Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fine	ancial					
	statements available to the public.		ai ioidi					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	-					
	The Organization - 520-290-0828							
	44 E. Broadway Blvd., Suite 350, Tucson, AZ 85701							
		Eorm	aga	(2010)				

032006 12-21-10

86-0684610

Page 7

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

Check if Schedule O contains a response to any question 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 pald.
 - 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.

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

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

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

(A)	(B)	T		-	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	(E) Reportable	Estimated
Name and me	hours per	(cl				ı app	lv)	compensation	compensation	amount of
	week		100.	T T		T	1,7,	from	from related	other
	(describe	ndividual trustee or director						the	organizations	compensation
	hours for	90.0	設			satec		organization	(W-2/1099-MISC)	from the
	related	truste	nstitutional trustee		yee	n per		(W-2/1099-MISC)		organization
	organizations in Schedule	idual	infon	bis 1	Key employee	est co loyee	155			and related organizations
	O)	l jē	Insti	Officer	Key	Highest compensated employee	Former		*	Organizations
Phil Allsopp		┢				-				
Director	1.00	x						0.	0.	0.
Patsy Batchelder		<u> </u>	┢				-			
Director	1.00	x	1					0.	0.	0.
Fred Bosselman		 	<u> </u>		 	 				
Director	1.00	X	ļ					0.	0.	0.
Andrew Downs				,				***************************************		
Director	1.00	X						0.	0.	0.
Chris Duerksen				I^{-}	Г			The state of the s		
Director	1.00	X						0.	0.	0.
Exequiel Ezcurra										
Director	1.00	X						0.	0.	0.
Louise Glasser										
Director	1.00	X						0.	0.	0.
Paul Hansen										
Director	1.00	X						0.	0.	0.
Martha Hunter										
Director	1.00	X				<u> </u>	l	0.	0.	0.
Ann Hunter-Welborn										
Director	1.00	X						0.	0.	0.
Nyda Jones-Church										
Treasurer	1.00	X		X				0.	0.	0.
Joseph Kalt										
Member at Large	1.00	X	<u> </u>	<u> </u>			<u></u>	0.	0.	0.
Suzanne Lewis									_	
Director	1.00	X					_	0.	0.	0.
Dennis Minano							l	_		_
Vice-Chair	1.00	X		X				0.	0.	0.
Bill Mitchell								_	_	_
Director	1.00	X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
Bryan Morgan					1				_	_
Chair	1.00	X		X	_		<u> </u>	0.	0.	0.
Alan Nicholson					1		İ			
Director	1.00	X						0.	0.	0.

032007 12-21-10

Form 990 (2010)

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable	· E	stimated	d
	hours per	(cl	neck	all t	that	арр	ly)	compensation	compensation	a	mount o	f
	Week	- jū						from	from related		other	
	(describe hours for	direct				р		the	organizations		npensat	
	related	98 OT	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the	
	organizations	trust	al tru		yee	эши		(44-2/1099-141130)		1 '	ganizatio nd relate	
	in Schedule	Individual trustee or director	institutional trustee	38.	Key employee	Highest compensated employee	le.				anizatio	
	0)	Indi	Insti	Officer	Key	High	P					
Laurinda Oswald												
Director	1.00	X						0.	0.			0.
Louise Benz Plank									_			_
Director	1.00	X			<u> </u>			0.	0.	<u> </u>		0.
Anna Hill Price	1 1 00	~~							0			^
Director	1.00	X				<u> </u>		0.	0.	 		0.
Karen Wade	1 00	٦,		١,,					0			^
Secretary	1.00	X		X		_	<u> </u>	0.	0.	-		0.
Martin Yenawine	1.00	x						0.	0			0
Director Luther Propst	1.00				-	-	├-	U •	0.	-		0.
Executive Director	40.00			x				120,640.	0.			0.
Beth Frantz	#0.00	ļ				-		120,040.	U •	+		<u> </u>
Chief Finance & Admin Officer	40.00			x				91,626.	0.			0.
Donald L. Chatfield	10.00	-				-	╁	31,020.				<u> </u>
Chief Operations Officer	40.00			x				104,672.	0.			0.
		╁			-	 	╁		:	+		
									V			
1b Sub-total	L	1	·	·	·		J	316,938.	0.	,†		0.
c Total from continuation sheets to Part V								0.	0.	,		0.
d Total (add lines 1b and 1c)						•		316,938.	0.	,	***************************************	0.
2 Total number of individuals (including but r	······································					e) w	ho r	eceived more than \$100	,000 in reportable	4		
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,	director or tru	stee	e, ke	y en	olqr	yee,	or l	highest compensated er	mployee on			
line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>
4 For any individual listed on line 1a, is the se	•							•	the organization	1		
and related organizations greater than \$15	•									4		X
5 Did any person listed on line 1a receive or												**
rendered to the organization? If "Yes," com	plete Schedui	e J	or s	uch	per	son	• • • • • •			5		X
		.1	1	1				11. (4400,000 (· · · · · · · · · · · · · · · · · · ·	
 Complete this table for your five highest co the organization. NONE 	mpensated in	aep	enae	ent c	cont	ract	ors	tnat received more than	\$100,000 of compen	sation	trom	
the organization. NONE (A)		***********		·····				(B)			(C)	
ام) Name and business	address							Description of s	services		ensatior	า
The state of the s										•		
											,	
									.			
O. Tatalanasha (Calaba)	ta a ta a 10 a 10 a 10 a 10 a 10 a 10 a		11	-1.1				1 -1				
2 Total number of independent contractors (_	not l	mite	a to		se li O	ste	a above) who received r	nore than			
\$100,000 in compensation from the organi	zation 📂					-				Eave	n 990 (2	יי דעי
										FOIL	11 JJG (2	-U I U)

The Sonoran Institute, Inc. 86-0684610 Page 9 Form 990 (2010) Part VIII Statement of Revenue **(D)** Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512. revenue revenue 513, or 514 gifts, grants lar amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d Contributions, and other simil 719,518. e Government grants (contributions) f All other contributions, gifts, grants, and 3825728 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 4545246 h Total. Add lines 1a-1f Business Code 1499071 900099 1499071 Program Service Revenue 2a Contract Income 16,720. 900099 16,720. Program Service Income f All other program service revenue 1515791. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,029 1,029. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 1,800 Part IV, line 18 842 b Less: direct expenses _____b 958. 958. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 7,243. 7,243 Other Income Loss on Exchange Rate <1,551. 900099 <1,551. d All other revenue 5,692. Total. Add lines 11a-11d

6068716.

Total revenue. See instructions.

12

1521483.

1,987.

Form **990** (2010)

Form 990 (2010) The Sonoran In Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	25,717.	25,717.		
2	Grants and other assistance to individuals in				OCCUPATION OF THE PROPERTY OF
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			**************************************	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,375,104.	1,619,264.	629,342.	126,498
8	Pension plan contributions (include section 401(k)				- - =
	and section 403(b) employer contributions)	28,437.	20,493.	7,339.	605 9,782
9	Other employee benefits	198,061.	126,822.	61,457.	9,782
10	Payroll taxes	199,335.	140,950.	49,153.	9,232
11	Fees for services (non-employees):				
а	Management				
b	Legal	7,915.		7,915.	
С	Accounting	32,386.	4,386.	28,000.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, l .				
f	Investment management fees				
g	Other	536,563.	486,947.	47,087.	2,529
12	Advertising and promotion	46 54 5	0.6 4.6 =	40 500	1 001
13	Office expenses	46,317.	26,495.	18,728.	1,094
14	Information technology				
15	Royalties	404 045	04 00 0	04 460	0 540
16	Occupancy	191,247.	94,037.	94,462.	2,748
17	Travel	208,498.	148,375.	55,999.	4,124
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	07 266	FO 046	37 000	1 100
19	Conferences, conventions, and meetings	97,366.	58,946.	37,222.	1,198
20	Interest			······································	
21	Payments to affiliates	20 220		00 330	
22	Depreciation, depletion, and amortization	29,338.	2 272	29,338.	
23	Insurance	13,448.	3,372.	10,076.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)		1		
	amount, list line 24f expenses on Schedule O.)		125 522	<u> </u>	4 404
а		203,407.	137,569.	61,407.	4,431
b		118,777.	118,777.	0 660	Z 04.4
C		66,029	49,453.	9,662.	6,914
d		51,050.	28,904.	21,484.	662
е		31,505.	30,807.	698.	0 025
f	All other expenses	130,088.	37,327.	83,896.	8,865
25	Total functional expenses. Add lines 1 through 24f	4,590,588.	3,158,641.	1,253,265.	178,682
26	Joint costs. Check here ► if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				Form 990 (201

Pai	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	114,722.	1	772,266.
	2	Savings and temporary cash investments	12,759.	2	951,120.
	3	Pledges and grants receivable, net	735,545.	3	1,028,498.
	4	Accounts receivable, net	75,751.	4	15,322.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,128.	9	10,935.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 339, 791.			
	b	Less: accumulated depreciation 10b 254,537.	48,323.	10c	85,254.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	254,175.	15	229,229.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,284,403.	16	3,092,624.
	17	Accounts payable and accrued expenses	447,108.	17	388,148.
	18	Grants payable		18	
	19	Deferred revenue	230,430.	19	573,566.
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	18,014.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.		27,903.
	26	Total liabilities. Add lines 17 through 25	677,538.	26	1,007,631.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	5,499.	27	267,474.
3ala	28	Temporarily restricted net assets	601,366.	28	839,899.
Jd I	29	Permanently restricted net assets		29	977,620.
표		Organizations that do not follow SFAS 117, check here 🕨 🔲 and			
ō		complete lines 30 through 34.	*		
ets	30	Capital stock or trust principal, or current funds		30	,
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	606,865.	33	2,084,993.
	34	Total liabilities and net assets/fund balances	1,284,403.	34	3,092,624.

Form **990** (2010)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133?

X

За

3b

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Sonoran Institute, Inc.

Employer identification number

D۸	el T	Pagage 3		ty Status (All		110 •	- 11-1-	\ O - · '· ·		0.0	0004	010	
	rt I			ty Status (All organiz		AND AND PERSONS ASSESSMENT OF THE PERSON NAMED IN	The state of the s		ructions.	····	***************************************		***************************************
	organ			pecause it is: (For lines 1	_		-	-					
1	Ш			s, or association of churc		ibed in se	ction 170	b)(1)(A)(i)	•				
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3				tal service organization c									
4		A medical res	earch organization o	pperated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	he hospital'	s nam	е,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7	X	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 s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embership	fees, an	nd gross red	elpts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
				axable income (less sect									
		See section	509(a)(2). (Complete	Part III.)				•					
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		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 that											
	describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I b Type II c Type III - Functionally integrated d Type III - Other											
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or s	section 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										
g		Since August	17, 2006, has the c	rganization accepted ar									
		(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and (i	ii) below,		Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) o									·
h				about the supported or									
(i)) Name	of supported	(II) EIN	(iii) Type of		rganization		ı notify the	(vi) ls	the	(vii) An	nount o	f
٠.		anization	(),	organization (described on lines 1-9	in col. (i) lis				organizátic (i) organiz U.S	ed in the		port	
				above or IRC section	governing	document?	(i) of you	support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
											<u></u>		
							<u> </u>		<u> </u>				
					 				 				
			ſ	l		1	ì		1	i I			

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 The Sonoran Institute, Inc. 86-06846 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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.)

Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3,379,415.	4,018,439.	3,685,368.	3,356,720.	4,545,246.	18,985,188.		
2	Tax revenues levied for the organ-						200 21 200 1 200 200 200 200 200 200 200		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to	1							
	the organization without charge	1							
4		3,379,415.	4,018,439.	3,685,368.	3,356,720.	4,545,246.	18,985,188.		
5	The portion of total contributions	***************************************					and the second s		
•	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,		·	1					
	column (f)						5,589,386.		
	***************************************						13,395,802.		
	Public support. Subtract line 5 from line 4. ction B. Total Support						13,393,802.		
-		(10000	41,0007	/ \ 0000 I	/ B 0000	/ \ 0040]	/c) T - 1 - 1		
	endar year (or fiscal year beginning in)	(a) 2006 3,379,415.	(b) 2007 4,018,439.	(c) 2008 3,685,368.	(d) 2009 3,356,720.	(e) 2010 4,545,246.	(f) Total 18,985,188.		
	Amounts from line 4	3,379,415.	4,010,439.	3,003,300.	3,330,720.	4,545,240.	10,900,100.		
8	,								
	dividends, payments received on								
	securities loans, rents, royalties	41 065	06 050	6 775	074	1 000	75 205		
	and income from similar sources	41,065.	26,252.	6,775.	274.	1,029.	75,395.		
9	Net income from unrelated business			·					
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)				40,567.	7,692.			
11	Total support. Add lines 7 through 10						19,108,842.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,767,785.		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)			
_	organization, check this box and stor	here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	70.10 %		
15						15	66.97 %		
16	a 33 1/3% support test - 2010.If the o					ore, check this bo	x and		
	stop here. The organization qualifies								
	b 33 1/3% support test - 2009. If the o								
	and stop here. The organization qual	-							
17	a 10% -facts-and-circumstances tes								
• • •	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"								
	b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	_		_						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 1/b		and see instruction edule A (Form 990			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose		,				
3 Gross receipts from activities that	♥	· · · · · · · · · · · · · · · · · · ·	*******************************	***************************************		Constitution of the Consti
are not an unrelated trade or bus-						
iness under section 513				1		
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5	W-100 - 100					
7a 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						1
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				1		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)			<u> </u>			
Section B. Total Support		T	T	T	T	1
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			······	·-		
10a Gross income from interest, dividends, payments received on						
securities loans, rents, rovalties						
and income from similar sources				,		
b Unrelated business taxable income	ı			· ·		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is	İ					
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'	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
				,		
Section C. Computation of Publ						
15 Public support percentage for 2010 (ine 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20	10 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2010. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2009. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

032023 12-21-10

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization Employer identification number The Sonoran Institute, Inc. 86-0684610 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Sonoran Institute, Inc.

86-0684610

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Energy Foundation P.O. Box 29905 San Francisco, CA 94129	\$145,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	George B. Storer Foundation P.O. Box 8159 Jackson, WY 83002	\$ <u>315,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Lollie Benz Plank 780 Bridgewater Drive Long Lake, MN 55356	\$1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LOR Foundation P.O. Box 11810 Jackson, WY 83002	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LP Brown Foundation 505 Mountain View Road Boulder, CO 80302	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	National Park Service - CESU P.O. Box 210043 Tucson, AZ 85721	\$ 183,652.	Person X Payroll

Name of organization

Employer identification number

The Sonoran Institute, Inc.

86-0684610

Part I	(Contributors	(see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	The David and Lucile Packard Foundation 300 Second Street, Suite 200 Los Altos, CA 94022	\$ <u>157,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	The Kendeda Fund 122 Park Avenue Takoma Park, MD 20912	\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	The Tinker Foundation 55 E. 59th Street New York, NY 10022	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

of Part II

Employer identification number

The Sonoran Institute, Inc.

86-0684610

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
James Andrews Control of Control			
free contracts		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	Approximately and the second s
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			·
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
 - -		* \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
3453 12-23-10		\$ Sahadula B /Farm	 990, 990-EZ, or 990-PF) (:

Page of of Employer Identification number

	noran Institute, Inc.		86-0684610
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and the ous, charitable, etc., contribution	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	t Relationship of transferor to transferee
, ,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gi	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	it .
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, al	(e) Transfer of gi	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

2010
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.		·	
Name of organization	,		Emp	loyer identification number
The Son	oran Institute,	Inc.		86-0684610
Part I-A Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 o	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours	· ·		> \$	
Part I-B Complete if the org	janization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise tax)
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 495	55 ▶ \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the org				(c)(3).
1 Enter the amount directly expended				S
2 Enter the amount of the filing organ		•		
exempt function activities				
3 Total exempt function expenditures				
line 17b			▶ \$	
 Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If 	nployer identification number (I Ition listed, enter the amount p omptly and directly delivered to	EIN) of all section 527 p aid from the filing orgar o a separate political or	political organizations to whi nization's funds. Also enter t ganization, such as a separa	ch the filing organization he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
Methods				
THE STATE OF THE S		****		

032041 02-02-11

LHA

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 The Sonoran Institute, Inc. 86-068461

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	,	(a)		(b)	
		Yes	No	Amo	unt
	During the year, did the filing organization attempt to influence foreign, national, state or				
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
(or referendum, through the use of:				
a '	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
ď	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f '	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j ·	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	f "Yes," enter the amount of any tax incurred under section 4912				
C	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction	
-				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			***************************************	
	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
		THI-A, I	ine 3 is a	nswered	
1	"Yes." Dues, assessments and similar amounts from members			nswered	
	"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			nswered	***************************************
2	Dues, assessments and similar amounts from members			nswered	· · ·
2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal	1	nswered	
2 a	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politicexpenses for which the section 527(f) tax was paid). Current year	cal	1 2a	nswered	
2 a b	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	1 2a 2b	nswered	
a b c	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	cal	2a 2b 2c	nswered	
2 a b c	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	2a 2b 2c	nswered	
2 a b c 3	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	2a 2b 2c	nswered	
2 a b c 3	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages to the reasonable estimate of nondeductible lobbying and pages to carryover to the reasonable estimate of nondeductible lobbying and pages to carryover to the reasonable estimate of nondeductible lobbying and pages.	cess	2a 2b 2c 3	nswered	
2 a b c 3	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	cess	2a 2b 2c 3	nswered	
2 a b c 3	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cess	2a 2b 2c 3	nswered	
2 a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		
a b c 3 4 Fart	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	cal cess political	2a 2b 2c 3 4 5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Sonoran Institute

Employer identification number 86-0684610

Par	t I Organizations Maintaining Donor Advised I		or Accounts. Complete if the
	organization answered "Yes" to Form 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 writ	ing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No_
Par	t II Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		111
b	Total acreage restricted by conservation easements		2b 1,920.00
C	Number of conservation easements on a certified historic struct	ure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structur	
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the o	organization during the tax
	year -		
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		4.4
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and enf		***************************************
8	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes th	ne organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections of A	rt Historical Traceures or Ot	nor Similar Assats
Fai	Complete if the organization answered "Yes" to Form 99		nei Onimai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC	<u> </u>	ant and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibit	•	
	the text of the footnote to its financial statements that describe		ce of public service, provide, in ran Arv,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, educ		
	•	sation, of research in furtherance of publi	ile service, provide the rollowing amounts
	relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		•
^	(ii) Assets included in Form 990, Part X		
2	_		gain, μιονία υ
^	the following amounts required to be reported under SFAS 116	·	• •
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
Ŋ	Acceptationace in Form 880, Fart A		F Y

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization	
	by:	
	(i) unrelated organizations	3a(i)
	(ii) related organizations	3a(ii
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b

Describe in Part XIV the intended uses of the organization's endowment funds.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,125.	3,125.	0.
d Equipment		241,395.	188,667.	52,728.
e Other		95,271.	62,745.	32,526.
Total. Add lines 1a through 1e. (Column (d) must equ		nn (B), line 10(c),)	>	85,254.

Schedule D (Form 990) 2010

(8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 27,903. 27,903.

2. FIN 48 (ASC 740). 032053 12-20-10

Schedule D (Form 990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ 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					Employer identifi	cation number
The Sonoran Ins	titute,	Inc.			86-068461	0
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "`	Yes"
to Form 990, Par			·	_		
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of the g	rants or assista	nce, the	
grantees' eligibility for th	ne grants or assi	stance, and the	selection criteria used to award the gra	ants or assistan	ice?	Yes L No
_						
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outs	ide the United Stat	es.
Activities nor Deglee /T	In a fallandar Dad	k I. Boss O Assistants as				
3 Activities per Region. (T	(b) Number of	(c) Number of	an be duplicated if additional space is (d) Activities conducted in region		rity listed in (d)	(f) Total
(a) Negion	offices	employees,	(by type) (e.g., fundraising, program		gram service,	(f) Total expenditures
	in the region	employees, agents, and independent contractors	services, investments, grants to		specific type	for and
	_	contractors in region	recipients located in the region)		e(s) in region	investments in region
		intregion				
			·			
Mexico	1	10	Mexico Field Office	Field Activ	ities	575,835.
		1				
H					·	
				***************************************	Commence and an article and a second and a second	
Harris de la constanta de la c				***************************************	**************************************	
					-	
			•			
			5. 			
2 a Cub total	1	10				575,835.
3 a Sub-total b Total from continuation						375,035.
sheets to Part I		0		,		0.
c Totals (add lines 3a						
and 3b)	1	10				575,835.

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

Schedule F (Form 990) 2010

30

Page 3

Schedule F (Form 990) 2010 The Sonoran Institute, Inc. 86-0684610

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2010
(g) Description of non-cash assistance				, .		Schedule
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
c) Number of recipients						
(b) Region		,	,			
(a) Type of grant or assistance (b) Region						

Part	ĪVT	Foreign Forms		1 age 1
		1 Oldigir I Ollifo		
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization of the required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and elpt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons with respect to tain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qua Reti	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, urn by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see ructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain eign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	"Ye	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	Yes	X No
			Schedule F (For	n 990) 2010

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Inc The Sonoran Institute, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

Open to Public OMB No. 1545-0047 Inspection

° N 86-0684610 (h) Purpose of grant or assistance Operations Support Operations Support Operations Support Operations Support X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Amount of electron (d) Amount of or government (f) Method of if applicable cash grant non-cash grant assistance or government (electron (d) Amount of or government (electron (d) Amount of or government (electron (d) Amount of or government (electron (electron (d) Amount of or government (electron (e Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 0 0 Ö ċ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,000. 5,000. 5,000. 5,000, Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 13-4293305 26-3149958 36-3699660 94-3373078 criteria used to award the grants or assistance? 1 (a) Name and address of organization Greater Gallatin Watershed Council Park County Environmental Council Planning Group - 3900 Stagecoach Trail Rd. - Manhattan, MT 59741 Amsterdam Churchill Community Bozeman, MT 59771-0751 Livingston, MT 59047 Sausalito, CA 94965 315 Pine Street P.O. Box 164 P.O. Box 751 Part II Exloco Q

33

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

SCHEDULE 0

(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
2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Sonoran Institute, Inc.

Employer identification number 86-0684610

Form 990, Part I, Line 1, Description of Organization Mission:
land and people of western North America.
Form 990, Part III, Line 4a, Program Service Accomplishments:
management agencies. The research team investigates issues related to
growth and its impacts on the Intermountain West's environment, public
lands, energy, and climate change and water resources.
Form 990, Part III, Line 4d, Other Program Services:
Other Program Services
Expenses \$ 1,078,976. including grants of \$ 13,342. Revenue \$ 20,614.
Form 990, Part VI, Section B, line 11: Before the 990 is signed and filed,
it is given to the Finance/Audit Committee for their review.
Form 990, Part VI, Section B, Line 15a: In determining the compensation for
the Executive Director, the board of directors completed a job evaluation,
reviewed compensation data for comparable positions, and documented their
actions in the board minutes.
Form 990, Part VI, Section C, Line 19: Documents 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" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.	S and Unrelated Partners "Yes" to Form 990, Part IV, line 33, 3 See separate instructions.	rtnerships ne 33, 34, 35, 36, actions.	or 37.		OMB No. 1545-0047 2010 Open to Public Inspection	oo47 blic
Name of the organization The Sonoran	Institute, Inc.				Employer ic 86-06	Employer identification number $86-0684610$	mber
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	plete if the organization answered "Ye	s" to Form 990, Part IV, line 33	•				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Total income	(e) End-of-year assets		(f) Direct controlling entity	
			,				
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	nizations (Complete if the organizatior	n answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one c	or more related ta	k-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 5/2(b)(13) controlled entity? Yes No	2(b)(13) 1led y? No
The Rincon Institute - 86-0684609 44 E. Broadway Blvd. #350 Tucson, AZ 85701	Conservation	Arizona	501(c)(3)	Line 11a, I	N/A		×
				-			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.				Schedt	Schedule R (Form 990) 2010) 2010

Page 2

86-0684610

Schedule R (Form 990) 2010 The Sonoran Institute, Inc.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income nrelated, nrtax under 12-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
			·								
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	a Corpo	ration or Trust (Co	ımplete if the	organizatio	on answered "Yes"	to Form 990, Par	t IV, line 34	because it had	one or mor	e related
(a) Name, address, and EIN of related organization			(b) Primary activity		(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
			-								
032162 12-21-10				37					Schedu	e R (Form	Schedule R (Form 990) 2010

Mater Campage of the A to continue the find of the Dodge II III or IV of their order of				_	Vac	2
Note: Complete line 1 if any end it is listed in traits in, in, or two runs solicions.	s with one or more re	elated organizations listed	in Parts II-IV?			
a Beceipt of (1) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				12		×
				4		×
Gift. grant. or capital contribution from other organization(s)	1			၁		×
	6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1d	×	
				1e		$ \bowtie $
f Sale of assets to other organization(s)				#	1	×
g Purchase of assets from other organization(s)				1g	_	×
				1h		×
i Lease of facilities, equipment, or other assets to other organization(s)				F		×
j Lease of facilities, equipment, or other assets from other organization(s)				ij.	-	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			+		×
I Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			11		×
m Sharing of facilities, equipment, mailing lists, or other assets				- m		×
n Sharing of paid employees				12	X	
o Reimbursement paid to other organization for expenses	-			10		×
				1p	×	
					-	
a Other transfer of cash or property to other organization(s)				1 _q		×
				7-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete tl	nis line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) The Rincon Institute	D	207,050.	Cash Value	1		
(2)						
(3)				İ		
(4)						
(5)						
(9)	,	ļ				
032163 12-21-10	38		Schedule R (Form 990) 2010	{ (Form §	990) 2	010

86-0684610

Page 4

Schedule R (Form 990) 2010 The Sonoran Institute, Inc.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Schedule F	R (Form 990) 2010	The Sonorar	<u>n Institute,</u>	_Inc.	86-0684610	Page 5
Part VII	R (Form 990) 2010 Supplemental In	formation				
	Complete this part to	provide additional information	tion for responses to a	uestions on Schedule R (see instru	uctions).	
				The state of the s	100011011	
					The state of the s	

P-1-11114 11-12-12-12-12-12-12-12-12-12-12-12-12-1						
					##** bid	
***************************************			· · · · · · · · · · · · · · · · · · ·			
	•					
***************************************	······································					
F-/						,
						
		Branch and a second and a second and a second and a second and a second and a second and a second and a second	······································			**
			· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·				
	······································					
						
-						
					<u>,</u>	
			······································			

ARIZONA FORM Arizona Exempt Organization Annual Information Return

99 For the calendar year 2010 or X fiscal year beginning 07/01/10 and ending 06/30/11

99		For the Calendar year 2010 or LAD fiscal year beginning U	1/0	±/±U and endi	ng <u>U o</u>	/30/11	•	
CHECK	ONF	: t Name		14 - 16 section of a Hallockies of and occurrence	Fmr	oloyer identification	n number (FINI)	
Original X					-""	Toyor Taoritinoation	Trialinoon (Eliv)	
original,	inona	Number and street or PO Box			 8	6-06846	510	
Business teleph	ione i		35	0	-	transaction priv		nber
· ·		City or town, state and ZIP code				•	Ü	
(520) 2	90-	-0828 Tucson, AZ 85701			l N	I/A		
68 Check bo	x if:	This is a first return Name change X Address ch	ange	CHECK BOX IF 82 Return filed un	i 3	-mos. Fed	i-mos. AZ - l	Fed
				extension.	8:	2 C 8	32 F 🗔	
A Date Arizo	na op	perations began $11/26/1990$		REVENUE USE ONI	Y. DO	NOT MARK I	N THIS AR	EA.
B Nature of A	4rizo	na activities Land conservation						
C Check fed	eral f	orm filed: X 990 990-EZ Other (specify)				T		
Encl	lose	a copy of the organization's federal return.		81		66		
Sources	1	Gross sales or receipts from business activities	1	1,800	00		Marian Della Colora	-
of		Less: Cost of goods sold or of operations - attach itemized statement	2		00			
Income	3	Gross profit from business activities - subtract line 2 from line 1	3	1,800	00			
	4	Interest	4	1,029	00			
	5	Dividends	5		00			
	6	Rents and royalties	6		00			
	7	Gain or (loss) from sales of assets, excluding inventory items	7		00			
	8	Dues, assessments, etc., from members	8		00			
	9	Dues, assessments, etc., from affiliated organizations	9		00			
	10	Contributions, gifts, grants, etc., received	10	4,545,246				
	11	Other income - attach itemized statement	11	1,521,483		Stateme		
ANTESON	12	Total income - add lines 3 through 11			12	2 6,00	69,558	00
Administrative	13	Compensation of officers, directors, trustees, etc.	13	BEE OAS	00			
Expenses	14		14	755,840				
	15	Interest	15	F0 20F	00			
	16	Taxes	16	58,385				
	17	Rent expense	17	97,210		atatam	ant 1	
	18	Depreciation - attach schedule	18	29,338 492,016		Stateme		
	19	Miscellaneous expenses - attach itemized statement	19			Stateme	$\frac{2110}{32,789}$	1 00
Dichuraamanta	20	Total expenses - add lines 13 through 19) 1,4	34,109	100
		Dues, assessments, etc., to affiliated corporations Contributions, gifts, grants, etc., paid	21	25,717	00			
Income for the	23	Benefit payments to or for members or their dependents:		23,111	00)			
Organization's	20	a. Death, sickness, hospitalization, disability, or pension benefits	23a		00			
Exempt		• • • • • • • • • • • • • • • • • • • •	23b		00			
Purposes	24	b. Other benefits Dividends and other distributions to members, shareholders, or depositors		***************************************	00			
	25	Other	25	3,132,924		Stateme	ent 4	
	26	Total - add lines 21 through 25			20		58,641	00
Disbursements		Dues, assessments, etc., to affiliated corporations	27		00			-100
From Principal	28	Contributions, gifts, grants, etc., paid	28		00			
for the	29	Benefit payments to or for members or their dependents:	l				•	
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits	29a		00			
Exempt Purposes		b. Other benefits	29b		00			
Тагроссо	30	Dividends and other distributions to members, shareholders, or depositors	30		00			
	31	Other	31		00			
	32	Total - add lines 27 through 31	<u> </u>		3	2		00
Other	33		· · · · · ·					00
Accumulation	34	Accumulation of income in current year - line 12 less the sum of line			3		78,128	
of Income	35	Accumulation of income at beginning of year			3	5 6	06,865	00
037971 11-29-10	36	Accumulation of income at end of year - add lines 34 and 35			3		84,993	
Penalty	37	Penalty for late filing or incomplete filing - See instructions				7		00
ADOR 10418 (10) Previous ADOR 91	-0022	THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETUR	V IS FIL	ED LATE OR IS INCOMPL	ETE. AF	RS § 42-1125(K	().	

	E: Amounts used in attached schedules and in this colu amounts.	ould be end of	(a) Beginning of year	our vice price a manufacture de vi	(b) End of year	
	Assets			1 Dogaring or your		Life of year
				405 404		
A1	Cash			127,481 ₀	0 A1	1,723,386 00
A2a	Accounts receivable			-1		
	b Less: allowance for doubtful accounts	A2b				4 - 555
	c Line A2a less line A2b. Enter difference in column	(b)		75,751 _c	0 A2c	15,322 00
АЗа	Other notes and loans receivable - attach schedule	A3a				
	b Less: allowance for doubtful accounts	A3b				**************************************
	c Line A3a less line A3b. Enter difference in column				0 A3c	00
A4	Inventories	· · · · · · · · · · · ·	***************************************		0 A4	00
A5	Investments (securities) - attach schedule				0 A5	00
A6	Investments (other) - attach schedule				0 A6	00
A7a	Land, buildings, and equipment; basis		339,791 00			
	b Less: accumulated depreciation - attach schedule					OF AFAL
	c Line A7a less line A7b. Enter difference in column ((b)		48,323	0 A7c	85,254 00
A8	Other assets - describe			1,032,848		1,268,662 00
A9	Total assets - add lines A1 through A8			1,284,403	00 A9	3,092,624 00
	Liabilities	************				
A10	Accounts payable and accrued expenses			447,108	0 A10	388,148 00
	Mortgages and other notes payable - attach schedule		Statement 6		0 A11	18,014 00
A12	Other liabilities - describe	Jee	Statement 7	230,430	0 A12	601,469 00
A13	Total liabilities - add lines A10 through A12			677,538	00 A13	$1,007,631_{00}$
	Net Assets			10101511111111111111111111111111111111		
A14	Capital stock or trust principal				0 A14	00
A15	Paid in or capital surplus				0 A15	00
A16	Retained earnings or accumulated income		***************************************	606,865	0 A16	2,084,993 00
	Total net assets - add lines A14 through A16					2,084,993 00
A18	Total liabilities and net assets - add lines A13 and	A17 .		1,284,403	00 A18	3,092,624 00
	ification Under penalties of perjury, I declare that I hav best of my knowledge and belief, it is a true, o the income tax laws of the State of Arizona.	e exai	nined this return, including and complete return, mad	g accompanying schedul de in good faith, for the ta	es and s axable ye	tatements, and to the ear stated pursuant to
Plea			1		ah i a	f Tinongo C A
Sign	Here Officer's signature		Da		Title	f Finance & A
Paid						A
	parer's					
Use	Only Preparer's signature		Da	te	Preparer	's EIN, PTIN or SSN
	_Keegan, Linscott & Kend	on,	P.C.		86-0	750225
	Firm's name (or preparer's, if self-employed)				Firm's	X EIN or SSN
	33 N. Stone Avenue, Sui Tucson, AZ	Lte		35701	(520) 884-0176
	Firm's address					ephone number
			Z11		1 11111 3 10	opnone nambel

		-	
AZ 99	Depreciation/Amortization Expense	Statement	1
Description		Amount	
Depreciation/Amortizat	cion	29,33	8.
Total to Form 99, Page	e 1, Line 18	29,33	8.
AZ 99	Other Income	Statement	2
Description		Amount	
Other Income Loss on Exchange Rate Contract Income Program Service Income		7,24 <1,55 1,499,07 16,72	1.> 1.
Total to Form 99, Page	e 1, Line 11	1,521,48	3.
AZ 99	Misc Expenses	Statement	3
Description		Amount	
Direct expenses of fur Pension plan contribut Other employee benefit Legal fees Accounting fees Other professional fee Office expenses Travel Conferences and conver Insurance Outside Services Printing and Photocopy Telephone Field Supplies and Mat	cions cs es ntions	84 7,94 71,23 7,91 28,00 49,61 19,82 60,12 38,42 10,07 65,83 16,57 22,14	4. 9. 50. 62. 06. 8. 68.
All other expenses		92,76	I -

AZ 99 Other Expense	S	Statement	4
Description		Amount	
Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Accounting fees Other professional fees Office expenses Occupancy Travel Conferences and conventions Insurance Outside Services Subcontracts Printing and Photocopy Telephone Field Supplies and Mate All other expenses		1,619,26 20,49 126,82 140,95 4,38 486,94 26,49 94,03 148,37 58,94 3,37 137,56 118,77 49,45 28,90 30,80 37,32	33. 360. 360. 375. 375. 377. 377. 377. 377.
Total to Form 99, Page 1, Line 25		3,132,92	24.
AZ 99 Other Assets		Statement	5
Description	Beg of Year	End of Year	<u>-</u>
Pledges and Grants Receivable Prepaid Expenses and Deferred Charges Advance to Rincon Institute Deposits	735,545. 43,128. 244,918. 9,257.	1,028,49 10,93 207,09 22,1	35. 50.
Total to Form 99, Page 2, Line A8	1,032,848.	1,268,60	- ^
redar to rerm 35, rage 2, Eric no			52.
	es Payable	Statement	52. 6
AZ 99 Mortgages and Other Not	es Payable Beg of Year	Statement End of Year	6
			6

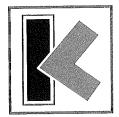
AZ 99	Other Liabilities		Statement 7
Description		Beg of Year	End of Year
Deferred Revenue Capital Lease Obligations		230,430.	573,566. 27,903.
Total to Form 99, Page 2, Li	ne A12	230,430.	601,469.

2009 EXEMPT ORGANIZATION TAX RETURNS

Prepared for

THE SONORAN INSTITUTE

7650 East Broadway Boulevard, No. 203 Tucson, AZ 85710



Keegan, Linscott & Kenon, PC

Certified Public Accountants
Certified Fraud Examiners
Certified Insolvency & Restructuring Advisors

33 N Stone Avenue • Suite 1100 • Tucson, Arizona 85701 (520) 884-0176 • www.klkcpa.com

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

B Check Contract	ΑI	For the	2009 calendar year, or tax year beginning $$ JUL 1 , 2009 $$ and ending	<u>JUN 30, 20</u>	10	
Body Bright Bri	В	Check if applicable	Please)	D Employer ide	ntific	ation number
Bellet September Septem	Г	Addre				
Perpeter Secondary Seco		Name chang	be type. Doing Business As	86	-06	584610
Secretaria Sec		lnitial return		1 '		
Repetite Procession Format Procession Processio		Termir ated		52	<u>0-2</u>	
Region Finance and address of principal officer.Bryan Morgan Finance and address		- Ameno	ded tions. City or town, state or country, and ZIP + 4	G Gross receipts \$		<u>4,689,509.</u>
Farme and address of principal officer: Bryan Morgan Tax example status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (neet no.) 494/(a)(1) or 527 (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of principal status: X 501(c)(3) (the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison 1 and address of the comparison			Tucson, AZ 85710	H(a) Is this a grou	up re	
Taxe exempt status:		pendir		for affiliates'	?	Yes X No
Tax-exempt status:				H(b) Are all affiliate	s incl	uded? Yes No
Website: ► WWW. SONDER 1. Org Form to organization X Corporation Trust Association Other Lyear of formation: 1990 M State of legal domicile: AZ	1	Tax-exe				
Form of erganization Tues Association Other Lyear of formation: 1990 M State of legal domicile; AZ	_			H(c) Group exem	ptior	number 🕨
Briefly describe the organization's mission or most significant activities: The Sonoran Institute inspires and enables community decisions and public policies that respect the check this box I fit the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box I fit the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 2.0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2.0 5 Total number of employees (Part VI, ine 2a) 5 6.7 6 Total number of employees (Part VI, ine 2a) 6 0.0 7 To Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7 To Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7 Not unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6, 775 2, 74 10 Cher revenue (Part VIII, column (A), lines 5, 6d, 69, 5e, 10e, and 11e) 12 Total revenues and lines 8 through 11 (must equal Part VII, column (A), lines 12) 4, 532, 636 4, 689, 509 13 Grants and similar amounts paid (Part XI, column (A), lines 1-1) 416, 895 6, 950 14 Benefits paid to or for members (Part XI, column (A), lines 1-1) 15 Salaries, other compensation, employee benefits (Part XI, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part XI, column (A), line 4) 0 16 Total inducising openses (Part XI, column (A), line 4) 0 17 Other expenses (Part XI, column (A), line 4) 0 0 18 Total expenses. Add lines 13-17 (must equal Part XI, column (A), line 25) 232,548 1,679,509 1,914,772 1,914,772 1,914,772 1,914,773 1,914,773 1,914,773 1,914,773 1,914,773 1,914,773 1,914,773 1,914,773 1,914,773 1,914,77				ear of formation: 199	0 м	State of legal domicile; AZ
and enables community decisions and public policies that respect the 2 Check this box ▶		art I	Summary			
Total number of wolunteers (estimate if necessary) 5 Total number of wolunteers (estimate if necessary) 6 Total number of wolunteers (estimate if necessary) 7 Total gross unrelated business taxable income from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 64, 86, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1e) 16 Total fundraising espenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), lines 11-14, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block 18 Ferrantz , Chief Finance & Admin Officer 19 Preparer's 21 Total liabilities (Part X, line 26) 23 N. Stone Avenue, Suite 1100 24 Estimate and title Preparer's selectifying number (part III) 25 Signature of officer 26 Ferrant II Signature Block 27 Ferrantz , Chief Finance & Admin Officer 28 Ferrants Check if selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's	6)	1	Briefly describe the organization's mission or most significant activities: The Sono	ran Institu	te	inspires
Total number of wolunteers (estimate if necessary) 5 Total number of wolunteers (estimate if necessary) 6 Total number of wolunteers (estimate if necessary) 7 Total gross unrelated business taxable income from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 64, 86, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1e) 16 Total fundraising espenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), lines 11-14, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block 18 Ferrantz , Chief Finance & Admin Officer 19 Preparer's 21 Total liabilities (Part X, line 26) 23 N. Stone Avenue, Suite 1100 24 Estimate and title Preparer's selectifying number (part III) 25 Signature of officer 26 Ferrant II Signature Block 27 Ferrantz , Chief Finance & Admin Officer 28 Ferrants Check if selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's	č		and enables community decisions and public p	olicies tha	<u>t 1</u>	respect the
Total number of wolunteers (estimate if necessary) 5 Total number of wolunteers (estimate if necessary) 6 Total number of wolunteers (estimate if necessary) 7 Total gross unrelated business taxable income from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 64, 86, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1e) 16 Total fundraising espenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), lines 11-14, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block 18 Ferrantz , Chief Finance & Admin Officer 19 Preparer's 21 Total liabilities (Part X, line 26) 23 N. Stone Avenue, Suite 1100 24 Estimate and title Preparer's selectifying number (part III) 25 Signature of officer 26 Ferrant II Signature Block 27 Ferrantz , Chief Finance & Admin Officer 28 Ferrants Check if selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's	raa	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its n	et as	sets.
Total number of wolunteers (estimate if necessary) 5 Total number of wolunteers (estimate if necessary) 6 Total number of wolunteers (estimate if necessary) 7 Total gross unrelated business taxable income from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 64, 86, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1e) 16 Total fundraising espenses (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), lines 11-14, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature Block 18 Ferrantz , Chief Finance & Admin Officer 19 Preparer's 21 Total liabilities (Part X, line 26) 23 N. Stone Avenue, Suite 1100 24 Estimate and title Preparer's selectifying number (part III) 25 Signature of officer 26 Ferrant II Signature Block 27 Ferrantz , Chief Finance & Admin Officer 28 Ferrants Check if selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's Selection Preparer's	ove.					20
5 Total number of employees (Part V, line 2a) 6 Total number of wolunteers (estimate if necessary) 7a Total gross unrelated business stewable income from Form 990-T, line 34 Prior Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Chter revenue (Part VIII, column (B), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 16 Total revenue (Part VIII, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total revenue (Part VIII, column (A), line 25) 20 Total assets (Part IX, column (A), line 25) 21 Total invertee (Part IX, column (A), line 25) 22 Total assets (Part IX, column (A), line 25) 23 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25 Total assets (Part IX, line 16) 26 Total assets (Part IX, line 16) 27 Total assets (Part IX, line 16) 28 Total assets (Part IX, line 16) 29 Total assets (Part IX, line 26) 20 Total assets (Part IX, line 26) 20 Total assets (Part IX, line 26) 21 Total assets (Part IX, line 26) 21 Total assets (Part IX, line 26) 21 Total assets (Part IX, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part IX, line 26) 24 Total assets (Part IX, line 26) 25 Total assets (Part IX, line 26) 26 Total assets (Part IX, line 26) 27 Total assets (Part IX, line 26) 28 Total assets (Part IX, line 26) 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total asset					4	20
6 Total number of volunteers (estimate if necessary) 7a Total gross urrelated business revenue from Part VIII, column (C), line 12 b Net urrelated business taxable income from Form 990 T, line 34 7b O. 7c Total gross urrelated business taxable income from Form 990 T, line 34 7b Net urrelated business taxable income from Form 990 T, line 34 7b Net urrelated business taxable income from Form 990 T, line 34 7c Ourrent Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Chier revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 11a-11d, 11f-24f) 10 Total isassets (Part X, line 16) 21 Total assets (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 34 11 Signature Block 10 Index persists of piper, idectane that I have exemined this return, including excenses/right schedules and fallements, and to the best of my knowledge and belief, if is true, correct, land complete, Declaration of prepare (other than office) is based on all information of which prepare is additionally included in the piper, idectane that I have exemined this return, including excenses/right schedules and fallements, and to the best of my knowledge and belief, if is true, correct, land complete, Declaration of	oŏ v)				5	67
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	itie				6	0
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	cţi				7a	0.
Prior Year 3,685,368. 3,356,720.	⋖				7b	0.
9 Program service revenue (Part VIII, Column (A), lines 3, 4, and 7d)	-	1				Current Year
9 Program service revenue (Part VIII, Column (A), lines 3, 4, and 7d)	41	8	Contributions and grants (Part VIII, line 1h)	3,685,36	8.	3,356,720.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Total fundraising expenses (Part IX, column (A), line 14) 16 Professional fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Part II Signature Block Part II Signature Block Part II Signature of officer Beth Frantz, Chief Finance & Admin Officer Beth Frantz, Chief Finance & Admin Officer Paid Preparer's signature Preparer's signature Preparer's signature Neegan, Lintscott & Kenon, P.C. 33 N. Stone Avenue, Suite 1100 Phone no. ► (520) 884-0176	ņ	9		840,49	3.	1,284,599.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Total fundraising expenses (Part IX, column (A), line 14) 16 Professional fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Part II Signature Block Part II Signature Block Part II Signature of officer Beth Frantz, Chief Finance & Admin Officer Beth Frantz, Chief Finance & Admin Officer Paid Preparer's signature Preparer's signature Preparer's signature Neegan, Lintscott & Kenon, P.C. 33 N. Stone Avenue, Suite 1100 Phone no. ► (520) 884-0176	γe	10	-			274.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď	11				47,916.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				4,532,63	6.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,028,584 2,962,835 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 232,548 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,679,509 1,914,772 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,124,988 4,884,557 19 Revenue less expenses. Subtract line 18 from line 12 <592,352 <195,048 20 Total assets (Part X, line 16) 8eginning of Current Year End of Year 21 Total liabilities (Part X, line 26) 431,868 677,538 1,284,403 22 Net assets or fund balances. Subtract line 21 from line 20 884,007 606,865 Part II Signature Block Under penalties of perjay, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer's Signature of officer Beth Frantz Chief Finance & Admin Officer Date Check if Signature of officer Signature Signatur						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,028,584 2,962,835 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 15 Total fundraising expenses (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 25) 232,548 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,124,988 4,884,557 19 Revenue less expenses. Subtract line 18 from line 12 < 592,352 < 195,048 20 Total assets (Part X, line 16) 1,315,875 1,284,403 21 Total liabilities (Part X, line 26) 231,868 677,538 22 Net assets or fund balances. Subtract line 21 from line 20 884,007 606,865 Part II Signature Block		1		•		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 Total liabilities (Part X, line 26) 32 Net assets or fund balances. Subtract line 21 from line 20 33 Net and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Paid Preparer's signature of officer Preparer's signature of officer Preparer's signature of officer Preparer's signature of officer Preparer's sidentifying number (see instructions) Reegan, Linscott & Kenon, P.C. EIN ► Phone no. ► (520) 884-0176	t)	1		3,028,58	4.	2,962,835.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses or fund balances. Subtract line 21 from line 20 24 Lines expenses or fund balances. Subtract line 21 from line 20 25 Lines expenses. Subtract line 21 from line 20 26 Lines expenses. Subtract line 21 from line 20 27 Lines expenses. Subtract line 18 from line 12 28 Lines expenses. Subtract line 18 from line 12 29 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses. Subtract line 21 from line 20 24 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses. Subtract line 18 from line 12 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses. Subtract line 18 from line 12 24 Lines expenses. Subtract line 18 from line 12 25 Lines expenses. Subtract line 18 from line 12 21 Lines expenses. Subtract line 21 from line 20 22 Net assets (Part X, line 16) 23 Lines expenses. Subtract line 18 from line 12 24 Lines expenses. Subtract line 18 from line 12 25 Lines expenses. Subtract line 21 from line 20 26 Lines expenses. Subtract line 18 from line 12 27 Lines expenses expenses. Subtract line 18 from line 12 28 Lines expenses. Subtract line 18 from line 12 29 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 22 Lines expenses expenses. Subtract line 18 from line 12 25 Lines expenses expenses. Subtract line 18 from line 12 27 Lines expen	Se	16a				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses or fund balances. Subtract line 21 from line 20 24 Lines expenses or fund balances. Subtract line 21 from line 20 25 Lines expenses. Subtract line 21 from line 20 26 Lines expenses. Subtract line 21 from line 20 27 Lines expenses. Subtract line 18 from line 12 28 Lines expenses. Subtract line 18 from line 12 29 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses. Subtract line 21 from line 20 24 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses. Subtract line 18 from line 12 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lines expenses. Subtract line 18 from line 12 24 Lines expenses. Subtract line 18 from line 12 25 Lines expenses. Subtract line 18 from line 12 21 Lines expenses. Subtract line 21 from line 20 22 Net assets (Part X, line 16) 23 Lines expenses. Subtract line 18 from line 12 24 Lines expenses. Subtract line 18 from line 12 25 Lines expenses. Subtract line 21 from line 20 26 Lines expenses. Subtract line 18 from line 12 27 Lines expenses expenses. Subtract line 18 from line 12 28 Lines expenses. Subtract line 18 from line 12 29 Lines expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 21 Lines expenses expenses. Subtract line 18 from line 12 22 Lines expenses expenses. Subtract line 18 from line 12 25 Lines expenses expenses. Subtract line 18 from line 12 27 Lines expen	pe	, Jou				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primary is preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's lightlying number (see instructions) Signature Preparer's lightlying number (see instructions) All information of which preparer has any knowledge. Preparer's lightlying number (see instructions) Signature Preparer's lightlying number (see instructions) All information of which preparer has any knowledge. Preparer's lightlying number (see instructions) All information of which preparer has any knowledge. Preparer's lightlying number (see instructions) All information of which preparer has any knowledge. Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) All information of which preparer has any knowledge. Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions)	ŭ	17		1,679,50	9.	1,914,772.
19 Revenue less expenses. Subtract line 18 from line 12 Signature Sig		1	·			4,884,557.
Beginning of Current Year End of Year		1	·		_	
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	70		Trovoltad todo disportados. Cabridade into 10 from into 12 filminimistrativo			
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	ets (200	Total assats (Part Y line 16)			
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	ASSI	20	•			
Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	let.	2 2	, , , , , , , , , , , , , , , , , , , ,			
Under penalties of perjury, I dectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Beth Frantz, Chief Finance & Admin Officer Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Tucson, AZ 85701 Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (520) 884-0176	,					
Sign Here Signature of officer Date	<u> </u>		Under penalties of perium. I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my kn	owledg	e and belief, it is true, correct,
Here Signature of officer Date			and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	eage.		
Here Signature of officer Date	Sic	ın				
Beth Frantz, Chief Finance & Admin Officer Type or print name and title Paid Preparer's signature Preparer's Check if self-employed Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Address, and ZIP + 4 Tucson, AZ 85701 Phone no. ▶ (520) 884-0176		-	Signature of officer	Date		
Type or print name and title Paid Preparer's signature Preparer's Use Only Use Only Type or print name and title Preparer's Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Tucson, AZ 85701 Preparer's identifying number (see instructions) Freparer's identifying number (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ▶ (520) 884-0176	•••		No. Beth Frantz, Chief Finance & Admin Office	er		
Preparer's signature Preparer's Use Only Use Only Vors if self-employed, address, and ZIP + 4 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's Self-employed ► □ (see instructions) Self-employed ► □ (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► (520) 884-0176						
Preparer's Use Only Use Use Only Signature	_		Prenarer's Date		repare	r's identifying number
Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Self-employed AZ 85701 EIN ▶	_	_		1 3011	110	
Use Univ Self-employed), address, and ZIP + 4 33 N. Stone Avenue, Suite 1100 Phone no. ► (520) 884-0176		•	Firm's name (or Keegan Lirecott & Kenon P.C.			
address, and ZIP+4 Tucson, AZ 85701 Phone no. ► (520) 884-0176	Use	e Only	self-employed), \(\) 33 N. Stone Avenue, Suite 1100			
				Phone no. I	▶ (!	520) 884-0176
	Ma	v the I	<u> </u>			

932002 02-04-10

(Expenses \$ 1,072,468. including grants of \$

4e Total program service expenses ►\$ 3,368,702.

72,936.)

350.) (Revenue \$

Form 990 (2009) The Sonoran Institute

Part IV | Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	-140
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
Ü	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ļ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.	İ		
•	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.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	ĺ	-
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
4	located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	A
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13	l	
10	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990	2009)

Form 990 (2009) The Sonoran Institute
Part IV Checklist of Required Schedules (continued)

L			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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		Х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	:		
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c				
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2009)

Form 990 (2009)
The Sonoran Institute
Part V Statements Regarding Other IRS Filings and Tax Compliance

	t t Catomonto riogaramy curo me timige and tan comprise			-	Vac	NI-
10	. Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				Yes	No
Id	U.S. Information Returns. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rules.		ble gaming			
·	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1,4	
	filed for the calendar year ending with or within the year covered by this return	2a	67			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		Х
b				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		• • • • • • • • • • • • • • • • • • • •			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	Х	
b	If "Yes," enter the name of the foreign country: ► Mexico					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	ind			
	Financial Accounts,					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Tax Shelter Transaction?			5c		
6a	The state of the s	he orga	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?		,	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	······		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 10 miles of the organization of the or					
	benefit contract?	•••••	•••••	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f	ļ	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					- 1
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc					
_	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1 40-				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
b 11		מטו	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	ı la				
b	•	11b				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
ט	Care and difficult of the coloring interest received of decided during the four	, ,_,,				<u> </u>

Form 990 (2009) The Sonoran Institute 86-0684610 Page

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

Section of Processing Decision of the governing body 1a 20 1b 20 20 20 20 20 20 20 2	Sec	tion A. Governing Body and Management					
b Enter the number of voting members that are independent 10						Yes	No
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 employees to a management ornpany or other person? 3 Did the organization delegate control over management duties customarky performed by or under the direct supervision of efficers, directors or trustees, or key employees to a management company or other person? 3 X 5 Did the organization become aware during the year of a material diversion of the organization's assests? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Tax Delegation of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Delegation of the governing body? 12 Delegation of the governing body? 13 Section B. Policies (This Section B. requests information about problems not required by the Internal Revenue Code) 14 Ves. No. 15 Section B. Policies (This Section B. requests information about procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 15 Delegation have local chapters, branches, or affiliates? 16 Delegation have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 16 Delegation have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are substanti	1a	Enter the number of voting members of the governing body	1a				
officer, director, fusice, or key employee? Old the organization delegate control over management duties customally performed by or under the direct supervision of officers, directors or fusitees, or key employees to a management company or other person?	b	Enter the number of voting members that are independent	1b	20			
the designation delegate control over management duties customaty performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization nake any significant changes to its organizational documents since the prior Form 990 was filed? 4	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
or officers, directors or frustees, or key employees to a management company or other person? 3		officer, director, trustee, or key employee?			2		X
bild the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 8 Death committee with authority to act on behalf of the governing body? 9 Is there any officer, director, frustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes", provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10 Does the organization have virten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Describe in Schedule O the process; any, used by the organization? 12 Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 List Describe the organization required to disclose annually interest that could give rise to conflict? 12 Does the organization have a written opticies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 13 X 14 Does the organization was a written office in linear by folicy? If 'No.' go for line 12 15 Describe the organization was a written office in linear by folicy? If 'No.' go for line 13 16 Does the organization was a written office in li	3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision			
5 bit the organization become aware during the year of a material diversion of the organization's assets? 5 c Does the organization have members or stockholders? 7a Does the organization have members or stockholders? 7b Are any decisions of the governing body? 8b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any decisions of the governing body? 8b Are any decisions of the governing body? 8b Z Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b T Person Market and the province of the governing body? 8c T Person Market and the province of the governing body? 8c T Person Market and the province of the governing body? 8c T Person Market and the province of the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body? 8c T Person Market and the governing body before filing the form? 9c T Person Market and branches to ensure their operations are consistent with those of the organization? 9c T Person Market and branches to ensure their operations are consistent with those of the organization? 9c T Person Market and the governing body before filing the form? 9c T Person Market and branches to ensure their operations are consistent with those of the organization? 9c T Person Market and the governing body before filing the form? 9c T Person Market and the governing body before filing the form? 9c T Person Market and the governing body before filing the form? 9c T Person Market and the governing branches of the governing bedy before filing the for		of officers, directors or trustees, or key employees to a management company or other person? \dots		•••••	3		X
be Does the organization have members, stockholders? Toes the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A coverage of the persons of the governing body subject to approval by members, stockholders, or other persons? B Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? The overning body? The Organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? The Organization flavor the meetings held or written actions undertaken during the year by the following: The governing body? The Organization flavor the persons and addresses in Schedule O. The Schedule O. The Schedule O. The Schedule O. The Schedule O. The Schedule O. The organization have local chapters, branches, or affiliates? The Schedule O. The organization have local chapters, branches, or affiliates? The Schedule O. The Schedule O. The Organization flavor written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? The Schedule O. The process, if any, used by the organization to review this form 990. The Schedule O. The process, if any, used by the organization to review this form 990. The Organization have a written contict of intenses policy? If 'No.' go to fine 12 The Organization was a written orabic of intenses policy? If 'No.' go to fine 13 The organization frequency and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done The Organization have a written document referition and destruction policy? The Organization have a written orabic of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The O	4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	0 was filed?	4		
Table Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	5	Did the organization become aware during the year of a material diversion of the organization's asset	s? .		5		X
by the following: A any decisions of the governing body subject to approval by members, stockholders, or other persons? A by the following: B an The governing body? B ach committee with authority to act on behalf of the governing body? B ach committee with authority to act on behalf of the governing body? B ach committee with authority to act on behalf of the governing body? B there any officer, director, trustee, or key employee listed in Part VII, Saction A, who cannot be reached at the organization's mailing address? If "ves," provide the names and addresses in Schedulle O. Section B. Policies (This Section B requests information about policies not required by the Internal Flevenue Code.) Yes No. 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11d Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11d Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a A b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12b A conflict? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15e A The organization have a written whistleblower policy? 16b A The organization's CEO, Executive Director, or top management official 17 The organization's CEO, Executive Director, or top management official 18c A The organization have a written policy or procedur	6				6		_X_
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 3 The governing body? 4 Sa X 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Last the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11 Last the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b S T S Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization are a written of comment retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 11 List t					7a		
by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The Section B. Policies (This Section B required to the organization required to Internal Revenue Code.) The Section B. Policies (This Section B required to Internal Revenue Code.) The Section B. Policies (This Section B required to Internal Revenue Code.) The Section C. Disclosure The Organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture organization in which a copy of th	b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons'	?	7b		X
a The governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 As the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A common Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give itse to conflict? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14c Does the organization and a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization in	8	$\label{lem:decomposition} \mbox{Did the organization contemporaneously document the meetings held or written actions undertaken}$	durin	g the year			
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "res," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have are consistent with those of the organization? 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe organization have a written conflict of interest policy? If "No," go to line 13 13 Describe organization have a written organization and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12 Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Describe organization have a written whistleblower policy? 14 Describe organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization have a written whistleblower		by the following:					
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee,, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If N'es, "provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization and branches to ensure their operations are consistent with those of the organization and branches to ensure their operations are consistent with those of the organization and branches to ensure their operations are consistent with those of the organization and branches to ensure their operations are consistent with those of the organization and branches to ensure their operations are consistent with those of the organization for their this Form 990. 10a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 10b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10a Describe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 11b A Section Constitution are a written whistleblower policy? 11c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 11c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 11c Did the organ	а	The governing body?			8a		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves No No No No No No No N	b	Each committee with authority to act on behalf of the governing body?			8b	Х	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
No. No.					9		X
10a	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization and a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15a X 15a X 15b Other officers or key employees of the organization 15a X 15a X						Yes	-
and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If *No,* go to line 13 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If *"Yes,* describe in Schedule O how this is done 13 Does the organization have a written whistlebiower policy? 14 Does the organization have a written whistlebiower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 Did the organization's CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Differs or key employees of the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o					10a		X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11	b		chapt	ers, affiliates,			
112a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15b X 16c If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16d 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 X 16a X 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b V 17c List the states with which a copy of this Form 990 is required to be filed ▶AZ 17c List the states with which a copy of this Form 990 is required to be filed ▶AZ 18c Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 18c Value of the process of the organization whose sits governing documents, conflict of interest pol							
12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe in Schedule O how this is done 12b X 12b X 12c X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written odcument retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization f "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X	11	·	ling th	ne form?	11		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	11A			,			
to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 16 Other officers or key employees of the organization 17 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Upon request X Upon req					12a	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	b		ıld giv	e rise			
in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization (15b X) If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 V Y Sey", has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► 11 The Organization - 520-290-0828		***************************************			12b		<u> </u>
13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official the organization's CEO, Executive Director, or top management official to the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 The "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b The Organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 17	С						3.5
14	40					v	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15b X 15a X 15b X 16a X 15a X 15b X 16a X 15a X 15b X 16a X 15a X 15a X 15b X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15b X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15b X 15a X 15a X 15a X 15a X 15b X 15a X 15							
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 520-290-0828					14	Λ	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828	19		a by i	naepenaent			
b Other officers or key employees of the organization	_				45.	v	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a 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 X						Λ	v
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828	Ŋ			***************************************	dei		
taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828	162		nent v	with a			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828					162	,	x
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828	b				iou		
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization - 520-290-0828	-						
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶					16b		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 520-290-0828	Sec						
public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 520-290-0828	17	List the states with which a copy of this Form 990 is required to be filed ▶AZ					
public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 520-290-0828	18		(501	(c)(3)s only) available	for		
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► The Organization - 520-290-0828 		· · · · · · · · · · · · · · · · · · ·					
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► The Organization - 520-290-0828 							
statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 520-290-0828	19	• • •	onflic	t of interest policy, ar	nd fina	ncial	
The Organization - 520-290-0828							
	20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the organizat	ion: 🕨		
7650 E. Broadway Blvd., Suite 203, Tucson, AZ 85710							
		7650 E. Broadway Blvd., Suite 203, Tucson, AZ 857	10				

The Sonoran Institute

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				itior			Reportable	Reportable	Estimated
1	hours per	<u> </u>	(check all tha			app T	ly)	compensation from	compensation from related	amount of other
	week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Kathy Borgen									•	^
Member at Large	1.00	X	<u> </u>	_	L	ļ		0.	0.	0.
Fred Bosselman										0
Director	1.00	X	<u> </u>	<u> </u>	-	-		0.	0.	0.
Andrew Downs										•
Director	1.00	X	<u> </u>			_		0.	0.	0.
Chris Duerksen	1 00								0	0.
Director	1.00	X	├		├	 		0.	0.	U.
Exequiel Ezcurra	1 00							0.	0.	0.
Director	1.00	X	-		├	-		U •	U .	0.
Louise Glasser	1 00	\						0.	0.	0.
Director	1.00	<u>^</u>	-	_	-		<u> </u>	0.	0.	<u></u>
Martha Hunter	1.00	v						0.	0.	0.
Director	1.00	A	\vdash			-		0.		
Nyda Jones-Church	1.00	v		х				0.	0.	0.
Treasurer Joseph Kalt	1.00	1		122		-	-	0,		
Member at Large	1.00	x						0.	0.	0.
Bob Keiter	1.00		t^-	_		\vdash	l			
Director	1.00	x						0.	0.	0.
Dennis Minano		1				T				
Vice-Chair	1.00	X		X				0.	0.	0.
Bill Mitchell										
Director	1.00	X		<u> </u>				0.	0.	0.
Bryan Morgan			1							
Chair	1.00	X	1	X		_		0.	0.	0 .
Alan Nicholson									_	_
Director	1.00	X		_	_	_		0.	0.	0 .
Laurinda Oswald	_									_
Director	1.00	X		_	_	1-		0.	0.	0
Louise Plank		_								_
Director	1.00	X	\vdash	<u> </u>	-	╄		0.	0.	0 .
Anna Hill Price	4 00							_	_	_
Director	1.00	X	_	<u></u>		<u> </u>	L	0.	0.	Form 990 (2009

932007 02-04-10

Form **990** (2009)

(A)	. (B)	(C) Position (check all that apply)					est	(D)	(E)	(F) Estimated amount of			
Name and title	Average hours						A.A.	Reportable compensation	Reportable compensation				
	per week	Individual trustee or director	Institutional trustee	Officer		ansated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co o	other compensation from the organization and related organizations		
Richard Thweatt	1 00							_				^	
Director	1.00	X			-	╂	├	0.	· ·	•		0.	
Karen Wade	1.00	х		x				0.	l c	.		0.	
Secretary	1.00	Λ	-	^	-	\vdash		0.		+		0.	
Martin Yenawine	1.00	x						0.	c			0.	
Director Maria Elena Barajas	1.00			<u> </u>	\vdash	\dagger	t			+		•	
Emeritus	1.00	X						0.	c			0.	
Jake Kittle				I^-		T				1			
Emeritus	1.00	X						0.	l c			0.	
Donald Diamond									,				
Emeritus	1.00	X	L					0.	С			0.	
Frank Gregg													
Emeritus	1.00	X		_				0.	C	•		0.	
Jane Ragle									_			_	
Emeritus	1.00	X	<u> </u>	<u> </u>		╀	<u> </u>	0.	C	<u>'- </u>		0.	
James Kaple	1 00	1							,			^	
Emeritus	1.00	X	-	-	\vdash	+		0.	<u> </u>).		0.	
Luther Propst	40.00			x		x		113,259.	l c	,		0.	
Executive Director 1b Total	L	1	•		<u> </u>		L	194,882.			****	0.	
2 Total number of individuals (including but n						e) w	ho r	<u> </u>	1				
compensation from the organization						.,						1	
3 Did the organization list any former officer, director or trustee, key employee, or line 1a? If "Yes," complete Schedule J for such individual							•••••	•••••	. 3	Yes	No X		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizat and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	٠.	X		
5 Did any person listed on line 1a receive or a											-	125	
the organization? If "Yes," complete Sched										. 5		х	
Section B. Independent Contractors						,,,,,,,,	.,,,,,						
Complete this table for your five highest co the organization.	mpensated in	dep	ende	ent o	cont	racte	ors t	that received more than	\$100,000 of compe	nsatio	n from		
(A) Name and business	1.0.1.00					(B) Description of s	services	(C) Compensation					
Fregonese Associates Inc., 1525 Ave., Suite 200, Portland, OR 97					rk			Consulting		134,199.			
Ave., Buile 200, Foliciano	1, OK 3	14	<u> </u>					Consulting					
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	the	se ti	stec	d above) who received n	nore than				

\$100,000 in compensation from the organization ▶ 1
See Schedule J-2 for Part VII, Section A Continuation

Form 990 (2009) The Sonoran Institute 86-0684610 Page 9 Part VIII Statement of Revenue (**D)** Revenue excluded from (A) (B) (C) Unrelated Total revenue Related or exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a b Membership dues c Fundraising events 1c d Related organizations 791,148. Contributions, and other simi Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 2565572 g Noncash contributions included in lines 1a-1f; \$ h Total Add lines 1a-1f 3356720. Business Code 900099 2a Contract Income 1276825. 1276825 Program Service Revenue ь Program Service Income 900099 7,774. 7,774. All other program service revenue 1284599 Total. Add lines 2a-2f Investment income (including dividends, interest, and 274 other similar amounts) 274. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a 7,349 b Less: direct expenses _____ b 7,349 7,349. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 35,701. 900099 35,701 11 a Other Income 4,866 4,866 ь Gain on Exchange Rate 900099 d All other revenue e Total. Add lines 11a-11d 40,567 Total revenue. See instructions. 4689509. 1325166. 7,623. 932009 02-04-10 Form 990 (2009)

Form 990 (2009) The Sonoran Institute Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,950.	6,950.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 470 005	1 751 201	F0C 313	121 211
7	Other salaries and wages	2,478,825.	1,751,201.	596,313.	131,311.
8	Pension plan contributions (include section 401(k)	40 051	27 050	11 546	1 247
_	and section 403(b) employer contributions)	49,851. 231,542.	37,058.	11,546.	1,247. 11,688.
9	Other employee benefits		148,656.	71,198.	
10	Payroll taxes	202,617.	150,427.	40,524.	11,666.
11	Fees for services (non-employees):				
	Management	58,925.	39,713.	19,212.	
	Legal	15,063.	39,113.	15,063.	
	Accounting	13,003.		13,003.	
	Lobbying			+	
	Investment management fees				
f		639,336.	529,841.	79,561.	29,934.
g 40	OtherAdvertising and promotion	039,330.	323,041.	10,001.	<u> </u>
12 13	Office expenses	60,798.	25,514.	32,053.	3,231.
14	Information technology	00,750.	23,311.	32,033.	3/232.
15	Royalties				
16	Occupancy	229,365.	114,578.	114,787.	
17	Travel	262,419.	189,345.	62,505.	10,569.
18	Payments of travel or entertainment expenses	202,223			
,0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	155,582.	85,909.	66,461.	3,212.
20	Interest				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	32,281.		32,281.	
23	Insurance	10,848.	1,493.	9,355.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled			化有 一种用户	
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Outside Services	175,945.	98,979.	63,142.	13,824.
b	Printing and Photocopy	53,375.	36,259.	6,946.	10,170.
С	Subcontracts	48,727.	48,362.	365.	
d	Telephone	48,215.	34,557.	12,941.	717.
е	Repairs and Maintenance	36,326.	10,605.	23,339.	2,382.
f	All other expenses	87,567.	59,255.	25,715.	2,597.
25	Total functional expenses. Add lines 1 through 24f	4,884,557.	3,368,702.	1,283,307.	232,548.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
00004	0.02-04-10				Form 990 (2009)

Balance Sheet Part X (A) Beginning of year End of year 114,722. 176,835 Cash - non-interest-bearing 1 331,270. 12,759. 2 2 Savings and temporary cash investments 452,560. 735,545. Pledges and grants receivable, net 3 3 2,055. 75,751. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 7 Notes and loans receivable, net Inventories for sale or use 43,128. 46,044. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 328,294. basis. Complete Part VI of Schedule D ______ 10a 279,971. 50,664. 48,323. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 254,175. 256,447 15 15 Other assets. See Part IV, line 11 1,315,875. 1,284,403. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 447,108. 376,607. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 46,077230,430. 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 9,184. Other liabilities. Complete Part X of Schedule D 25 25 431,868. 677,538. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <127,308.>27 27 Unrestricted net assets 1,011,315. 601,366. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 884,007. 33 606,865. 33 Total net assets or fund balances 1,284,403. 1,315,875. Total liabilities and net assets/fund balances

	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	х	
b	the Clark and the control of the con	3b	х	
		Form	990	(2009)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ) 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. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 86-0684610

			oran Institu						00.	-0004	010	
Part I			ity Status (All organiz					ructions.				
The organ			because it is: (For lines 1									
1 🖳			s, or association of chure		ribed in se	ction 170	(b)(1)(A)(i)	•				
2 🖳		school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3 🖳	A hospital or	nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4 📖			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b) (1)(A)(iii). Enter the	e nospitai	s name	9,
	city, and state								1			
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 [X]												
. —	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
9 📖	An organizati	on that normally rec	ceives: (1) more than 33	1/3% OI IIS	support ii	OHI COHUI	than 22 1	120% of ite	eupport fr	om aross	invaetr	ment
	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.)											
40		. ,	e Part III.) perate d e xclusively to te	et for nubli	ic safety S	ee sectio	n 509/aW4	1)				
10									out the p	urposes o	f one c	or
11 📖	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 that											
							-,,		-,,-			
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other											
е 🗔			at the organization is not			-	_	r more disc	jualified pe	ersons oth	er thai	n
~	foundation m	anagers and other	than one or more publicl	y supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f			tten determination from									
		rganization, check t										
g	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or co	ontribution	from any	of the follo	owing pers	ons?		r	ANALYS .
_	(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described i	in (ii) and (i	ii) below,		Yes	No
			supported organization?									
			n described in (i) above?									
			a person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(m) T					(n/) la	the			
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization (v) Did you notify the in col. (i) listed in your organization in col.			(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of		f	
organization			(described on lines 1-9 above or IRC section (see instructions))	governing document?					support			
				Yes No		Yes No		Yes No				
			(see manuchona))	162	140	163	110	103	110			
				1								
		1										
								<u> </u>				
		\$ - j. ;					1472K-					
		I the state of the	Als: 2.3	The same of the		1	100000000000000000000000000000000000000	1	i l			

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

13

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,714,190 3,379,415. 4,018,439 3,685,368, 3,356,720. 17,154,132. 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 4,018,439 3,685,368 3,356,720 17,154,132, 2,714,190 3,379,415 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) 5,567,669. Public support. Subtract line 5 from line 4. 11,586,463. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total 7 Amounts from line 4 4,018,439 3,685,368 3,356,720 17,154,132, 2.714.190 3,379,415 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 26,252 6,775. 105,394. and income from similar sources ... 31,028. 41,065. 274. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 40,567. 40,567. 11 Total support. Add lines 7 through 10 17,300,093. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2) _(Complete only)	y if you checked the b	Page 3 oox on line 9 of Part l
Section A. Public Support	- committee	<u></u>		·r		T
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5	The state of the s				<u> </u>	
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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.)		<u> </u>		<u> </u>	<u> L</u>	
14 First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	ization,
check this box and stop here						> L
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2009 (li	ne 8, colu <mark>mn (f)</mark> c	livided by line 13,	column (f))		15	9
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	008 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2009. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	-					_
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, che	_					
20 Private foundation. If the organization		• -				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Secti	on 50 1(c)(4) , (5), or (6) organiza	tions: Complete Part III.	• "		
Name of	organization			Emple	oyer identification number
	The Son	oran Institute			86-0684610
Part I-	A Complete if the org	ganization is exempt un	der section 501 (c)	or is a section 527 or	rganization.
		zation's direct and indirect politi			
2 Polit	ical expenditures			▶\$	
Part I-		ganization is exempt un			
1 Ente	er the amount of any excise tax	incurred by the organization un	der section 4955	> \$	
	·	incurred by organization manage	-		
		on 4955 tax, did it file Form 4720			
					Yes No
	es," describe in Part IV.	ganization is exempt un	downestion FO1(s)	avoort postion FO1/	2/(2)
Part I-					
		d by the filing organization for s			
		nization's funds contributed to c	-		
		s. Add lines 1 and 2. Enter here		***************************************	***************************************
-		s. Add lines 1 and 2. Enter here		•	
		1120-POL for this year?			
		mployer identification number (E			
		the amount paid from the filing of			
		ivered to a separate political org			
		d, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)	, ,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
		1 .		l l	1

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009	The Sonora	n Institute		86-0	684610 Page 2
Part II-A Complete if the org	anization is exen	npt under section	n 501(c)(3) and fil	ed Form 5/68	
(election under sec			-		
	tion belongs to an affil				
Limit	tion checked box A and ts on Lobbying Exper ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	, ,			17,215.	
b Total lobbying expenditures to influ				17,215.	
 c Total lobbying expenditures (add li d Other exempt purpose expenditure 				4,867,342.	<u></u>
e Total exempt purpose expenditure	s ladd lines 1c and 1d	 \		4,884,557.	
f Lobbying nontaxable amount. Enter				394,228.	
If the amount on line 1e, column (a) o		oying nontaxable am		331,2201	
Not over \$500,000		the amount on line 1e.	I		
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	··	0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			98,557.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero	or less, enter 0			0.	
j If there is an amount other than ze	ro on either line 1h or I	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made a se		Section 501(h) n do not have to comp s 2a through 2f on pa		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period	-	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	409,402.	399,838.	406,249.	394,228.	1,609,717.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,414,576.
c Total lobbying expenditures	3,115.	2,582.	210,610.	17,215.	233,522
d Grassroots nontaxable amount	102,351.	99,960.	101,562.	98,557.	402,430
e Grassroots ceiling amount (150% of line 2d, column (e))					603,645
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990 EZ) 2009 The Sonoran Institute 86-0684610 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		a)	(1	<u> </u>
	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
${\bf b}$ Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $$				
c Media advertisements?	-			
d Mailings to members, legislators, or the public?	ļ	<u> </u>		
e Publications, or published or broadcast statements?	ļ			
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912	ı			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ection	
	1011 00 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5 01(c) (6).				1
			Yes	N
		1	Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 an	ion 501(c)	2 3 (5), or se	ection	N
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paryes."	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ion 501(c) art III-A, li	2 3 1(5), or se ne 3 is a	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Did the organization agree to carryover lobbying and political expenditures from the prior year? Souther III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ion 501(c) art III-A, li	2 3 1(5), or se ne 3 is a 1	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a 1	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ion 501(c) art III-A, li	2 3 (5), or se ne 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ion 501(c) art III-A, li ical	2 3 (5), or se ne 3 is a 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section of the expense of the section of the expe	ion 501(c) art III-A, li ical ccess political	2 3 (5), or se ne 3 is a 2 2 2 2 3	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ion 501(c) art III-A, li ical ccess political	2 3 (5), or se ne 3 is a 2 2 2 2 3 3	ection	

Schedule D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	The Sonoran Instit	ute		86-0684610
Pai			or Acc	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	g
	impermissible private benefit?		***********	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line	e 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	torically in	mportant land area
	Protection of natural habitat	Preservation of a certi	ified histo	ric structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	of a cons	ervation easement on the last
	day of the tax year.		r	
				Held at the End of the Tax Year
а	Total number of conservation easements		2	la 1
b				ь 1,920.00
С	Number of conservation easements on a certified historic str			2c 0
d	Number of conservation easements included in (c) acquired			td 0
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organiza	ition during the tax
	year ►U			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes X No
	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************		
6	Amount of expenses incurred in monitoring, inspecting, and			
7 8	Does each conservation easement reported on line 2(d) above			
0	and section 170(h)(4)(B)(ii)?	-		· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservati			
9	include, if applicable, the text of the footnote to the organization	•		
	conservation easements.	and a mandar statements that cosonibes t	ano organ	nzadon o decounting for
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sir	nilar Assets.
	Complete if the organization answered "Yes" to Form			
ta	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sh	eet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic servic	e, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	tems.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and baland	ce sheet '	works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	, provide	the following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
2	If the organization received or held works of art, historical tre-	asures, or <mark>other</mark> simil <mark>ar asset</mark> s for financial	l gain, pro	ovide
	the following amounts required to be reported under SFAS 1 $$			
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			> \$

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

..... 40.000 -004

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

0.

39,704.

48,323.

8,619.

3,125.

218,295.

58,551.

Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,125.

257,999. 67,170.

uncertain tax positions under FIN 48.

27

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Inspection Employer identification number Name of the organization 86-0684610 The Sonoran Institute General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____ Yes ____ No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (f) Total (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (a) Region expenditures offices employees or (by type) (i.e., fundraising, is a program service, for region describe specific type agents in program services, grants to in the region of service(s) in region region recipients located in the region) Field Activities 369,861. Mexico Field Office Mexico 369,861.

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

Schedule F (Form 990) 2009

30

Schedule F (Form 990) 2009

N

Page 3

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 The Sonoran Institute 86-0684610 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					·
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

932073 02-01-10

Schedule F (Form 990) 2009

Schedule I (Form 990) 2009 Employer identification number 86-0684610 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance Operations Support X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization

(a) Amount of non-cash are if applicable cash grant assistance or government assistance or government assistance or government of the part of the part of the part of the part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose or assistance or assist Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 5,000, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) The Sonoran Institute criteria used to award the grants or assistance? 53-0204616 Part I General Information on Grants and Assistance Enter total number of other organizations 1 (a) Name and address of organization 2260 Baseline Road, Suite 100 National Wildlife Federation Name of the organization Boulder, CO 80302 Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) PartII

Page 2

86-0684610

The Sonoran Institute

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

SCHEDULE J-2

Department of the Treasury Internal Revenue Service

(Form 990)

Continuation Sheet for Form 990

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

OMB No. 1545-0047
2009
Open to Public

Open to Public Inspection

Name of the Organization

The Sonoran Institute

Employer Identification number 86-0684610

Part Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Part Name and title Part	The Sonor	ran Inst	:1t	cut	te.					86-068	4610
Name and title Average Position (check all that apply) Reportable Reportable Rempostable Compensation from related organization (W2/1099-MISC)	Part I Continuation of Officers, D	irectors, Tr	ust	ees	s, K	Čey	Em	plo	yees, and Highes	t Compensated I	Employees
Name and title Average Position (check all that apply) Reportable Reportable Rempostable Compensation from related organization (W2/1099-MISC)											
hous per week per wee		1					ļ.				
Peth Frentz Director of Finance 40.00 A 1	ramo ario tito		(0)					lv)			
week and a proper section of Pinance 40.00		1	101	T-Cr	l an	I	app	יעי			
Beth Frantz Director of Pinance 40.00 A V V V V V V V V V V V V V V V V V V							φ,				
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.		week	5				loye				
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.			호				ᄩ		organization	(88-2/1099-181150)	
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.			5		İ		ated		(W-2/1099-MISC)		
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.	,		豐	ist			bens				
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.	·		ᄪ	oug		loge	8				organizations
Beth Frantz Director of Finance 40.00 X 81,623. 0. 0.			를	韓	8	emi	hest	mer			
Director of Finance 40.00 X 81,623. 0. 0.			를	Ē	E	§	물	Ē		-	
Director of Finance 40.00 X 81,623. 0. 0.	Beth Frantz										
		40.00			X				81,623.	0.	0.
	Director of Timanee					<u> </u>			0-,0-0		
			-				<u> </u>			-	
				ļ	<u> </u>						
		<u> </u>	<u></u>		L	L	L				
]									
]									
		ļ	ļ	<u> </u>		_				-	
					l						
					<u> </u>						
					1						
			1								
			-	-	-	├					
]									
			ļ								
			_			 	-		,		
						1					
											,
					H						
				<u> </u>	1						
					1			İ			
						<u></u>					
				1	1						
		1	 		1						
			1		1	1					,
			<u> </u>	<u> </u>	 	-		<u> </u>			
			l								
								<u> </u>			L

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

Schedule J-2 (Form 990) 2009

SCHEDULE 0

Supplemental Information to Form 990

(Form 990) .

Complète to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number The Sonoran Institute 86-0684610 Form 990, Part I, Line 1, Description of Organization Mission: land and people of western North America. Form 990, Part III, Line 4d, Other Program Services: Other Program Services Expenses \$ 1072468. including grants of \$ 350. Revenue \$ 72936. Form 990, Part VI, Section B, line 11: Before the 990 is signed and filed, it is given to the Finance/Audit Committee for their review Form 990, Part VI, Section B, Line 15a: In determining the compensation for the Executive Director, the board of directors completed a job evaluation, reviewed compensation data for comparable positions, and documented their actions in the board minutes. Form 990, Part VI, Section C, Line 19: Documents are available upon request

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ▶ See separate instructions. Related Organizations and Unrelated Partnerships The Sonoran Institute Name of the organization Department of the Treasury internal Revenue Service SCHEDULE R (Form 990)

OMB No. 1545-0047

2009 Open to Public Inspection Employer identification number 86-0684610 Direct controlling entity End-of-year assets <u>e</u> Total income ত্ত Part I. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of disregarded entity

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) status (if section 501(c)(3)) Public charity Line 11a I Exempt Code section ন্ত 501(c)(3) Legal domicile (state or foreign country) rizona Primary activity <u>a</u> Conservation The Rincon Institute - 86-0684609 Name, address, and EIN of related organization 7650 E. Broadway Blvd. #203 Tucson, AZ 85710 Part II

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

Schedule R (Form 990) 2009

36

86-0684610

Page 2

Schedule R (Form 990) 2009 The Sonoran Institute

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

	((6									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
			Accounts to the second							
Dark IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	anizations Taxable as a Cor	poration or	rust (Complete if 1	the organizati	on answered "Ye	s" to Form 990,	Part IV, line 3	4 because it h	nad one or more	related
1	poration or trust during the ta	x year.)	(p)	(0)	(p)	(e)		(£)	(6)	ε
Name, address, and ElN of related organization	Z c	rir G	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total eincome e	Share of Pe end-of-year o assets	Percentage ownership
							•	•		
932162 07-21-10			37	7				Sch	Schedule R (Form 990) 2009	90) 2009

Page 3

Schedule R (Form 990) 2009 The Sonoran Institute

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Nate Committee line 4 to any amility in listend in Darbe II III or 1/ at this achieval in			Voc No	2
				2
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity		1	×	54
Giff. grant. or capital contribution to other organization(s)		.	×	ы
Gift. grant, or capital contribution from other organization(s)		<u>မ</u>	×	54
Loans or loan guarantees to or for other organization(s)		P	×	
		- q	×	b d
f Sale of assets to other organization(s)		#	×	5 4
ation(s)		19	X	þd.
		4	×	Ы
i Lease of facilities, equipment, or other assets to other organization(s)		i=	×	M
			٠	
j Lease of facilities, equipment, or other assets from other organization(s)		=	×	54
k Performance of services or membership or fundraising solicitations for other organization(s)		÷	×	54
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	54
m Sharing of facilities, equipment, mailing lists, or other assets		Ē	×	ы
n Sharing of paid employees	•••••••••••••••••	F	×	
			;	١,
o Reimbursement paid to other organization for expenses		2	XI	
p Reimbursement paid by other organization for expenses		1	×	
				ا
q Other transfer of cash or property to other organization(s)		_1.	×()	الح
Other transfer of cash or property from other organization(s)		}	×	ы
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds,	on thresholds.			
(a) Name of other organization(s) ty	(b) Transaction Atype (a-r)	(c) Amount involved	olved	1
(1) The Rincon Institute	Q	244,	,918	<u>.</u>
(2)	The same and a same and a same and a same and a same a same a same a same a same a same a same a same a same a			
(3)	0.000			
(4)				
			:	
(6)				
(9)				
932163 02-04-10	Schedule	Schedule R (Form 990) 2009	990) 200	60

86-0684610

Page 4

Schedule R (Form 990) 2009 The Sonoran Institute

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(3)	5	(0)	•	(1)	(4)
Nill too society ome.	(a)	(5)	(5)			(6)	(m)
variety and east	Finally activity	(state or foreign	section 501(c)(3) organizations?	snare or end-or- year assets	tionate tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes No			(Form 1065)	Yes No
		,					
						:	
							•
							-
		:					
							•
		-					
							-
		PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PR					
						Schedule R (Form 990) 2009	990) 2009

39

불쾌맞돌 경로 프로그램 들어 하시면 하는
#####################################
사용하면 불통하는 경기를 하는 것 같습니다. 1995년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전 1997년 1일 전

Form 8868 (Rev. 1-2011)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month 	h Extension, c	complete only Part II and check this b	ox		► X
Note. Only complete Part II if you have already been granted	an automatic	3-month extension on a previously filed	Form 8	3868.	
If you are filing for an Automatic 3-Month Extension, con					
Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the original (no c	opies n	eeded).	
Name of exempt organization			Empl	oyer identificat	ion number
rint .				C 0C04C1	0
rne Sonoran Institute		1 1	1 0	<u>6-068461</u>	<u>U</u>
Number, street, and room or suite no. If a P.O. bounder of 7650 E. Broadway Blvd., No.		tions.			
ling your eturn. See City, town or post office, state, and ZIP code. Fo		race eag instructions			
instructions. Tucson, AZ 85710	a loreight add	ross, see maractions.			
racocity no 03/10		,			
Enter the Return code for the return that this application is fo	or (file a separa	te application for each return)			0 1
	, , 				
Application	Return	Application			Return
s For	Code	Is For		****	Code
orm 990	01				
orm 990-BL	02	Form 1041-A			08
orm 990-EZ	03	Form 4720			09
orm 990-PF	. 04	Form 5227			10
orm 990-T (sec. 401(a) or 408(a) trust) orm 990-T (trust other than above)	05 06	Form 6069 Form 8870			12
STOP! Do not complete Part II if you were not already gra			uely file	d Form 8868	1 1.2
The books are in the care of > 7650 E. Broad					10
Telephone No. ► 520-290-0828	<u> </u>	FAX No. ▶			
If the organization does not have an office or place of bus	— siness in the Ur	nited States, check this box			
If this is for a Group Return, enter the organization's four	digit Group Exe	emption Number (GEN) If t	nis is fo	r the whole grou	ıp, check this
ox . If it is for part of the group, check this box	and atta	ach a list with the names and EINs of a	l memb	ers the extension	on is for.
4 I request an additional 3-month extension of time until		15, 2011			_
5 For calendar year, or other tax year beginning	g <u>JUL 1</u>	, 2009 , and ending	7 '		<u>. 0 </u>
If the tax year entered in line 5 is for less than 12 month	hs, check reas	on: Initial return] Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension	ata 244	itional time to gat	hor	informat	-ion
necessary to file a complet			TIGI	Intormat	<u> </u>
necessary to rire a compret	e and a	ccurace tax recurn.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	720. or 6069. e	enter the tentative tax, less any	1		
nonrefundable credits. See instructions.	, _, _,,		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayme					
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include you	ur payment wi	th this form, if required, by using			_
EFTPS (Electronic Federal Tax Payment System). See	instructions.		8c	\$	0 .
		nd Verification			
Inder penalties of perjury, I declare that I have examined this form, i i is true, correct, and complete, and that I am authorized to prepare t	including accomp	panying schedules and statements, and to t	he best c	of my knowledge a	and belief,
		-pA	Data	2/10	In .
Fignature Title			Date		/
inature Many R M Title			Date		8 (Rev. 1-201

Arizona Exempt Organization Annual Information Return 2009 99 For the calendar year 2009 or fiscal year beginning 07/01/09 and ending 06/30/10CHECK ONE: Original Business telephone number Print Name Employer identification number (EIN) The Sonoran Institute ŏ 520-290-0828 Number and street or PO Box 86-0684610 7650 E. Broadway Blvd. AZ transaction privilege tax number City or town, state and ZIP code Tucson, AZ 85710 CHECK BOX IF: 3-mos. Fed 6-mos. AZ - Fed Check box if: ☑ This is a first return Name change Address change 82 Return filed under 82 F X 82 C extension. REVENUE USE ONLY, DO NOT MARK IN THIS AREA. Date Arizona operations began 11/26/1990 Nature of Arizona activities Land conservation Check federal form filed: X 990 990-EZ Other (specify) 81 66 Attach copy of federal return. 7,34900 Gross sales or receipts from business activities Sources of 2 Less: Cost of goods sold or of operations - attach itemized statement 00 Income 7,34900Gross profit from business activities - subtract line 2 from line 1 3 27400..... Dividends 00 Rents and royalties 00 Gain or (loss) from sales of assets, excluding inventory items ... 00 Dues, assessments, etc., from members 00 Dues, assessments, etc., from affiliated organizations 00 9 Contributions, gifts, grants, etc., received $3,356,720 \infty$ 10 Other income - attach itemized statement 11 1,325,166 ∞ Statement 3 Total income - add lines 3 through 11 4,689,50900 Compensation of officers, directors, trustees, etc. 00 Administrative 13 Expenses Salaries and wages - other than amounts included on line 2 727,624 oo 14 Interest 15 16 Taxes 16 <u>52,190 00</u> 114,787 00 17 Rent expense Depreciation - attach schedule 32,28100Statement 1 18 588,973 00 Statement 4 Miscellaneous expenses - attach itemized statement $1,515,855 \infty$ 20 Total expenses - add lines 13 through 19 Disbursements 21 Dues, assessments, etc., to affiliated corporations 00 from Current 22 Contributions, gifts, grants, etc., paid 22 $6,950 \infty$ Income for the Benefit payments to or for members or their dependents: Organization's a. Death, sickness, hospitalization, disability, or pension benefits 00 23a Exempt 00 b. Other benefits 23b Purposes 24 Dividends and other distributions to members, shareholders, or depositors 24 00 3,361,752Statement 5 Other _____ 25 Total - add lines 21 through 25 3,368,702 00 Dues, assessments, etc., to affiliated corporations Disbursements 27 00 27 from Principal 28 Contributions, gifts, grants, etc., paid 28 00 for the Benefit payments to or for members or their dependents: Organization's a. Death, sickness, hospitalization, disability, or pension benefits 00 Exempt b. Other benefits 29b 00 Purposes 30 Dividends and other distributions to members, shareholders, or depositors 00 31 Other _______ 31 00 32 Total - add lines 27 through 31 32 00 82,09400 33 Other Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33 <277,142 90 Accumulation 34 of Income 884,007 00 35 Accumulation of income at beginning of year 35 937971 10-23-09 36 Accumulation of income at end of year - add lines 34 and 35 $606,865 \infty$ 36 Penalty for late filing or incomplete filing - See instructions 37 Penalty

ARIZONA FORM

	E: Amounts used in attached schedules and in this col	umn shoul	ld be end of		(a)		T	(b)
year ——	amounts.				Beginning	of year		End of year
	Assets							
۸.4	Cash				508	, 105 (VO A	127,48100
A1	Accounts receivable			0	300,	, 105	N A	11 127, 401 00
AZa	b Less; allowance for doubtful accounts	A2b		0				
	c Line A2a less line A2b. Enter difference in column				2	, 055	N 42	c 75,751 oo
A 0 -	Other notes and loans receivable - attach schedule	A3a		0	ر کے ر	, 033/0	N AZ	(13,131 00
Asa	b Less: allowance for doubtful accounts	A3b		0				
	c Line A3a less line A3b. Enter difference in column	I				1,	ю дз	BC 00
A4							0 AS	
A4 A5	Inventories Investments (securities) - attach schedule						X A	
	Investments (other) - attach schedule							6 00
A6	Land, buildings, and equipment; basis		328,294				λ) A	100
A/a	b Less: accumulated depreciation - attach schedule		279,971 d	2				
	•			<u> </u>	50	,664	VO A.7	c 48,323 oo
• •	c Line A7a less line A7b. Enter difference in column Other assets - describe					,051		
8A	•				1,315			
A 9	Total assets - add lines A1 through A8		•••••	· L:	1,313	, 0/3/0	JU A	19 1,204,405 00
	Liabilities							
A 40	Accounts payable and accrued expenses				376	,607	ν 44	447,10800
					370		00 A1	
A11	Mortgages and other notes payable - attach schedule Other liabilities - describe	7 Goo Gi	tatement 7	·	55	, 261		
						,868		
A 13	Total liabilities - add lines A10 through A12		•••••	· L	401	, 000	N A I	077755000
•	Net Assets		, , , , , , , , , , , , , , , , , , , ,	,				
A 14	Capital stock or trust principal					10	00 A1	14 00
	Paid-in or capital surplus						0 A1	
	Retained earnings or accumulated income				884	,007	0 A1	606,865 00
	Total net assets - add lines A14 through A16			1		,007		
	· · · · · · ·							
A18	Total liabilities and net assets - add lines A13 and	A17	•••••	. L:	1,315	, 875 c	00 A1	1,284,403 00
Plea						for the to	axable	year stated pursuant to
Sign	Here			<u> </u>				ef Finance & Ad
	Signature of officer			Date		J.	itle	
Paid Pren	arer's CA			131	7111	(5	20)	884-0176
Use				Date				telephone number
	Keegan, Linscott & Ken	on. P	.c.					86-0750225
	Firm's name (or preparer's, if self-employed)							Preparer's TIN
	33 N. Stone Avenue, Su	ite 1	100					
								0.5704
	Tucson, AZ							85701

•		
AZ 99 Depre	eciation/Amortization Expense	Statement 1
Description		Amount
Depreciation/Amortization		32,281
Total to Form 99, Page 1, L	ine 18	32,281
AZ 99	Other Disbursements	Statement 2
Description		Amount
Prior period adjustment		82,094
Total to Form 99, Page 1, L	ine 33	82,094
AZ 99	Other Income	Statement
Description		Amount
Other Income Gain on Exchange Rate Contract Income Program Service Income		35,701 4,866 1,276,825 7,774
Total to Form 99, Page 1, L	ine 11	1,325,166
AZ 99	Misc Expenses	Statement
Description		Amount
Pension plan contributions Other employee benefits Legal fees Accounting fees Other professional fees Office expenses Travel Conferences and conventions Insurance Outside Services Printing and Photocopy Subcontracts		12,793 82,886 19,212 15,063 109,495 35,284 73,074 69,673 9,355 76,966 17,116

Telephone Repairs and Maintenance	13,658.
All other expenses	25,721. 28,312.
Total to Form 99, Page 1, Line 19	588,973.
AZ 99 Other Expenses	Statement 5
Description	Amount
Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Legal fees Other professional fees Office expenses Occupancy Travel Conferences and conventions Insurance Outside Services Printing and Photocopy Subcontracts Telephone Repairs and Maintenance All other expenses Total to Form 99, Page 1, Line 25	1,751,201. 37,058. 148,656. 150,427. 39,713. 529,841. 25,514. 114,578. 189,345. 85,909. 1,493. 98,979. 36,259. 48,362. 34,557. 10,605. 59,255.
AZ 99 Other Assets	Statement 6
Description Beg of Y	ear End of Year
Prepaid Expenses and Deferred Charges Advance to Rincon Institute 46	735,545. 735,545. 735,545. 43,128. 736. 244,918. 737. 9,257.
Total to Form 99, Page 2, Line A8 755	1,032,848.

AZ 99 Other Liabilities	s	Statement 7
Description	Beg of Year	End of Year
Custodial Liabilities Deferred Revenue	9,184. 46,077.	230,430.
Total to Form 99, Page 2, Line A12	55,261.	230,430.

U.S. Department of the Interior - Federal Awards to Sonoran Institute Between July 1, 2009 and August 31, 2013

Bureau of Reclamation	\$41,000
Bureau of Land Management This single award began in 2006 and was active in 2012 This single award began in 2006 and was active in 2011	\$530,000 \$ 21,500
Environmental Protection Agency This single award began in 2007 and is still active	\$ 25,000 \$858,612
This single award began in 2007 and is sein delive	φοσο,σ12
National Park Service	\$ 20,000 \$ 34,491 \$ 55,000 \$121,700 \$ 35,120 \$ 20,000 \$ 52,224
This single award began in 2008 and was active in 2010	\$ 52,224 \$ 47,683
This single award began in 2003 and was active in 2010	\$ 47,131 \$ 15,750
This single award began in 2008 and was active in 2012	\$ 70,000
This single award began in 2007 and was active in 2011	\$ 50,000
This single award began in 2007 and was active in 2011	\$ 35,000
This single award began in 2007 and was active in 2011	\$ 53,183
This single award began in 2008 and was active in 2011	\$ 70,030
This single award began in 2008 and was active in 2011	\$ 62,002 \$ 15,000
This single award began in 2008 and was active in 2011 This single award began in 2008 and was active in 2010	\$ 15,000 \$ 11,750
This single award began in 2008 and was active in 2010	\$ 89,430
	\$ 91,500
	\$ 49,515
	\$ 6,000
	\$105,916
	\$ 14,211
	\$ 6,393
	\$ 13,764 \$100.744
This single gward headen in 2007 and was active in 2000	\$100,744 \$164.630
This single award began in 2007 and was active in 2009	\$ 70,000
	φ 10,000

U.S. Executive Branch, Udall Foundation Federal Awards to Sonoran Institute Between July 1, 2009 and August 31, 2013

Institute for Environmental Conflict Resolution

\$34,540