### COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> 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:
- 3. 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.

1. 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.

Forn	<b>9</b>	90	Under section 501(c), 527, or	nization Exempt   4947(a)(1) of the Internal Re enefit trust or private foundat	venue Cod		омв №. 1545-0047
		of the Treasury enue Service	The organization may have to	•	•	reporting requirements.	Open to Public Inspection
A F	or th	e 2011 calend	lar year, or tax year beginning J			UN 30, 2012	
B C	heck if pplicab	le:	f organization			D Employer identifie	cation number
	Addre	e The	Sonoran Institute,	Inc.			
	Name	Pe Doing B	usiness As		-	86-0	684610
	]Initial return ]Termi ated	Number	r and street (or P.O. box if mail is not de 5. Broadway Blvd, S		Room/suite	E Telephone number (520	
	Amen return	Gity of t	own, state or country, and ZIP + 4		•	G Gross receipts \$	5,836,082.
	Applie diam	<sup>ca-</sup> Tucs	on, AZ 85701			H(a) Is this a group re	turn
	pendi	F Name a	nd address of principal officer: $\mathtt{Bil}1$	1 Mitchell		for affiliates?	Yes X No
			as C above			H(b) Are all affiliates inc	luded? Yes No
		empt status: L		◀ (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
			sonoraninstitute.o			H(c) Group exemptio	
				ssociation 🛄 Other 🕨	L Year	of formation: 1990 N	State of legal domicile; ${f AZ}$
Pa	rt I	Summary			~		
e l	1		be the organization's mission or most				
Activities & Governance			bles community dec		_		-
Ler	2		x ▶ ⊥ if the organization disco				
ĝ	3		ting members of the governing body				21
~	4		dependent voting members of the go				21
ties	5		of individuals employed in calendar				55
ţ	6		of volunteers (estimate if necessary)				0.
8			d business revenue from Part VIII, co				0.
_	0	Net unrelated	business taxable income from Form	990-1, line 34	<u></u>		
	8	Contributiona	and grants (Dort VIII line 1h)			Prior Year 4,545,246.	Current Year 4,522,345.
Revenue	9					1,515,791.	1,285,546.
Se	10		come (Part VIII, column (A), lines 3, 4	and 7d)		1,029.	1,546.
۳,	11		e (Part VIII, column (A), lines 5, 6d, 8d			6,650.	<20,119.
	12		- add lines 8 through 11 (must equal			6,068,716.	5,789,318.
			milar amounts paid (Part IX, column (			25,717.	44,389.
	14		to or for members (Part IX, column (A			0.	0.
ŝ	15	Salarios other	r componention, omployed bonefite (	Port IX, column (A), lines 5 10)		2,800,937.	2,956,263.
enses	16a	Professional f	undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lin	line 11e)		0.	0.
Expe	b	Total fundrais	ing expenses (Part IX, column (D), lin	e 25) 🕨 267,6	61.		a a construction de la construction
Шļ			es (Part IX, column (A), lines 11a-11d			1,763,934.	1,655,064.
	18	Total expense	es. Add lines 13-17 (must equal Part l	X, column (A), line 25)		4,590,588.	4,655,716.
	19	Revenue less	expenses. Subtract line 18 from line	12		1,478,128.	1,133,602.
Fund Balances					Be	ginning of Current Year	End of Year
Ssel		Total assets (F				3,092,624.	4,036,106.
L D L A						1,007,631.	811,889.
			fund balances. Subtract line 21 from	1 line 20		2,084,993.	3,224,217.
	rt II	Signature		· · · · · · · · · · · · · · · · · · ·			the second s
			I declare that I have examined this return, . Declaration of preparer (other than office			has any knowledge.	
		1 Kar	e of officer			N115/1.	2
Sign Here		. Kati	e Shields, Chief F	inance & Admin	Office	Date	· · · · · · · · · · · · · · · · · · ·
			print name and title			Joto I I	
		Print/Type prep		Preparer's signature	l l	Date Check L	
Paid			. Keegan			self-employe	
	arer	Firm's name		& Kenon, P.C.		Firm's EIN 🕨	86-0750225
Jse (	uniy	Firm's address	33 N. Stone Aven Tucson, AZ 85701	ue, suite 1100		Dkara /	520) 884-0176
		1	1008002 87 63701			I PDODE DO 1	5707 004-0170

May the IRS discuss this return with the preparer shown above? (see instructions)	X Yes No							
132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.								
See Schedule O for Organization Mission Statement	Continuation							

If "Yes," describe these new services on Schedule O. Old the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. If "Code: ()(Expenses 1, 189, 551. Including grants of 5, 500.) (Revenues 564, 7) 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 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 are has provided research and report sections in support of projects in Northern Rockies. The research team has conducted research and has collaborated in environmental coalition regarding the proposed Roser (Code: ) (Expenses 640,190. Including grants of 0.) (Revones 277, Colorado River Delta Program - Restoration: The Colorado River Delta Program restored 26 acres of riparian habitat along the Colorado River Delta Program restored 26 acres of riparian habitat along the Colorado River Delta Program is species. At the Las Arenitas Treatment Wetland, an additional 10 acres of cattail beds were completed, makit the artificial treatment wetland over 60% complete.	<ul> <li>Briefly describe the organization's mission:</li> <li>The Sonoran Institute inspires and enables community decisions a public policies that respect land and people of western North Am the proof Form 900 or 900-E27</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>Did the organization sporter services accomplishments for each of lis three largest program services, as measured by exceeding the organization's program service accomplishments for each of lis three largest program services, as measured by exceeding 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) tusts are required to report the anount of grants and alloc others, the total expenses, and revence, if any, for each program service protond.</li> <li>Gente: 1 (Response 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 completed intitual research for a Worker Attraction Study in collaboration with the U of A and has provided research and report various projects. They have completed a final report on ecosyst values in the Cache la Poudre watershed and completed reports &amp; for the Western Maricopa Mineral Assessment. The research team provides all GIS analysis and support for the entire organization has provided research and report sections in support of projects. Northern Rockles. The research team has conducted research and collaborated in environmental coallition regarding the proposed 1 for (Revenues 1 (Revenues 1 Grants) Grants and support for the entire organizatio has provided research and report sections in support of project</li></ul>	
<ul> <li>Briefly describe the organization's mission:</li> <li>The Sonoran Institute inspires and enables community decisions and public policies that respect land and people of western North Americ public policies that respect land and people of western North Americ Describes the prior Form 900 or 500-E27</li> <li>Did the organization coase concluding, or make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in how it conducts, any program services, and make significant changes in there is a conduct the amount of gramts and allocations to thems, the tubil expenses, make significant changes and completed to report the amount of gramts and allocations to thems, the tubil expenses, and change you was a second se</li></ul>	<ul> <li>Briefly describe the organization's mission:</li> <li>The Sonoran Institute inspires and enables community decisions a public policies that respect land and people of western North Am the proof Form 900 or 900-E27</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>Did the organization sporter services accomplishments for each of lis three largest program services, as measured by exceeding the organization's program service accomplishments for each of lis three largest program services, as measured by exceeding 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) tusts are required to report the anount of grants and alloc others, the total expenses, and revence, if any, for each program service protond.</li> <li>Gente: 1 (Response 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 1, 189, 551. modeling grants of 6, 500.) (Revenues 1 completed intitual research for a Worker Attraction Study in collaboration with the U of A and has provided research and report various projects. They have completed a final report on ecosyst values in the Cache la Poudre watershed and completed reports &amp; for the Western Maricopa Mineral Assessment. The research team provides all GIS analysis and support for the entire organization has provided research and report sections in support of projects. Northern Rockles. The research team has conducted research and collaborated in environmental coallition regarding the proposed 1 for (Revenues 1 (Revenues 1 Grants) Grants and support for the entire organizatio has provided research and report sections in support of project</li></ul>	
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	See Schedule U for Continuation(S)	

Form 990 (2011)			Institute,	Inc.
Part IV Checklist of	Require	d 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	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	X	
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,	0		
'	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			x
9	Schedule D, Part III	8		
3	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	<b></b>		
	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	X	
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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	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	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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	77	X
	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves," complete Schedule F. Parts Land IV	146	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	- 17	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
••	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
n	IL THE TO THE ZUA OID THE OTGATIZATION ATTACK A CONVICT ITE AUDITOR TINANCIAL STATEMENTS TO THE PATHYNY	i vin		

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 Form 990 (2011)
 The Sonoran Institute, Inc.

 Part IV
 Checklist of Required Schedules (continued)

·			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		100	
	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		X
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			x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>^</u>
D	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	OFF		x
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	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 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		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):			
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		X
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			- <del>.</del>
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		
34			х	
35a	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 25	X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	<u>55a</u>		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<b>-</b>
	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			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Pa					
	Check if Schedule O contains a response to any question in this Part V				
		<sub>1a</sub>   32	19494.4	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			v	
_	(gambling) winnings to prize winners?	I I	1c	X	(*
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 55			
	filed for the calendar year ending with or within the year covered by this return		yda fer	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	No. 13
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	•			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b			3b		<b> </b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-		v	
	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		-		<b>.</b>
	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 transa		5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		-		
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b	1.17.1	10.5 (2.1.1)
7	Organizations that may receive deductible contributions under section 170(c).		5.255		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-	_		x
	to file Form 8282?	1 1	7c	an an taonn an stàiteachadh an tao	
d	If "Yes," indicate the number of Forms 8282 filed during the year				1919 (M
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	- Step	10000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			1.1	
~	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year f	8	N. 1943	
9	Sponsoring organizations maintaining donor advised funds.		0-		
a L	Did the organization make any taxable distributions under section 4966?		9a 01-		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••	9b	1.1.1	
10	Section 501(c)(7) organizations. Enter:	100			
a L	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	Section 501(c)(12) organizations. Enter:				
11		11a			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against				
b	amounts due or received from them.)	11b			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12</b> b	140		1980 (M
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
13 a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		104	N, BAA	
h					
u	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			
~					1404
	Enter the amount of reserves on hand		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	ν Γ Ο	14a 14b		<u></u>
<u> </u>	in res, has it need a roll if zo to report these payments (in rio, provide an explanation in Schedu		140		L

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 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			
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	26					
	officer, director, trustee, or key employee?	-	-	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
Ū	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5					
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			223			
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-								
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			9					
Jec	tion <b>D.</b> Policies (This Section B requests information about policies not required by the internal F	levenu				- <u>.</u> .			
					Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a		<b>^</b>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such o								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$	•••••		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy befo	re filing the form?	11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe						
	in Schedule O how this was done			12c		X			
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv			100		1.5.5.5			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dopondon						
_		ſ		45-	x				
	The organization's CEO, Executive Director, or top management official	•••••		15a		X			
b	Other officers or key employees of the organization	•••••		15b		<u> </u>			
	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			1.27	12, 30				
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's	243	1.177	1999			
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $igarlambda AZ$								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sect	ion 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X     Own website     X     Another's website     X     Upon request								
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy	d fina-					
19			or interest policy, an	u nnaf	IUIdi				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion: 🌶	·				
	The Organization - 520-290-0828								
132000	44 E. Broadway Blvd., Suite 350, Tucson, AZ 85701	L			000				
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### 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 paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	) than	ODA	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		from	from related	other
	(describe hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	trustee	al trus		oyee	admo		(		and related
	in Schedule		Institutional trustee	ы	Key employee	Highest compensated employee	2			organizations
· · · · · · · · · · · · · · · · · · ·	0)	lhdi	Insti	Officer	Key	High	Former			
(1) Phil Allsopp									_	_
Director	1.00	X						0.	0.	0.
(2) Patsy Batchelder										
Director	1.00	X						0.	0.	0.
(3) Henri Bisson	1									_
Director	1.00	X	ļ					0.	0.	0.
(4) Andrew Downs	1									
Director	1.00	X	ļ					0.	0.	0.
(5) Chris Duerksen	1									•
Director	1.00	X	ļ				<u> </u>	0.	0.	0.
(6) Louise Glasser	1 00									•
Director	1.00	X			<u> </u>			0.	0.	0.
(7) Paul Walden Hansen	1 00									
Director	1.00	X						0.	0.	0.
(8) Ann Hunter-Welborn	1 00									•
Director	1.00	X						0.	0.	0.
(9) Nyda Jones-Church	1 00			~~				0	0	0
	1.00	X		X				0.	0.	0.
(10) Joseph Kalt	1 00	x						0.	0.	0
Member at Large (11) Suzanne Lewis	1.00	<u>^</u>						0.	U.	0.
Director	1.00	x						0.	0.	0.
(12) Dennis Minano	1.00	<u> </u> ▲						0.	0.	<u> </u>
Vice-Chair	1.00	x		х				0.	0.	0.
(13) Bill Mitchell	1.00			<u></u>				<b>U</b> •	0.	<u>U.</u>
Chair	1.00	x		х				0.	0.	0.
(14) Bryan Morgan	1.00								•	
Director	1.00	x						0.	0.	0.
(15) Alan Nicholson	1.00								••	
Member at Large	1.00	x						0.	0.	0.
(16) Laurinda Oswald										
Director	1.00	x						0.	0.	0.
(17) Chris Perez		- <u>-</u>								
Director	1.00	x						0.	Ο.	0.
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### The Sonoran Institute, Inc. Form 990 (2011)

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Part VII Section A. Officers, Directors, Tru	istees, Key E	mplo	byee	es, a	nd I	High	iest	Compensated Employ	ees (continued)		
(A) Name and title	<b>(B)</b> Average hours per week (describe	(do box offi	not c , unle		C) itior more rson	) than is bol	one Ih an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	Est amo c	(F) imated ount of other
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	frc orga and	ensation om the nization related nizations
(18) Louise Benz Plank			_	<u> </u>	_						
Director	1.00	X			<u> </u>			0.	0.		0.
(19) Buzz Thompson Director	1.00	x						0.	0.		0.
(20) Karen Wade											
Director	1.00	х						0.	0.		0.
(21) Martin Yenawine	1 00	77						· •	0		0
Secretary (22) Luther Propst	1.00	X		X				0.	0.		0.
Executive Director	40.00			x				125,350.	0.		0.
(23) Beth Frantz											
Chief Finance & Admin Offi	40.00			X				104,766.	0.		0.
1b Sub-total		I						230,116.	0.		0.
c Total from continuation sheets to Part VI	I, Section A		· · · · · · · ·	· · · · · · · ·				0.	0.		0.
d Total (add lines 1b and 1c)								230,116.	0.		0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	),000 of reportable		2
										``	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sa				-	-			highest compensated e		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a	iccrue compei	nsati	ion f	rom	any	unr	elat	ted organization or indivi	idual for services	4	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedul	e J f	or st	ich j	pers	son .				5	<u> </u>
1 Complete this table for your five highest co									•	ation fr	om
the organization. Report compensation for	the calendar y	ear e	əndi	ng w	vith	or w	ithir		year.		
(A) Name and business	address	NC	ONE	2				( <b>B)</b> Description of s	ervices C	( <b>C)</b> ompen	sation
											<del>`</del>
					-		_				
							-				
							-			<u>.</u>	
2 Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to	thos	se lis	sted	l above) who received m	nore than	- 11/15	
\$100,000 of compensation from the organiz	-				(			,		Eore O	<b>90</b> (2011)
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# Form 990 (2011) The Sonoran Institute, Inc. Part VIII Statement of Revenue

86-0684610 Page 9

				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
3] 1a	Federated campaigns	1a					
and the second s	Membership dues	1b	-				
c c	Fundraising events	1c	20,354.				
d d	Related organizations						
e	Government grants (contributio	ons) <b>1e</b>	756,487.				
f	All other contributions, gifts, grants	s, and					
	similar amounts not included above	e   1f	3745504.				
a g	Noncash contributions included in lines 1	a-1f: \$					
h h	Total. Add lines 1a-1f		►	4522345.			
			Business Code		an a		ni an tha an ta
2 a	Contract Income		900099	1278894.	1278894.		
Ь	Program Service	Income	900099	6,652.	6,652.		
c							
d d							
2 a b c d e							
f	All other program service rever	nue					
a				1285546.	AND	Alexandra (1983)	an a transform (t
3	Investment income (including o						
	other similar amounts)			33,390.			33,390
4	Income from investment of tax						
5	Royalties	• •	· · · · · · · · ·				
	1.0julio0	(i) Real	(ii) Personal			전 김 사람은 관계 관계	
6.8	Gross rents						
b	· · · · · · · · · · · · · · · · · · ·						
c b	<i>"</i> [						
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securities	(ii) Other				
' ª	assets other than inventory	(i) Securities	783.				
L	Less: cost or other basis						
	and sales expenses	32,094.	533.				
		<32094.	> 250.				
				<31,844.			<31,844
d	5 ( )			<u>,044.</u>		and the second state of th	,0++
8 a	Gross income from fundraising						
	including \$						
	contributions reported on line	•					
b	Part IV, line 18	a					
Ь	Less: direct expenses		14,137.	-14 107			-11 127
	Net income or (loss) from fundr	-	····· P	<14,137.	>	and a second second second	<14,137
9 a	Gross income from gaming act						
	Part IV, line 19						
	Less: direct expenses		<b>&gt;</b>				
	Net income or (loss) from gami	•	······ •	the second second second second second		N. C. A. A. L. M. A.	
10 a	Gross sales of inventory, less r						
	and allowances	а					
1	Less: cost of goods sold						
C C	Net income or (loss) from sales				The second second second		
	Miscellaneous Revenue		Business Code				
11 a			900099	546.	546.		
b	Loss on Exchange	e Rate	900099	<6,528.	> <6,528.	>	
c							
d							
e				<5,982.			
	Total revenue. See instructions.		•	5789318.	1279564.	0.	<12,591

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### 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).

com	Diete columns (B), (C), and (D).	<del></del>			
	Check if Schedule O contains a respor		his Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and	44 000	44.000		
	organizations in the United States. See Part IV, line 21	44,389.	44,389.		
2	Grants and other assistance to individuals in			는 것은 것을 한 것을 알려요. 2011년 1월 19일 년 1월 19 1월 19일 년 1월 1 1월 19일 년 1월 1	
	the United States. See Part IV, line 22				e andre generale e a l'Alexa. Recente de la cale e a l'Alexa.
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			n an talah san	and a straight of the state 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)	<u>0 E10 E20</u>	1 716 210	610 042	106 201
7	Other salaries and wages	2,513,539.	1,716,312.	610,843.	186,384.
8	Pension plan accruals and contributions (include	13 730	10 501	0 645	E02
	section 401(k) and section 403(b) employer contributions)	<u>13,739</u> . 215,597.	10,501.	2,645. 51,078.	593. 18,902.
9	Other employee benefits	213,388.		47,279.	10,902
10	Payroll taxes	213,388.	152,426.	47,279.	13,683.
11	Fees for services (non-employees):				
а	Management	2 880		2 990	
	Legal	3,778.	<u> </u>	3,778.	
	Accounting	21,382.	6,082.	15,300.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	<del>.</del>	a a transformation a star		
f	Investment management fees		<u> </u>		E 17/1
g	Other	593,778.	501,042.	86,995.	5,741.
12	Advertising and promotion		29 660	20 000	2 070
13	Office expenses	59,699.	28,669.	28,060.	2,970.
14	Information technology	·····			
15	Royalties	195,213.	96,374.	98,839.	
16	Occupancy			50,696.	15 9/5
17	Travel	205,480.	138,938.	50,090.	15,846.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	71,413.	39,211.	24,885.	7,317.
19	Conferences, conventions, and meetings	4,754.	39,411.	4,754.	7,317.
20	Interest	4,/54.		4,/J4.	
21	Payments to affiliates	41,587.	33,243.	8,344.	
22	Depreciation, depletion, and amortization	14,177.	4,406.	9,771.	
23	Insurance	· / / ± / ± / / •	<b>±,</b> ±00•		
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 lict line 24e expenses on Schedule (C)				
а	amount, list line 24e expenses on Schedule O.)	162,815.	110,470.	52,225.	120.
a b	Telephone	51,229.	35,080.	15,263.	886.
а С	Training and Seminars	42,062.	13,658.	24,158.	4,246.
d	Field Supplies and Mate	37,569.	30,256.	6,961.	352.
		150,128.	113,768.	25,739.	10,621.
	All other expenses	4,655,716.	3,220,442.	1,167,613.	267,661.
25 26	Joint costs. Complete this line only if the organization		5,220,1120		207,001.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				
			J		

132010 01-23-12

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2011.04020 The Sonoran Institute, Inc. S2315\_1

Form **990** (2011)

08391114 134298 S2315

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Form 990 (2011)

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4

Part X | Balance Sheet

2,084,993.

3,092,624.

31

32

33

34

3,224,217. 4,036,106.

Form 990 (2011)

Pledges and grants receivable, net Accounts receivable, net

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 disgualified 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 7 Notes and loans receivable, net Inventories for sale or use 8 8 10,935. 40,098. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 333,914. basis. Complete Part VI of Schedule D 10a 223,395. 85,254. 110,519. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 990,406. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program related. See Part IV, line 11 13 13 14 Intangible assets 14 229,229. 204,535. Other assets. See Part IV, line 11 15 15 3,092,624. 4,036,106. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 388,148. 366,760. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 573,566. 415,217. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 .iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disgualified persons. Complete Part II of Schedule L ..... 22 18,014. 10,347. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 27,903. 19,565. Schedule D 25 1,007,631. 811,889. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 🕨 🛛 🛣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 301,183. 267,474. Unrestricted net assets 27 27 839,899. 1,795,264. Temporarily restricted net assets 28 28 977,620. 1,127,770. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here 🕨 📙 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30

The Sonoran Institute, Inc.

Cash - non-interest-bearing

Savings and temporary cash investments

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

86-0684610 Page 11

(A) Beginning of year

772,266.

951,120.

15,322.

1,028,498.

1

2

3

4

(B) End of year

748,178.

208,772.

33.

1,733,565.

	1990 (2011) The Sonoran Institute, Inc.	86-068	4610	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,789		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,655		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,133		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,084		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			22.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,224	1,2	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	N.		
2a			.   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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1983		1.12
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
_			Гант	200 /	0044

Form **990** (2011)

132012 01-23-12

(Form 9	DULE A 90 or 990-EZ) of the Treasury mue Service	Complet	l <b>ic Charity St</b> te if the organization is 4947(a)(1) no tach to Form 990 or Fo	a section	501(c)(3) charitable	organiza e trust.	tion or a s	ection		OMB No. 1 20 Open to Inspe	<b>11</b> Publi	The last size
Name of	the organizati						i serie	Τ	Employer i			
			oran Institu							-0684	610	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this par	t.) See inst	tructions				
The organ	nization is not a	a private foundation I	because it is: (For lines 1	l through 1	11, check o	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches descr	ribed in <b>s</b> e	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛄	A hospital or	a cooperative hospi	tal service organization o	described i	in <b>section</b>	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)	(iii). Enter th	ne hospital	s nam	ie,
	city, and stat											<u> </u>
5 📖			benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental u	nit describe	ed in		
		(b)(1)(A)(iv). (Comple	-									
6			ent or governmental unit									
7 X	•	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from th	ne general p	ublic desc	ribed i	n
-		b)(1)(A)(vi). (Comple										
8	•		ection 170(b)(1)(A)(vi).	• •								
9 📖	-	-	eives: (1) more than 33 <sup>-</sup>									
			nctions - subject to certa									
			axable income (less sect	(ion 51   ta	x) from bu	sinesses	acquirea p	by the or	ganization a	itter June J	0, 197	э.
10		509(a)(2). (Complete	perated exclusively to te	at for publi	io opfoty S	e e e e e e e e e e e e e e e e e e e	n 500(a)(/	1)				
10 L	•	• •	perated exclusively to te	•	•			-	m out the		fone	or
			ations described in section									01
	, ,		organization and comple		·		.). 000 300	5001 30			that	
		· · ·			-		tearated		d 🗌	Type III • C	Other	
e 🗌			t the organization is not				0	r more d				in
•			han one or more publicly									
f		-	ten determination from I								\/\/·	
•	5	rganization, check th										
g		•	organization accepted ar									,
5			irectly controls, either al								Yes	No
			upported organization?							11g(i)		
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported or									
		-										
(i) Name	e of supported	(ii) EIN	(iii) Type of	p /	rganization			(vi)	Is the tion in col.	(vii) An	nount o	of
	anization		organization (described on lines 1-9	in col. (i) lis			ion in col.	(i) organ	nized in the	sup		
			above or IRC section	<u> </u>	document?	., .	r support?		.S.?			
		1	(see instructions))	Yes	No	Yes	No	Yes	No			

		163	140	163	NU	163	144
	방송 소양을 실망할						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

<u>Total</u>

86-0684610 Page 2

 
 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.)

2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support							
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 organization's benefit and either paid to or expended on its behalf       4,018,439       3,685,368       3,356,720       4,545,246       4,501,991       20,107,764         3       The value of services or facilities funsified by a governmental unit to the organization without charge organization included on to 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)       4,018,439       3,685,368       3,356,720       4,545,246       4,501,991       20,107,764         7       Arounts from line 4       0       0       0       0       0,007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7       Arounts from line 4       0       26,252.       6,775.       274.       1,029.       33,390.       67,720.         9       Net income from sintar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Pat IV)       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.       20,221,743.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
Include any "unusual grants.")       4,018,439.3,368.3,356,720.4,545,246.4,501,991.20,107,764.         2 Tax revenues level for the organization without charge	1	Gifts, grants, contributions, and							
Include any "unusual grants.")       4,018,439.3,368.3,356,720.4,545,246.4,501,991.20,107,764.         2 Tax revenues level for the organization without charge		membership fees received. (Do not							
2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")	4,018,439.	3,685,368.	3,356,720.	4,545,246.	4,501,991.	20,107,764.	
ization's benefit and either paid to or expended on its behalf	2								
or expended on its behalf		0							
3 The value of services or facilities furnished by a governmental unit to the organization without charge       4,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764,         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,         5 The portion of total contributions by each porson (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.       5 Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2007         (b) 2008       (c) 2009         (c) 2009       (d) 2010       (e) 2011         7 Amounts from line 4       4,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764,         8 Gross income from interest, dividends, payments received on securities lonas, rents, royatiles and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part IV) 326,252.       277.5,274.1,029.33,390.67,720.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV) 320,221,743.       20,221,743. 12         27.5,896,916.4       20,221,743. 12       20,221,743. 12         13 Total support, Add lines 7 through 10       20,221,743. 12         14 Explore the box and atop here       14         Section C. Computation of Public Support Percentage         14 Public suppor				1					
furnished by a governmental unit to the organization without charge yearch 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)       4,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 6,332,007,764, 6,332,007,764, 6,332,007,764, 6,332,007,757, Section B. Total Support         6 Public support. Subment we form line 4.       6,332,007,764, 6,332,007,764, 7,400,108,1991,2008,(e) 2009,(e) 2011,(f) Total 4,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 8,018,439,3,685,368,3,356,720,4,545,246,4,501,991,20,107,764, 9,Nt income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payments received on securities loans, rents, royatiles and income from interest, dividends, payment received on securities loans, rents, royatiles and income from interest, dividends, payment received on securities loans, rents, royatiles and income from interest, dividends the parallal dividence the organization (if divided by line 11, column (f))	3								
the organization without charge       4. 018, 439.       3, 685, 368.       3, 356, 720.       4, 545, 246.       4, 501, 991.       20, 107, 764.         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)       4. 018, 439.       3, 685, 368.       3, 356, 720.       4, 545, 246.       4, 501, 991.       20, 107, 764.         6 Public support. Submet the 6 from line 4.         6, 332, 007.       6, 332, 007.         7 Amounts from line 4             6, 332, 007.         7 Amounts from line 4	•								
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         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       6,332,007       6,332,007         6       Public support. Subtractice 5 from these.       6,332,007       13,775,757         Section B. Total Support       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total 4,018,439         7       Amounts from line 4       4,018,439       3,685,368       3,356,720       4,545,246       4,501,991       20,107,764         8       Gross income from interest, dividends, payments received on securities loans, enets, royatiles and income from similar sources       26,252       6,775       274       1,029       33,390       67,720         9       Net income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       20,221,743       12       5,896,916         13       First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax years as acclos Dicic(3) organization, check this box and stop here       12       5,896,916         14       Eublic support percentage from 2010 (blived by line 11, column (f))       14									
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       6,332,007.         6       Public support       6,332,007.         6       Public support       13,775,757.         Calendar year (or fiscal year beginning in) ►       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7       Amounts from line 4       4,018,439.       3,685,368.       3,356,720.       4,545,246.       4,501,991.       20,107,764.         6       dividends, payments received on securities loans, rents, royatties and income from unstended business activities, whether or not the business is regularly carried on	4		4 018 439.	3 685 368.	3 356 720.	4 545 246.	4 501 991.	20,107,764.	
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 6 from line 4. Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sinital sources activities, whether or not the business is regularly carded on roles from the ale of capital assets (Explain In Part IV). 11 Total support. Add lines 7 through 10 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 test - 2011 (the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. 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 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 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 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 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 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 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 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 did not c					PAR A PARA A ANA				
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, 6,232,007, 6,332,007, 6,332,007, 6,332,007, 6,332,007, 6,332,007, 6,332,007, 6,332,007, 6,332,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,007, 6,032,021,103, 12,022,1743, 12,022,1743, 12,022,1743, 12,022,1743, 12,022,1743, 12,022,1743, 12,022,1743, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,029,033,390,67,720, 12,020,021,10,00,00,00,00,00,00,00,00,00,00,00,00	5	그는 것 같은 것 같							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       6,332,007, 5,332,007, 6         6 Public support: Subtract line 3 from line 4.       13,775,757.         Section B. Total Support       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7 Amounts from line 4       4,018,439.       3,685,368.       3,356,720.       4,545,246.       4,501,991.       20,107,764.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties 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 or loss from the sale of capital assets (Explain in Part IV.)       26,252.       6,775.       5,692.       46,259.         11 Total support. Add lines 7 through 10       12       5,896,916.       12       5,896,916.         13 First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(c)(3) organization, check this box and stop here       14       68.12 %         14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14       68.12 %         15 Total or proganization qualifies as a publicly supported organization       13       13       70.10 %									
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6,332,007, 6 Public support. Subtrate line 5 from line 4. 6,332,007, 6 Public support. Section B. Total Support Calendary year (of fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources. 9 Net income from nurelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part IV) 11 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV). 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 <b>Section C. Computation of Public Support Percentage</b> 14 Public support test - 2011. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization ciden of qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization ciden ot check the 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 b 33 1/3% support test - 2010. If the organization ciden ot check the 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 and stop here. The organization ciden ot check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization ciden ot check the 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 and stop here. The organization did not check the box on line 13 or 16a, a		• • • •							
amount shown on line 11, column (f)       6,332,007,         6       Public support. Subtract line 5 from line 4.       13,775,757.         Calendar year (or liseal year beginning in)       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7       Amounts from line 4       4,018,439.       3,685,368.       3,356,720.       4,545,246.       4,501,991.       20,107,764.         8       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       26,252.       6,775.       274.       1,029.       33,390.       67,720.         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.         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 2011 (line 6, column (f) divided by line 11, column (f))       14       68.12 %         15       Public support test - 2011. If the orga									
column (f)       6,332,007.         6 Public support. Subtract line 5 from line 4.       13,775,757.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7 Amounts from line 4       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties 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       26, 252.       6, 775.       274.       1, 029.       33, 390.       67, 720.         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       12       5, 896, 916.       20.       20.       21.743.         12 Gross receipts from related activities, etc. (see instructions)       12       5, 896, 916.       5       70.10.9         14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (fi)       14       68.12.9       15         14 Public support percentage from 2010 Schedule A, Part II, line 14.       15       70.10.9       16									
6       Public support. Subtract line 5 from line 4.       13,775,757.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7       Amounts from line 4       4,018,439.       3,685,368.       3,356,720.       4,545,246.       4,501,991.       20,107,764.         8       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       20,221,743.       20,221,743.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       20,221,743.       20,221,743.         12       Gross receipts from related activities, etc. (see instructions)       12       5,896,916.         13       First five years. If the Fom 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.       14       68.12.9         Section C. Computation on Public Support Percentage         14       Public support test - 2010. If the organization did not check tho xon line 13, and line 14		column (f)						6 332 007	
Section B. Total Support         Calendar year (or fiscal year beginning in)         (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7 Amounts from line 4       4,018,439       3,685,368       3,356,720       4,545,246       4,501,991       20,107,764         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       26,252       6,7775       274       1,029       33,390       67,720         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV)       20,252       6,7775       5,692       46,259         11 Total support. Add lines 7 through 10 or loss from related activities, etc. (see instructions)       12       5,896,916       20,221,743         12 Gross receipts from related activities, etc. (see instructions)       12       5,896,916       14       68 .12 %         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       14       68 .12 %         14       0.00000000000000000000000000000000000	~	• • • • • • • • • • • • • • • • • • • •	APPENSE STOLESSEE		anna an a' Chiann a' Chiann a' Chiann a' Ch			in a second second second	
Calendar year (or fliscal year beginning in)       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total         7 Amounts from line 4       4, 018, 439       3, 685, 368       3, 356, 720       4, 545, 246       4, 501, 991       20, 107, 764         8 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       26, 252       6, 775       274       1, 029       33, 390       67, 720         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       20, 221, 743       20, 221, 743         12 Gross receipts from related activities, etc. (see instructions)       12       5, 896, 916         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c/(3) organization, check this box and stop here       Image: second stop for the organization of Public Support Percentage         14 Public support percentage from 2010 Schedule A, Part II, line 14       15       70.10 %         13 3 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X </th <th></th> <th></th> <th>a second and the second</th> <th></th> <th></th> <th></th> <th></th> <th>13,773,757.</th>			a second and the second					13,773,757.	
7 Amounts from line 4       4,018,439.3,685,368.3,356,720.4,545,246.4,501,991.20,107,764.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on       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       26,252.6,775.274.1,029.33,390.67,720.         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       20,221,743.         12 Gross receipts from related activities, etc. (see instructions)       12 5,896,916.         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       14 688.12 %         14 Public support percentage for 2010 Schedule A, Part II, line 14.       15 70.10 %         16a 33 1/3% support test - 2011. If the organization dual fine the k box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         33 1/3% support test - 2010. If the organization dual 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       X			() 0007	(1) 0000	() 0000	( 1) 0010	( ) 0011		
8       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 or loss from the sale of capital assets (Explain in Part IV.)       26,252.6,775.274.1,029.33,390.67,720.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       40,567.5,692.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,2									
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       26,252.6,775.274.1,029.33,390.67,720.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       40,567.5,692.46,259.46,259.46,259.         11 Total support. Add lines 7 through 10       20,221,743.12         12 Gross receipts from related activities, etc. (see instructions)       12 5,896,916.         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         14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14 68.12 %         15 Public support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2010. 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			4,018,439.	3,000,300.	3,350,720.	4,545,240.	4,501,991,	20,107,704.	
securities loans, rents, royalties and income from similar sources 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.) 11 Total support. Add lines 7 through 10 20, 221, 743. 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 <b>Section C. Computation of Public Support Percentage</b> 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2010 Schedule A, Part II, line 14 15 Tot. 10 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. 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	8	,							
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       67,720.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       40,567.5,692.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.46,259.4									
9 Net income from unrelated business activities, whether or not the business is regularly carried on		· · ·		C 995	0.74	1 0 0 0	22 200		
activities, whether or not the business is regularly carried on       10         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       40,567.5,692.         11       Total support. Add lines 7 through 10       20,221,743.         12       Gross receipts from related activities, etc. (see instructions)       12       5,896,916.         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)			26,252.	6,775.	274.	1,029.	33,390.	67,720.	
business is regularly carried on	9	Net income from unrelated business							
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       40,567.5,692.46,259.46,259.46,259.         11       Total support. Add lines 7 through 10       20,221,743.         12       Gross receipts from related activities, etc. (see instructions)       12       5,896,916.         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         14       Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14       68.12 %         15       Public support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33       1/3% support test - 2010. 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       X		activities, whether or not the							
or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 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 2011 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2010 Schedule A, Part II, line 14 16 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. 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 b 33 1/3% support test - 2010. 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 b 33 1/3% support test - 2010. 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 b 33 1/3% support test - 2010. 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 b 33 1/3% support test - 2010. 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		business is regularly carried on							
assets (Explain in Part IV.)       40,567.5,692.       46,259.         11 Total support. Add lines 7 through 10       20,221,743.         12 Gross receipts from related activities, etc. (see instructions)       12 5,896,916.         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         14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14 68.12 %         15 Public support percentage from 2010 Schedule A, Part II, line 14       15 70.10 %         16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2010. 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       X	10	Other income. Do not include gain							
<ul> <li>11 Total support. Add lines 7 through 10</li> <li>20, 221, 743.</li> <li>12 Gross receipts from related activities, etc. (see instructions)</li> <li>12 5, 896, 916.</li> <li>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</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 088.12 %</li> <li>15 Public support percentage from 2010 Schedule A, Part II, line 14</li> <li>15 70.10 %</li> <li>16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>13 31/3% support test - 2010. 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</li> </ul>		or loss from the sale of capital							
12       Gross receipts from related activities, etc. (see instructions)       12       5,896,916.         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       >         14       0       0.00000000000000000000000000000000000		assets (Explain in Part IV.)			40,567.	5,692.			
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       68 • 12 %         15       70 • 10 %         16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2010. 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	11	Total support. Add lines 7 through 10				and a state part of the	n selas contra e statuta e		
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 70.10 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. 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	12	Gross receipts from related activities,	etc. (see instructi	ons)			12 5	<u>,896,916.</u>	
Section C. Computation of Public Support Percentage         14       68.12 %         15       Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14       68.12 %         15       Public support percentage from 2010 Schedule A, Part II, line 14       15       70.10 %         16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2010. 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       X	13	First five years. If the Form 990 is for	r the organization's	s fi <b>rst</b> , second, thire	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
14       Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))       14       68 • 12 %         15       Public support percentage from 2010 Schedule A, Part II, line 14       15       70 • 10 %         16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2010. 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       X		organization, check this box and stop	here					<u></u>	
<ul> <li>15 Public support percentage from 2010 Schedule A, Part II, line 14</li></ul>		-		·····					
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2010. 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							14	/0	
stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2010. 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							15		
<b>b 33 1/3% support test - 2010.</b> 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	16a	33 1/3% support test - 2011. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	x and	
and <b>stop h</b> ere. The organization qualifies as a publicly supported organization		$\operatorname{stop}$ here. The organization qualifies	as a publicly supp	orted organization				► 🚺	
	b								
		and stop here. The organization qual	ifies as a publicly s	supported organiza	ition				
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization		and if the organization meets the "fac	ts-and-circumstan	cès" test, check th	is box and <b>stop h</b>	ere. Explain in Pa	rt IV how the organ	ization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization			
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b								
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	18	8		0	· ·	, II 6		s <b>&gt;</b>	

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

# Schedule A (Form 990 or 990 EZ) 2011 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.)

Sec	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.")						
2	Gross receipts from admissions,						am. 4
	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						•••••••••••••••••••••••••••••••••••••••
·	are not an unrelated trade or bus-						
	iness under section 513						
л	Tax revenues levied for the organ-						
т	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~		-			1		
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
F	3 received from disqualified persons Amounts included on lines 2 and 3 received				-		
L	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	weight er sitt veist bitter bitter		- The Area Care and a major state of the Area Care and the Area and the Area Care and the Area Area Area Area Area Area Area Are	n There is a weather and the second		
	Public support (Subtract line 7c from line 6.)	and the second	and the second se	and the second			
		(-) 0007	(1-) 0000	(-) 0000	(-1) 0010	(-) 0011	(f) Tatal
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
108	e 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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		(s				
	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 first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiza	ation,
	check this box and stop here						<u></u>
Se	ction C. Computation of Pub	ic Support Pe	rcentage			r	
15	Public support percentage for 2011 (	line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve					<u>i i i i i i i i i i i i i i i i i i i </u>	
17	Investment income percentage for 20	<b>)11</b> (line 10c, colur				17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2011.</b> If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than :	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2010. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, ch	eck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check i	this box and see in	structions	
1320	23 01-24-12				Sch	nedule A (Form 990	) or 990-EZ) 201

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SCHEDULE C	P	olitical Campaign	and Lobbvir	na Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incom	-	-	27	2011
Department of the Treasury Internal Revenue Service	Complete	e if the organization is describe	ed below. ► Attach t ate instructions.	to Form 990 or Form 9	990-EZ.	Open to Public Inspection
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization</li> <li>If the organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization answ</li> </ul>	anizations: Con than section 5 ations: Complete vered "Yes" to anizations that anizations that vered "Yes" to	Form 990, Part IV, line 3, or For aplete Parts I-A and B. Do not co D1(c)(3)) organizations: Complete e Part I-A only. Form 990, Part IV, line 4, or For have filed Form 5768 (election ur have NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Proxy	m 990-EZ, Part V, lin mplete Part I-C. Parts I-A and C below m 990-EZ, Part VI, lin ider section 501(h)): C on under section 501(	v. Do not complete Parl ne <b>47 (Lobbying Activi</b> Complete Part II-A. Do n (h)): Complete Part II-B.	t I-B. it <b>ies), the</b> not comple . Do not c	n ete Part II-B. omplete Part II-A.
<ul> <li>Section 501(c)(4), (5)</li> <li>Name of organization</li> </ul>	, or (6) organiza	tions: Complete Part III.		E	Employer	identification number
Part I-A Comple	The Son	oran Institute, I janization is exempt und	Inc.		8	6-0684610
<ul><li>2 Political expenditure</li><li>3 Volunteer hours</li></ul>	əs	ation's direct and indirect politica			►\$	
		janization is exempt und			▶\$	
		incurred by the organization und incurred by organization manage				
<b>3</b> If the organization ir	ncurred a sectic	n 4955 tax, did it file Form 4720 f	for this year?			Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt und	er section 501(c)	. except section {	501(c)(3	).
<ol> <li>Enter the amount of exempt function act</li> <li>Total exempt function</li> </ol>	the filing organ ivities on expenditures	d by the filing organization for sec ization's funds contributed to oth . Add lines 1 and 2. Enter here a	ner organizations for s nd on Form 1120-POL	ection 527	▶\$ ▶\$ ▶\$	
		1120-POL for this year?				Yes No
made payments. Fo contributions receiv	r each organiza ed that were pr	nployer identification number (EII tion listed, enter the amount paic omptly and directly delivered to a additional space is needed, provi	from the filing organi. separate political org	zation's funds. Also en janization, such as a se	ter the an	nount of political
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	(d) Amount paid fra filing organization funds. If none, enter	's con r-0 F d	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0
For Paperwork Reduction	on Act Notice	see the Instructions for Form 9	90 or 990-EZ	Schedu	le C (For	m 990 or 990-EZ) 2011

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Schedule C (Form 990 or 990 EZ) 2011 The Sonoran Institute, Inc.		684610 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and fi (election under section 501(h)).	led Form 5768	
<ul> <li>A Check ► □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures).</li> <li>B Check ► □ if the filing organization checked box A and "limited control" provisions apply.</li> </ul>	d group member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,322.	
c Total lobbying expenditures (add lines 1a and 1b)	2,322.	
d Other exempt purpose expenditures	4,674,340.	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,676,662.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	383,833.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	f line 1f)	95,958.	a an
b Subtract line 1g from line 1a If zero or less e		0.	

h	Subtract line 1g from line 1a. If zero or less, enter -0-	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	
	If there is an amount other then zero on either line theor line to did the organization file Form 4720	

j If there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year? ..... 

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five

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)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total			
2a Lobbying nontaxable amount	406,249.	394,228.	379,672.	383,833.	1,563,982.			
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					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	3							

Schedule C (Form 990 or 990-EZ) 2011

0.

Yes

No No

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### 86-0684610 Page 3

## Schedule C (Form 990 or 990 EZ) 2011The Sonoran Institute, Inc.86-068461Part II-BComplete 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)	(1	)
	lobbying activity.	Yes	No	Amo	ount
1 	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?				
b	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?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	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)?			110000	
	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	See al			
Ь	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			i kana a	a test est est est est est est est est es
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).				
			<b></b>	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	<u> </u>	
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?	FO4/-	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)   "No" OF	)(5), or s R (b) Par	ection t III-A, lir	ne 3, is
	answered "Yes."			, <u> </u>	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?				-
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	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	i Part II-B, I	ine 1. Also,	complete
this p	part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2011

132043 01-27-12

### SCHEDULE D

### (Form 990)

### Department of the Treasury Internal Revenue Service

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

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.



lame of the organization The Sonoran Institute, Inc.	Employer identification numbe 86-0684610
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	
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	
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised</li> </ul>	funds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	rically important land area
Image: Second and the pashe dec (sign) recreation of orderation of orderation of a certifie         Image: Second and the pashe dec (sign) recreation of orderation of orderation of a certifie         Image: Second and the pashe dec (sign) recreation of orderation of orderation of a certifie         Image: Second and the pashe dec (sign) recreation of orderation of orderation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) recreation of a certifie         Image: Second and the pashe dec (sign) re	
X 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 Yea
a Total number of conservation easements	2a 1
Isted in the National Register         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
year > 0	- <u>a</u>
4 Number of states where property subject to conservation easement is located ▶1	
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of</li> </ul>	
violations, and enforcement of the conservation easements it holds?	Yes X N
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements duri	
<ul> <li>Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during th</li> </ul>	
<ul> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)</li> </ul>	
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIV, describe how the organization reports conservation easements in its revenue and expense si</li> </ul>	······································
include, if applicable, the text of the footnote to the organization's financial statements that describes the	
	o organization o accounting for
conservation easements. Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	nt and balance sheet works of art.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
the text of the footnote to its financial statements that describes these items.	
<ul> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a</li> </ul>	nd balance sheet works of art, historic
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	> \$
	• •
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial g</li> </ul>	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► ¢
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	• •
	Schedule D (Form 990) 20
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	3000000 D (F0111 330) 20

Sche		oran Instit							) Page <b>2</b>
Par	t III   Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	t are a s	ignificant us	se of its	collection	items
	( <u>check all that apply</u> ):								
а	Public exhibition	d		hange progra	ms				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatic	on's exe	mpt purpos	e in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	ər simila	r assets	r	7	<u> </u>
	to be sold to raise funds rather than to be ma							Yes	L No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "	'Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							<b>л</b>	<u> </u>
	on Form 990, Part X?				•••••		L_	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			<del>_</del>			······································
								Amount	
С	Beginning balance					· · ·			
d	Additions during the year				•••••				
е	Distributions during the year								
f	Ending balance							1	1 1
	Did the organization include an amount on F		21?			•••••	L	Yes	L No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete i						- un boot	( ) [ aut	usara baali
		(a) Current year	(b) Prior year	(c) Two year	S DACK	(d) Three ye	ars back	(e) rour	years back
	Beginning of year balance	150.150	000 000						
	Contributions	150,150.	977,620.					an an a' Bhargh	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							eren en formen. Eren er er er er	
е	Other expenditures for facilities								
	and programs								ante entre en 1997 - Entre
f	Administrative expenses	1 100 000	077 (00					BERGE BERGER	
g	End of year balance	1,127,770.	977,620.					19.200 States	
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ▶ 100.00	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c shot	•				u			
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ina administe	rea for i	ine organiza	ation	Г	Yes No
	by:								
	(i) unrelated organizations						•••••	3a(i)	
	(ii) related organizations								
	If "Yes" to 3a(ii), are the related organization	-		••••••	•••••		•••••	30	I
4	Describe in Part XIV the intended uses of the t VI Land, Buildings, and Equipn								
га				t or other	(0) (	ccumulated	1	(d) Bool	
	Description of property	(a) Cost or o basis (investn		(other)		preciation		(u) 600r	Value
	Land	·····				<u></u>	a sa ja		
					·····	·, · · · · ·		· · · · ·	
	Buildings			3,125.		3,12	5.		0.
	Leasehold improvements		27	4,484.		$\frac{3,12}{149,22}$		8	5,256.
	Equipment			6,305.		71,04			5,263.
	Other Add lines 1a through 1e. (Column (d) must e								0,519.
Tota	Adu intes la tritough le. (Column (d) must e	iyuari onn 330, r'all		<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	chedule		990) 2011
						0		- 1. 2010	,

	an Institute,		86-0684610	) Page <b>3</b>
Part VII Investments - Other Securities.	See Form 990, Part X, line			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value		(c) Method of valuation: t or end of-year market value	
(1) Financial derivatives				,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				Real Provide
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	►			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	ie 13.		
(a) Description of investment type	<b>(b)</b> Book value	Cos	(c) Method of valuation: t or end-of-year market value	
(1)				
(3)				
(4)				,
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•	Alternation and a second		and der ex
Part IX Other Assets. See Form 990, Part X, I				
	(a) Description		(b) Book	: value
(1) Advance to Rincon Instit	tute			3,131.
(2) Deposits			1	1,404.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		20	4,535.
Part X Other Liabilities. See Form 990, Part	t X, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Capital Lease Obligation	n	19,565.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			: : : : : : : : : : : : : : : : : : :	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.) 🕨	19,565.	a educa je je do na educa je je do na se	nier
2. FIN 48 (ASC 740).	ote to the organization s financial s	tatements that reports the organ	ization a nability for uncertain tax positions of	
132053 01-23-12			Schedule D (Forr	n 990) 2011
		27		

Sche	dule D (Form 990) 2011 The Sonoran Institute, Inc.		684610 Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stat	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		5,789,318.
2	Total expenses (Form 990, Part IX, column (A), line 25)		4,655,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1,133,602.
4	Net unrealized gains (losses) on investments		5,622.
5	Donated services and use of facilities 5		
6	Investment expenses 6		
7	Prior period adjustments 7	R-1	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		5,622.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,139,224.
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	5,815,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.5.2.2	
- a	Net unrealized gains on investments 2a 5,622	•	
b	Donated services and use of facilities 2b 6,809		
	Recoveries of prior year grants 2c	-	
с С			
d			26,568.
e	Add lines 2a through 2d		5,789,318.
3	Subtract line 2e from line 1	3	5,705,510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	- 41	
b	Other (Describe in Part XIV.)	-	0
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,789,318.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
1	Total expenses and losses per audited financial statements	1	4,676,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 6,809	<u>-</u>	
b	Prior year adjustments 2b	_	
С	Other losses 2c		
d	Other (Describe in Part XIV.) 2d 14,137	•	
е	Add lines 2a through 2d	<b>2</b> e	20,946.
3	Subtract line 2e from line 1	3	4,655,716.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.) 4b		
	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,655,716.
Pa	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and 2	2b: Part V. line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any a		
Pai	rt II, line 9: No disclosure of the conservation easement	has	been
			· · · · · · · · · · · · · · · · · · ·
mar	le on the organization's financial statements as the ease	ment	does not
	to on one organization o lindholdi pouromento, ap the task		
nro	ovide any future benefit to the organization.		
$\overline{\mathbf{p}}$	Vide any ideale benefit to the organization.		
Das	rt V, line 4: The investment earnings from the endowment	aift	wi 11
Pa.	t v, line 4: the investment eathings from the endowment	JTTC	WIII
1	ward for general institutional support		
<u>be</u>	used for general institutional support.		
_		<b>L</b>	
Par	rt X, Line 2: The Institute is exempt from federal income		
485-		Sched	ule D (Form 990) 2011
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 2011.04020 The Sonoran Institute, Inc. S2315\_1

Schedule D (Form 990) 2011	The Sonoran	Institute,	Inc.	86-0684610 Page 5
Part XIV Supplemental Info	vrmation (continued)			
Section 501(c)(3),	as confirmed	by a deter	mination letter	issued by the
Internal Revenue So	ervice and is	classified	as other than	a private
foundation under I	RC Section 50	9(a)(1). Th	e Institute als	o qualifies for
the charitable con	tribution ded	uction unde	r IRC Section 1	.70(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

Part XIII, Line 2d - Other Adjustments:

Special Event Expenses

Schedule D (Form 990) 2011

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SCHEDULE F (Form 990)		Complete if the	vities Outside the Un organization answered "Yes" to For Part IV, line 14b, 15, or 16.			в No. 1545-0047 2011
Department of the Treasury Internal Revenue Service		Attach to F	orm 990. 🕨 See separate instructio	ns.	Ol In	pen to Public spection
Name of the organization		·····			Employer identifie	cation number
The Sonoran Ins	tituto	Tnc.			86-068461	0
Part I General Info	mation on A	ctivities Out	tside the United States. Compl	ete if the organi		
to Form 990, Par	t IV, line 14b.					
			ds to substantiate the amount of its gr the selection criteria used to award the			Yes 🗌 No
United States.			procedures for monitoring the use of it		her assistance outs	ide the
	1		an be duplicated if additional space is		ity listed in (d)	(f) Total
(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)	is a prog describe	ity listed in (d)  ram service, specific type e(s) in region	expenditures for and investments in region
Mexico	1	. 15	Mexico Field Office	Field Activ	ities	640,190.
		-				
,						
3 a Sub-total	1	L 15	the contraction of the second second second	· · ·		640,190.
b Total from continuation						-
sheets to Part I	(	) 0	<ul> <li>A state of the sta</li></ul>	1. A. A. 1. 14 An.		0.
c Totals (add lines 3a and 3b)		L 15				640,190.
ana 00/			I			

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Schedule F (Form 990) 2011

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-	(h) ISS code sertion		(H) Dimosa of		(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	لد ل	cash disbursement		of non-cash assistance	valuation (book, FMV, appraisal, other)

01-23-12

Page 3	<ul> <li>(h) Method of valuation (book, FMV, appraisal, other)</li> </ul>					- F I' 0000 0044	Schedule F (Form 990) 2011
/, line 16.	(g) Description of non-cash assistance						Sched
86-0684610 s° to Form 990, Part IV	(f) Amount of non-cash assistance						
F (Form 990) 2011 The Sonoran Institute, Inc. 86-0684610 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.	(e) Manner of cash disbursement						
, <u>Inc</u> . tes. Complete if t	(d) Amount of cash grant						
nstitute e the United Sta	 (c) Number of recipients						
The Sonoran Institute, nee to Individuals Outside the United State	(b) Region						
Schedule F (Form 990) 2011 The Sonoran In Part III Grants and Other Assistance to Individuals Outside	(a) Type of grant or assistance						

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

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SCHEDULE G (Form 990 or 990-EZ)	5	Supplemental Inform Fundraising or Ga	nati Imin	on g A	Regarding Activities	-	омв №. 1545-0047
Department of the Treasury Internal Revenue Service	or if t	f the organization answered "Yes he organization entered more tha Attach to Form 990 or Form 990-E	n \$15,0	00 or	n Form 990-EZ, line	6a.	Open To Public Inspection
Name of the organization						Employer 86-068	dentification number
Part I Fundraisi		oran Institute, Ir Complete if the organization answ		'es" to	Form 990, Part IV, I		
required to c     required to c     required to c     I Indicate whether the     a    Mail solicitation     b    Internet and c     c    Phone solicitation     d    In-person solicitation	ons email solicitations ations icitations	ed funds through any of the followi e Solicita	tion of tion of fundra	non-g gover ising (	overnment grants nment grants events		
key employees liste	ed in Form 990, P highest paid indi	art VII) or entity in connection with privial or entities (fundraisers) pure	profess	ional f	undraising services?		Yes No to be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	y) to (or retained by)
			Yes	No			
	the set of						
	- 1- 1-000						
W MART							
Total			- <b>-</b>	•			
		on is registered or licensed to solicit		oution	s or has been notifie	d it is exempt fro	m registration
· · · · · · · · · · · · · · · · · · ·							
LHA Paperwork Reduc	tion Act Notice,	see the Instructions for Form 990	) or 99(	)-EZ,		Schedule G (	Form 990 or 990-EZ) 2011

# Schedule G (Form 990 or 990 EZ) 2011 The Sonoran Institute, Inc. 86-0684610 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross recei	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Donor		None	(add col. (a) through
			Receptions			col. (c))
e			(event type)	(event type)	(total number)	
Revenue			00.054			20.254
Re	1	Gross receipts	20,354.			20,354.
	2	Less: Charitable contributions	20,354.			20,354.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ŝes	5	Noncash prizes				
ens						
Å	6	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
Direct Expenses						
Din	7	Food and beverages				
		Entertainment				
	8	Other direct expenses				14,137.
	10	Direct expense summary. Add lines 4 through		<u> </u>	•	
		Net income summary. Combine line 3, colum			•••••••••••••••••••••••••••••••••••••••	( <u>14,137</u> , <14,137.;
Pa	art	<b>III Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dia #2	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ľ.	1	Gross revenue				
					*****	
ņ	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs			10-2-1419-7	
Ц						
-	5	Other direct expenses			<u>.</u>	
			<b>Yes</b> %	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)	••••••	🕨	)
					•	
	8	Net gaming income summary. Combine line	1, column d, and line /			
-	-					
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ad				
Ľ	) IT "	'No," explain:				
10-		ere any of the organization's gaming licenses r	evoked suspended or te	rminated during the tax	/ear?	Yes No
		Yes," explain:	-		, ·	
•		· · · · · · · · · · · · · · · · · · ·				
	•					
1320	82 0	1-23-12			Schedule G (Fo	orm 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011

35

Schedule G (Form 990 or 990-EZ) 2011 The Sonoran Institute, Inc.	86-0684	610	Page 3
11         Does the organization operate gaming activities with nonmembers?			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	🗌 No
13 Indicate the percentage of gaming activity operated in:		1	
a The organization's facility	13a		%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record			
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 amou	Int		
of gaming revenue retained by the third party <b>&gt;</b> \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name 🕨			
		•	
Gaming manager compensation 🕨 \$			
Description of services provided <b>&gt;</b>			
Description of services provided 🕨			
· · · · · · · · · · · · · · · · · · ·			
Director/officer Employee Independent contractor			
<ul><li>17 Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li></ul>			
		Yes	No
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		100	110
organization's own exempt activities during the tax year > \$	ii uie		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	mns (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 info			
· ·			
·			
132083 01-23-12 Schedule 36	G (Form 990	or 99(	)-EZ) 2011

08391114 134298 S2315 2011.04020 The Sonoran Institute, Inc. S2315\_1

SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations n the United Stat	s		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo ▶ Attach to Form 990.	to Form 990, Part n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization The Sonoran	an Institute	ute, Inc.					Employer identification number $86-0684610$
	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?	ioring the use of grant	funds in the United	l States.			A Yes No
1 E	Governments and	d Organizations in the	• United States. Co	omplete if the orga	nization answered "Y	ons in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
_	\$5,000. Check this	s box if no one recipien	it received more tha	an \$5,000. Part II	can be duplicated if a	additional space is need	ded
1 (a) Name and address of organization     (b) EIN     (c) IRC section     (d) Amount of cash grant     (e) Amount of non-cash grant     (f) Method of valuation (book, non-cash grant     (g) Description of non-cash grant       or government     or government     if applicable     cash grant     assistance     other)	( <b>9</b> )	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Future West							Creation of a
P.O. Box 1253							comprehensive Park County
Bozeman, MT 59771	27-1277635	501(c)(3)	5,000.	•0			Atlas.
						-	Help landowners and
Gallatin Valley Land Trust							producers connect, and to
P.O. Box 7021							identify parcels of land
Bozeman, MT 59771	81-0465413	501(c)(3)	5,000.	0.			that are ideally suited
Greater Gallatin Watershed Council							Community outreach on the
P.O. Box 751							exempt groundwater well
Bozeman, MT 59771	13-4293305	501(c)(3)	2,250.	.0			issues.
Park County Environmental Council P.O. Box 164							Increase knowledge and
Livingston, MT 59047	36-3699660	501(c)(3)	5,000.	.0			support of zoning.
							Community outreach to
Trout Unlimited							
321 East Main St., Suite 411							awareness of the impact
Bozeman, MT 59715	38-1612715	501(c)(3)	3,750.	.0			of exempt wells.
2 Enter total number of section 501(c)(3) and government organizations	and government o		listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for For See Part IV for Column (	, see the Instruct IV for Co	н 98 14 19 19	o. descriptions	Ø			Schedule I (Form 990) (2011)
	       	ì	37				

132101 01-27-12

Schedule I (Form 990) (2011) The Sonoran Insti	tute,	Inc.			86-0684610 Page 2	<u>e</u>
r Assistance to plicated if additic	<b>iited States.</b> Com	plete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22.		
(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.	ide the information	n required in Part I,	, line 2, and any other	additional information.		
Schedule I, Part I, Line 2: Sonoran	an Institute	ute screens	ıs applicants	ts by using		I
an application for describing the		grant requirements	and	availability.		
<u>The application requests many deta</u>	details incl	including app	applicant qual	qualifications,		
<pre>expectations, 501(c)(3) status, and</pre>	ıd financial		information. Su	Successful		
applicants receive a grant award l	letter which		enumerates major			
requirements. Final reports summa	summarizing tl	their efforts,	rts, results	s, and		
spending are required.						
<pre>Part II, line 1, Column (h):</pre>						
130100 01-02-10		38			Schedule I (Form 990) (2011)	111

chedule I (Form 990) 2011 The S Part IV Supplemental Information	Sonoran Institute, Inc.	86-0684610 Pa
· · · · · · · · · · · · · · · · · · ·	Government: Gallatin Vall	ey Land Trust
h) Purpose of Grant or	Assistance: Help landowne	ers and producers
connect, and to identify	y parcels of land that are	ideally suited for
local food production.		
	n an	
		,
	a particular and a state of the	
445°n		
waa maana a dhi da aa a dhi dha Madharana ya ay ay ah a sa ah a sa ah dha baay ay a		Ostadula 1/Farra 00/
		Schedule I (Form 990
		OMB No. 1545-0047
----------------------------	------------------------------------------------------------------------	-------------------
SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	2011
(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.	Open to Public
Department of the Treasury	Attach to Form 990 or 990-EZ.	Inspection

Name of the organization

Internal Revenue Service

Employer identification number 86-0684610

Form 990, Part I, Line 1, Description of Organization Mission:

The Sonoran Institute, Inc.

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. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 40

2011.04020 The Sonoran Institute, Inc. S2315\_1

Schedule O (Form 990 or 990 EZ) (2011)	Page <b>2</b>
Name of the organization The Sonoran Institute, Inc.	Employer identification number $86-0684610$
The Northern Rockies program also continued to provide la	nd use
planning assistance to three communities in the Northern	Rockies: Teton
County, Idaho; Gallatin County, Montana, Sheridan County,	Wyoming, and
Carbon County, Wyoming. In Gallatin County, we awarded \$2	5,000 in small
grants to six local organizations, and started the Gallat	in Valley 2050
planning process. In Teton County, we assisted the county	government in
dealing with the phenomenon of defunct subdivisions. In S	heridan
County, we held workshops promoting conservation developm	ent. In Carbon
County, we are assisting the local community organization	Voices of the
Valley, as they seek to prepare the community for signifi	cant energy
development.	
Form 990, Part III, Line 4d, Other Program Services:	

Other Program Services

Expenses \$ 899,193. including grants of \$ 16,889. Revenue \$ 426,666.

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.

41

Form 990, Part VI, Section C, Line 19: Documents are available upon

request.

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

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

chedule O (Form 990 or 990 EZ) (2011) ame of the organization	Page 2 Employer identification number 86-0684610
The Sonoran Institute, Inc.	86-0684610
et unrealized gains on investments:	5,622
······································	
·	
	· · · · · · · · · · · · · · · · · · ·
132212 J1-23-12	Schedule O (Form 990 or 990-EZ) (201

08391114 134298 S2315 2011.04020 The Sonoran Institute, Inc. S2315\_1

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	<ul> <li>▶ Complete if the organizations and Unrelated Partnerships</li> <li>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>▶ Attach to Form 990.</li> </ul>	rganizations and Unrelated Partnerships zation answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 ch to Form 990. ► See separate instructions.	r <b>tnerships</b> ne 33, 34, 35, 36, ictions.	or 37.		OMB No. 1545-0047 2011 Open to Public Inspection	-0047 iblic
Name of the organization	The Sonoran In	Institute, Inc.				Employer identification number 86-0684610	tification nu 4610	mber
Part I Identification of	of Disregarded Entities (Complet	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	to Form 990, Part IV, line 33	(-				
Name, ac of disre	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity	
Part II organizations du	Identification of Related Tax-Exempt Organize organize organizations during the tax year.)	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.)	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one (	or more related tax-e	xempt	
Name, ac of relate	(a) Name, address, and EIN of related organization	<b>(b)</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	Secti c Yex	(g) on 512(b)(13) ontrolled entity? s No
The Rincon Institute 44 E. Broadway Blvd. Tucson, AZ 85701	<u>e - 86-0684609</u> #350	Conservation	Arizona	501(c)(3)	Line 11a, I	N/A		X
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıs for Form 990.				Schedule	Schedule R (Form 990) 2011	0) 2011

01-23-12 LHA

3 (Form 990) 2011 The Sonoran Institute, Inc. 86–0684610 Page 2 14 Autification of Related Organizations Travable 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.)	(g)(h)(i)(j)(k)Share ofDisproportion- Disproportion- arte allocations?Code V-UBIGeneral or Percentageend-of-yeararte allocations?amount in box partner?amount in box partner?Martaging partner?YesNoK-1 (Form 1065)Yes No			or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(e)(f)(g)(h)Type of entityShare of totalShare of endageType of entityShare of totalShare of endage(C corp, S corp,incomeend-of-yearor trust)or trust)assets			
vered "Yes" to Form 9	(f) Share of total income			ation answered "Yes"	e Direct controlling entity			
the organization ansv	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			mplete if the organiz	(c) htty Legal domicile (state or foreign country)			
e, Inc. ership (Complete if t	(d) Direct controlling entity				(b) Primary activity			
Institute, able as a Partnersi the tax year.)	(C) Legal domicile (state or foreign country)			as a Corp ng the tax				
SONOTAN INS ganizations Taxable a	(b) Primary activity			janizations Taxable	Ze			
Schedule R (Form 990) 2011 The S Part III Identification of Related Org organizations treated as a part	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or an organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2011 The Sonoran Institute, Inc.			86-0	86-0684610	Ра	Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)	wered "Yes" to Form	990, Part IV, line 34, 35, 3	5a, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No No
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?	is with one or more re	lated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				49		×
<b>b</b> Gift. grant. or capital contribution to related organization(s)				<del>-</del>		×
				<b>e</b>		×
I name or loan guarantees to or for related organization(s)				<b>1</b> d	×	
Loans or loan guarantees by related organization(s)				<b>1</b> e		×
						Þ
f Sale of assets to related organization(s)				<b>+</b>		×
g Purchase of assets from related organization(s)				-1g		4
Exchange of assets with related organization(s)				ŧ		×
Lease of facilities. equipment. or other assets to				Ŧ		×
						þ
i Lease of facilities, equipment, or other assets from related organization(s)				÷		4
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
	anization(s)			=		×
	ion(s)			1 T		×
				4	Х	
		* * * * * * * * * * * * * * * * * * * *			and and a lease	1944 A.S.
				<b>ب</b>		×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				<del>۽</del>	×	
<ul> <li>Other transfer of each or property to related organization(s)</li> </ul>				1a 1		×
q Other Italister of cash or property to related organization(s)				4		X
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 th	nis line, including covered	relationships and transaction thresholds.			
	<b>(b)</b> Transaction tvpe (a-t)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	b b		
	;	7 7 7				
(1) The Rincon Institute	<b>-</b>	-	CASII VALUE			
(3)						
(3)						
3						
(5)						
ũ	-					
(2) 130165 01-23-12	45		Sch	Schedule R (Form 990) 2011	n 990)	2011

Sonoran Institute, Inc. 86-0684610 Page4	Part VI Unrelated Organizations Taxable as a Partnership (Complete in the organization aniswered Test to Fourmeaus), Fact IV, intervip, intervip, intervip.	(b)         (c)         (d)         (e)         (f)         (f)         (g)         (h)         (i)         (j)         (k)           Primary activity         Legal domicile         Predominant income         maraging         Share of         Share of         Share of         Disprop.         Code V-UBI         General or Percentage           Frimary activity         Legal domicile         Predominant income         partness sec.         Share of         Share of         Disprop.         Code V-UBI         General or Percentage           Rate of form tax,         partners         partners         protation         of Schedule K-1         partner?         <				
noran Institute, Inc.	le as a Partnersnip (Complete ir the orga titity taxed as a partnership through which nuctions recarding exclusion for certain in	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
	Part VI Unrelated Organizations I axabi Provide the following information for each en that was not a related organization. See instr	(a) Name, address, and EIN of entity				

chedule R (Form 990) 2011 Th	e Sonoran Institute, Inc.	86-0684610 <sub>Pag</sub>
Part VII   Supplemental Information	on	ee instructions)
Complete this part to provide ad	dditional information for responses to questions on Schedule R (se	ee instructions).
1979-1979		and the second
· · · · · · · · · · · · · · · · · · ·		
		·····
		·····
		••••••••••••••••••••••••••••••••••••••
		•
1772-17		
		••••••••••••••••••••••••••••••••••••••
2165		0 1 1.1. 5 /8 000
-23-12	47	Schedule R (Form 990)
91114 134298 S2315	2011.04020 The Sonoran Inst	itute, Inc. S2315
TTTA TIAVIO DAITI	ACTTO ACAO THE DOHOTAH THE	PHOTO

### M Arizona Exempt Organization Annual Information Return For the calendar year 2011 or x fiscal year beginning 07/01/11 and ending 06/30/12 ARIZONA FORM 99

<ul> <li>A Date Arizo</li> <li>B Nature of C Check fed</li> </ul>	Amend none r 90- x if: hna op Arizol leral f nch a	ed       ia       The Sonoran Institute, Inc.         Number and street or PO Box       Number and street or PO Box         number       ia       44 E. Broadway Blvd, Suite         O828       City or town, state and ZIP code         Tucson, AZ 85701       This is a first return         This is a first return       Name change       Address cha         berations began       11/26/1990         na activities       Land       conservation         orm filed:       X 990       990-EZ       Other (specify)         copy of the organization's federal return.       Gross sales or receipts from business activities       1         Less: Cost of goods sold or of operations - attach       1	350	00	82	8 6 AZ tra N/ IF: Retu 3-mos. 82 C	rn filed under extension. Fed 6-mos. AZ - Fed
Income	3	itemized statement     2       Gross profit from business activities - subtract		00			
	_	line 2 from line 1 3		00			66
	4	Interest	4		33,390		
	5	Dividends	5			00 00	
	6	Rents and royalties Gain or (loss) from sales of assets, excluding inventory items	6		<31,844		
	8	Gain or (loss) from sales of assets, excluding inventory items Dues, assessments, etc., from members	8			00	
	9	Dues, assessments, etc., from affiliated organizations	9			00	
	10	Contributions, gifts, grants, etc., received	10		522,345		
	11	Other income - attach itemized statement	11	1,	279,564	00 \$	Statement 2
	12	Total income - add lines 3 through 11				12	5,803,45500
Administrative		Compensation of officers, directors, trustees, etc.	13			00	
Expenses	14	Salaries and wages - other than amounts included on line 2	14		797,227 4,754		
•	15	Interest	15		60,962		
	16	Taxes	16 17		98,839		
	17	Rent expense	18		8,344		Statement 1
	18 19	Depreciation - attach schedule	19		479,285		Statement 3
		Total expenses - add lines 13 through 19				20	1,449,411 00
Disbursements		Dues, assessments, etc., to affiliated corporations	21			00	<u> </u>
From Current		Contributions, gifts, grants, etc., paid	22		44,389	00	
Income for the		Benefit payments to or for members or their dependents:					
Organization's Exempt		a. Death, sickness, hospitalization, disability, or pension benefits	23a			00	
Purposes		b. Other benefits	23b			00	
	24		24 25	2	176,053	00	Statement 4
	25	Other				26	3,220,44200
Disbursements	26 27		27	<u></u>		00	
From Principal		Contributions, gifts, grants, etc., paid	28			00	
for the	29	Benefit payments to or for members or their dependents:					
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits	29a			00	
Exempt Purposes		<b>b.</b> Other benefits	29b			00	
	30	Dividends and other distributions to members, shareholders, or depositors			`	00	
	31		31			00	
	32						00
Other	33						1,133,60200
Accumulation of income	34	Accumulation of income in current year - Ine 12 less the sum of im Accumulation of income at beginning of year					2,084,99300
137971 10-24-11	35					••••	
Penalty	30	Penalty for late filing or incomplete filing - See instructions				37	00
ADOR 10418 (11)		THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETUR	<b>VISFILE</b>	D LATE	OR IS INCOMPL	ETE. AR	S § 42-1125(K).

AZ Form 99 (2011)	<sub>Name</sub> The	Sonoran	Institute,	Inc.
Sebedule A - Bal	ance Sheet			

EIN: 86-0684610 Page 2 of 2

### Schedule A - Balance Sheet

	E: Amounts used in attached schedules and in this colu amounts.	ımn sł	ould be end of	(a) Beginning of year			(b) End of year
	Assets						
					T		
A1	Cash			1,723,386	00	A1	956,95000
A2a	Accounts receivable			-			
	<b>b</b> Less: allowance for doubtful accounts	A2b			1		33 00
	c Line A2a less line A2b. Enter difference in column			15,322	00	A2c	5500
АЗа	Other notes and loans receivable - attach schedule	A3a		-1			
	<b>b</b> Less: allowance for doubtful accounts	A3b				10-	
	c Line A3a less line A3b. Enter difference in column					A3c	00
<b>A</b> 4	Inventories		atatamant E		00	A4	990,406 00
A5	Investments (securities) - attach schedule	see	Statement 5		00	A5	00 00 100
A6	Investments (securities) - attach schedule		1 222 01/1		00	A6	00
A7a							
	<b>b</b> Less: accumulated depreciation - attach schedule			85,254	00	A 177 -	110,51900
	c Line A7a less line A7b. Enter difference in column	(b)	atetement 6	1,268,662			1,978,198 00
<b>A</b> 8			Statement 6	3,092,624			4,036,106 00
A9	Total assets - add lines A1 through A8			5,092,024	00	A9	<u>4,050,100</u>
	Liabilities						
				388,148	00	A 10	366,760 00
			••••••	10 014			10,347 00
A11	Mortgages and other notes payable - attach schedule Other liabilities - describe	) 	Statement 7	601,469			434,782 00
				1,007,631			811,889 00
A13	Total liabilities - add lines A10 through A12			1,007,031	00	A 13	
	Net Assets						
A14	Capital stock or trust principal				00	A 14	00
	Paid-in or capital surplus					A15	00
	Retained earnings or accumulated income			2,084,993	00	A16	3,224,217 00
	Total net assets - add lines A14 through A16			2,084,993	00	A17	3,224,21700
A18	Total liabilities and net assets - add lines A13 and a	A17		3,092,624	00	A18	4,036,10600
Plea	ification Under penalties of perjury, I declare that I ha best of my knowledge and belief, it is a true, the income tax laws of the State of Arizona. Se Here <u>Unting</u> Officer's signature	ve exa correc	mined this return, includin t and complete return, ma Date	g accompanying schedu de in good faith, for the	tax	able y	statements, and to the ear stated pursuant to of Finance & A
Paid					F	005	596839
	oarer's Only Preparer's signature		D	ate			r's EIN, PTIN or SSN
USe							
	Keegan, Linscott & Ken	on,	F.C.				)750225 X EIN or SSN
	Firm's name (or preparer's, if self-employed)				Fi	rm's	X EIN or SSN
	33 N. Stone Avenue, Su	ite	1100				
	Tucson, AZ			85701		52(	
_	Firm's address			IP code			elephone number
13797	72 Mail to: Arizona Departn	nent o	f Revenue, PO Box 52153	3, Phoenix AZ 85072-2 <sup>-</sup>	153		

86-0684610

AZ 99	Depreciation/Amortization Expense	Statement 1
	· · · · · · · · · · · · · · · · · · ·	
Description		Amount
 Depreciation/Amortiza	tion	8,344.
Fotal to Form 99, Pag	e 1, Line 18	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.
Fotal to Form 99, Pag	e 1, Line 11	1,279,564.
AZ 99	Misc Expenses	Statement 3
AZ 99 Description	Misc Expenses	Statement 3 Amount
	undraising events ations .ts ees entions	

AZ 99	Other Expenses		Statement	4
Description			Amount	
Other salaries and wages			1,716,3	12.
Pension plan contributions			10,5	01.
Other employee benefits			145,6	
Payroll taxes			152,4	
Accounting fees			6,0	
Other professional fees			501,0 28,6	
Office expenses			96,3	
Occupancy Travel			138,9	
Conferences and conventior	g		39,2	
Depreciation/Amortization	-2		33,2	43.
Insurance			4,4	
Outside Services			110,4	
Telephone			35,0	
Training and Seminars			13,6 30,2	
Field Supplies and Mate All other expenses			113,7	
Total to Form 99, Page 1,	Line 25		3,176,0	53.
AZ 99	Investments (Securities	)	Statement	5
Description		Beg of Year	End of Yea	r
Publicly Traded Securities	3	0.	990,4	06.
Total to Form 99, Page 2,	Line A5	0.	990,4	06.
AZ 99	Other Assets		Statement	6
Description		Beg of Year	End of Yea	r
Pledges and Grants Receiva	able	1,028,498.	1,733,5	65
Prepaid Expenses and Defer		10,935.	40,0	
Advance to Rincon Institut	Ce	207,050.	193,1	31
Deposits		22,179.	11,4	.04

Prepaid Expenses and Deferred Charges	10,935.	40,098.
Advance to Rincon Institute	207,050.	193,131.
Deposits	22,179.	11,404.
Total to Form 99, Page 2, Line A8	1,268,662.	1,978,198.

86-0684610

Z 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, Lin	ne A12	601,469.	434,782.

.

	0	nn Return of Organization Exempt Fi	rom li	ncome Tax	OMB No. 1545-0047	
Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung						
		benefit trust or private foundatio		e (except black lung		
		nue service The organization may have to use a copy of this return to sati		reporting requirements.	Open to Public Inspection	
A F	or th			UN 30, 2011		
-	heck if	C Name of organization		D Employer identific	ation number	
a	oplicab	e;				
X	_Addre	<sup>ss</sup> The Sonoran Institute, Inc.		4		
	]Name			86-06	584610	
	Initial return		Room/suite	E Telephone number	***************************************	
	Termi ated	44 E. Broadway Blvd, Suite 350	(520)	290-0828		
Amended Return City or town, state or country, and ZIP + 4 G Gross return					6,069,558.	
Applica- Tucson, AZ 85701				H(a) Is this a group re	turn	
F Name and address of principal officer: Bryan Morgan for affiliates?						
		same as C above		H(b) Are all affiliates incl	uded? 🛄 Yes 🛄 No	
		empt status: 🚺 501(c)(3) 🛄 501(c) (         )◀ (insert no.) 🛄 4947(a)(1) or	r 🛄 527	lf "No," attach a l	ist. (see instructions)	
		te:▶ www.sonoraninstitute.org		H(c) Group exemption	number 🕨	
KF	orm o	forganization: X Corporation Trust Association Other ►	L Year	of formation: 1990 M	State of legal domicile: $f AZ$	
Pa	irt I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: The S	Sonora	in Institute	inspires	
anc		and enables community decisions and publi	.c pol	icies that i	cespect the	
šrné	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	e than 25% of its net as		
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			22	
জ	4	Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			22	
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	53	
iviti	6	Total number of volunteers (estimate if necessary)		6	0	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		3,356,720.	4,545,246.	
Revenue	9	Program service revenue (Part VIII, line 2g)		1,284,599.	1,515,791.	
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		274.	1,029.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,916.	6,650.	
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,689,509.	6,068,716.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,950.	25,717.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
uses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm}$		2,962,835.	2,800,937.	
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Exper	b	Total fundraising expenses (Part IX, column (D), line 25)				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,914,772.	1,763,934.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,884,557.	4,590,588.	
	19	Revenue less expenses. Subtract line 18 from line 12		<195,048.		
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year	
sset	20	Total assets (Part X, line 16)		1,284,403.	3,092,624.	
atA	21	Total liabilities (Part X, line 26)		677,538.	1,007,631.	
		Net assets or fund balances. Subtract line 21 from line 20		606,865.	2,084,993.	
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge.		
				1		

Sign Here	Signature of officer Beth Frantz, Chief Finance & Admin Off: Type or print name and title	Date
Paid	Print/Type preparer's name Preparer's signature Carla J. Keegan	Date Check DTIN
Preparer	Firm's name 🕨 Keegan, Linscott & Kenon, P.C.	Firm's EIN 🕨
Use Only	Firm's address ▶ 33 N. Stone Avenue, Suite 1100 Tucson, AZ 85701	Phone no. (520) 884-0176
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
032001 02-2	2-11 LHA For Paperwork Reduction Act Notice see the separate instruction	Eorm <b>990</b> (2010)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form **990** (2010)

Briefly The pub. Did the the pri If "Yes Did the If "Yes	describe the organization's mission: Sonoran Institute in ic policies that res organization undertake any significant por por Form 990 or 990 EZ? " describe these new services on Scheo organization cease conducting, or make	e to any question in this Part III nspires and enables community spect land and people of weste program services during the year which were not listed on	
Briefly The pub.	describe the organization's mission: Sonoran Institute in ic policies that res organization undertake any significant por por Form 990 or 990 EZ? " describe these new services on Scheo organization cease conducting, or make	nspires and enables community spect land and people of weste program services during the year which were not listed on	decisions and ern North America.
The pub.	Sonoran Institute in Lic policies that rest organization undertake any significant por Form 990 or 990 EZ? " describe these new services on Scheo organization cease conducting, or make	spect land and people of weste	ern North America.
Did the the pri If "Yes Did the If "Yes Descri	organization undertake any significant por Form 990 or 990-EZ? " describe these new services on Scheo organization cease conducting, or make	spect land and people of weste	ern North America.
Did the the pri If "Yes Did the If "Yes Descri	organization undertake any significant p or Form 990 or 990-EZ? " describe these new services on Scheo organization cease conducting, or make	program services during the year which were not listed on	
the pri If "Yes Did the If "Yes Descri	or Form 990 or 990-EZ? " describe these new services on Scheo organization cease conducting, or make		Yes X
the pri If "Yes Did the If "Yes Descri	or Form 990 or 990-EZ? " describe these new services on Scheo organization cease conducting, or make		Yes X
If "Yes Did the If "Yes Descri	" describe these new services on Scheo organization cease conducting, or make	dule O.	Yes X
Did the If "Yes Descri	organization cease conducting, or make	dule O.	
lf "Yes Descri			
Descri		e significant changes in how it conducts, any program servi	ices? Yes X
	" describe these changes on Schedule		
0 11 -		or each of the organization's three largest program services l	
		nd section 4947(a)(1) trusts are required to report the amou	nt of grants and
a (Code:		evenue, if any, for each program service reported. 935,195• including grants of \$1,800•	)(Revenue \$ 850,007
		- The research team has been	
		ram staff and external partner	
			search team
		understanding of issues, enabl	
			stitute is gearing
		on and tools to help local and	
		te sustainable planning and cl	
		rowth and land management effo hanging economy helps inform o	
		growth, land use, mining, publ	
		sts monitor ecological trends	
		ect natural resources in partr	
b (Code			) (Revenue \$ 412,472
	orado River Delta Pro	ogram - The Colorado River Del	
		progress in restoration of th	
		g up their restoration project	
		stem services of the Delta, ar outreach to local communities	
		Hardy Rivers. Program staff me	
		aterials for a new fundraising	
Del			, campargn ror circ
5			
J			******
lc (Code	) (Expenses \$	568,635. including grants of \$ 10,575.	) (Revenue \$ 238,390
		Corridor Program has played ar	
$\frac{\text{the}}{\text{nor}}$	analysis of siting	utility-scale solar installati ion facilities. Program staff	Lons and questions
		sed State Trust Land Reform Ir	
		rd wilderness designations in	
	nty, Arizona.		
Cou			· · · · · · · · · · · · · · · · · · ·
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<u>Cou</u>			
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<u>Cou</u>			
	program services. (Describe in Schedule		
id Other (Expendence)	ses \$ 1,078,976 · including	grants of \$ 13,342.) (Revenue \$ 20	D,614.)
id Other (Expendence)			······································
id Other (Expendence)	ses \$ 1,078,976 • including program service expenses ►	grants of \$ 13,342.)(Revenue \$ 20 3,158,641.	Form <b>990</b> (2
4d Other (Exper 4e Total	ses \$ 1,078,976 • including program service expenses ►	grants of \$ 13,342.) (Revenue \$ 20	Form <b>990</b> (2

Form 990 (2010)
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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)?		165	No
•	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	<u> </u>		
-	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	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	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		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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	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			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		<u> </u>
α	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		x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	- 21	
I	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IAU	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	140		1
~	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	1
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			ľ
	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,"			
	complete Schedule G, Part III	19	ļ	X
20a		20a	L	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Form **990** (2010)

032003 12-21-10

3

 Form 990 (2010)
 The Sonoran Institute, Inc.

 Part IV Checklist of Required Schedules (continued)

L				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		
	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		x
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		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):			
а		<u>28a</u>		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		<u> </u>
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	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 Yes X No			
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u> ^_
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	x	
		1 00	<u>, **</u>	L

Form 990 (2010)

032004 12-21-10

	990 (2010) The Sonoran Institute, Inc. 86-0684	610	Pa	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
- <b>1</b> a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	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	-00		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
h	If "Yes," enter the name of the foreign country:  Mexico	40		
U				
F-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	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 was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	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 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			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	<u> </u>
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Form 990 (2010)
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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
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
З	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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?	10a		X
	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		
1 <b>1</b> a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	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?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			1
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.)	1		
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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{AZ}$			
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, a	nd fina	incial	
	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 organiza	tion: 🕨	▶	
	The Organization - 520-290-0828			

44 E. Broadway Blvd., Suite 350, Tucson, AZ 85701

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# 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 paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per	(cl	neck	all 1	that	app	ly)	compensation	compensation	amount of
	week (describe	ctor						from the	from related	other
	hours for	or dire				ted		organization	organizations (W-2/1099-MISC)	compensation from the
	related	istee (	truste		9	pensa		(W-2/1099-MISC)	(11 2/ 1000 11100)	organization
	organizations	ual tri	ional		ploye	t com				and related
	in Schedule	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
Phil Allsopp	O)									
Director	1.00	x						0.	0.	0.
Patsy Batchelder	1.00							<b>.</b>	U •	<b>U</b> .
Director	1.00	x						o.	0.	Ο.
Fred Bosselman		<u> </u>						· · · ·		
Director	1.00	x						0.	ο.	0.
Andrew Downs										
Director	1.00	x			ļ			0.	0.	0.
Chris Duerksen										
Director	1.00	X						0.	0.	0.
Exequiel Ezcurra							1			
Director	1.00	X						0.	0.	0.
Louise Glasser										
Director	1.00	X						0.	0.	0.
Paul Hansen										
Director	1.00	Х						0.	0.	0.
Martha Hunter										
Director	1.00	X	ļ				ļ	0.	0.	0.
Ann Hunter-Welborn	1 00									
Director	1.00	X		ļ	_			0.	0.	0.
Nyda Jones-Church Treasurer	1.00	x		x				0.	0.	0.
Joseph Kalt	1.00	<u> </u>		<u> </u>				U.	<u>U</u> .	0.
Member at Large	1.00	x						0.	0.	0.
Suzanne Lewis	1.00					+				<u>·</u>
Director	1.00	x	1					0.	0.	ο.
Dennis Minano						+	+			<b>_</b>
Vice-Chair	1.00	x		x				0.	0.	0.
Bill Mitchell			$\mathbf{T}$		$\vdash$		+			
Director	1.00	x						0.	0.	0.
Bryan Morgan		1	1	<u> </u>	1	1	1			
Chair	1.00	X		X				0.	0.	0.
Alan Nicholson										
Director	1.00	X						0.	0.	0.
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Form **990** (2010)

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(A)	(B)	npic	yee		na 1 C)	High	est	(D)	(E)	1	(F)	
Name and title	Average				itior			Reportable	Reportable	E E	stimate	d
	hours per week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	Officer		Highest compensated a		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor or ar	mount c other npensat from the ganization nd relate ganization	tion ) on ed
Laurinda Oswald								**************************************	an de la contraction	-		
Director	1.00	Х						0.	0 -			0.
Louise Benz Plank	1 0 0									1		•
Director	1.00	X						0.	0	·		0.
Anna Hill Price Director	1.00	x						0.	0			Ο.
Karen Wade	1.00					┼──				<u>'</u>		<u> </u>
Secretary	1.00	x		х				0.	0			Ο.
Martin Yenawine					1	1	<b> </b>					
Director	1.00	X						0.	0	•		0.
Luther Propst	40.00							100 040				•
Executive Director	40.00			x				120,640.	0	•		0.
Chief Finance & Admin Officer	40.00			x				91,626.	0			Ο.
Donald L. Chatfield								<u> </u>	~			
Chief Operations Officer	40.00			Х				104,672.	0	•		0.
<b>R</b> ama <b>1/1</b> 1/11 1/11 1/12 a Junio and a San Angela (Julio 1/11/11/11/11/11/11/11/11/11/11/11/11/1						Ļ		216 020	<u>_</u>			
1b Sub-total		•••••	•••••	•••••				316,938.	0			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								316,938.	0			0.
2 Total number of individuals (including but i							ho r			<u> </u>		
compensation from the organization						-,						2
· · · · · · · · · · · · · · · · · · ·											Yes	No
3 Did the organization list any <b>former</b> officer			, ke	y en	nplo	yee,	orl	highest compensated e	mployee on			37
line 1a? If "Yes," complete Schedule J for										3		<u>X</u>
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										4		х
5 Did any person listed on line 1a receive or											+	
rendered to the organization? If "Yes," con										5		х
Section B. Independent Contractors												
1 Complete this table for your five highest control the organization. NONE	ompensated in	depe	ende	ent d	cont	ract	ors	that received more than	\$100,000 of comper	satior	from	
the organization. NONE (A)								(B)			(C)	
Name and busines	s address							Description of s	services	Comp	ensatio	n
								· · · · · · · · · · · · · · · · · · ·				
<u> </u>								······································				
2 Total number of independent contractors	(including but		mit-	d +-	, +h, -		iota		mara than			
2 Total number of independent contractors \$100,000 in compensation from the organ		IULI	mite	սւ		0 0	ເວເປ	a abovej who received r				· .
										For	n <b>990</b> ()	2010)

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# Form 990 (2010)The Sonoran Institute, Inc.Part VIIIStatement of Revenue

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				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants amounts		Federated campaigns1aMembership dues1bFundraising events1c					
Contributions, gifts, grants and other similar amounts	d e f	Government grants (contributions)       1e         All other contributions, gifts, grants, and	719,518.				
ontrib nd oth	g	similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	5025720.				
0 0	h	Total. Add lines 1a-1f	a dear and the shift of the set of startes and a started	4545246.			
		~	Business Code	4 4 4 4 4 4 4 4	4 4 9 9 9 7 4		
<u>e</u>	2 a		900099	1499071.	1499071.		
Program Service Revenue	b	Program Service Income	900099	16,720.	16,720.		
n S len	С						
lev Mer	d						
2 2	е						
≏	f	All other program service revenue		4 5 4 5 5 4			
	g			1515791.			
	3	Investment income (including dividends, inter		1 0 0 0			1 0 0 0
		other similar amounts)		1,029.			1,029.
	4	Income from investment of tax-exempt bond		roar da édala a mida a reactor qui i sura anno 170			
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross Rents			• •		
	b						
		Rental income or (loss)	L				
		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					
		Gain or (loss)					
		I Net gain or (loss)	·····				
venue	8 a	Gross income from fundraising events (not including \$ of		9.			
Other Reve		contributions reported on line 1c). See	1,800.				
her		Part IV, line 18 a	842.				
₹		b Less: direct expenses b	042.	958.			958.
		• Net income or (loss) from fundraising events	·····	300.			950.
	9 а	Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b	L				
		( ) 5 5	· <u>_                                     </u>		·		
	10 a	Gross sales of inventory, less returns			• · · · ·		
		and allowances a				1	
		Less: cost of goods sold k				-	· · ·
ł	c	Net income or (loss) from sales of inventory .				l	
ŀ		Miscellaneous Revenue Other Income	Business Code 900099	7,243.	7,243.		
	11 a		900099	<1,551.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	b		900099	<u> &lt;1,001.</u>	<u> </u>	ſ	
	C	hand and dealers allowed and an and a second s		 			
	C		L	5,692.			
	e	• Total. Add lines 11a-11d		6068716.	1521483.	0.	1,987.
03200	<u>12</u>	Total revenue. See instructions.	····· <b>P</b>	0000/10.	L TJGT403.	<u> </u>	Form <b>990</b> (2010)

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Form 990 (2010) The Sonoran Institute, Inc. Part IX Statement of Functional Expenses

	Section 501(c)( All other organizations must com		ations must complete all not required to complete		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	the U.S. See Part IV, line 22	-			
3	Grants and other assistance to governments,		i dan di kina pamanan ni kini Pana panan dan pama kanan sa kanan ing kanan tang ang panan na manan di		ann an an a' an air an an ann an ann an ann an an ann an an
	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	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	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	536,563.	486,947.	47,087.	2,529.
12	Advertising and promotion				
13	Office expenses	46,317.	26,495.	18,728.	1,094.
14	Information technology				
15	Royalties	4.0.4 0.1.15	<u> </u>		
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			1 100
19	Conferences, conventions, and meetings	97,366.	58,946.	37,222.	1,198.
20	Interest				
21	Payments to affiliates	20 220			
22	Depreciation, depletion, and amortization	29,338.	3,372.	29,338.	
23		13,448.	3,374.	10,076.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f. manual expension 10% of line 25, actions (A)				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Outside Services	203,407.	137,569.	61,407.	4,431.
b	Subcontracts	118,777.	118,777.		
с	Printing and Photocopy	66,029.	49,453.	9,662.	6,914.
d	Telephone	51,050.	28,904.	21,484.	662.
е	Field Supplies and Mate	31,505.	30,807.	698.	
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 collection				
-	solicitation				

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# The Sonoran Institute, Inc.

Form	990 (i	2010) The Sonoran I: Balance Sheet	nstitu	te, Inc.		86-	0684610 Page 11	
Pai	τχ	Balance Sneet			(A)	I	/D\	
					<b>(A)</b> Beginning of year		<b>(B)</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, of			· · · · · · · · · · · · · · · · · · ·			
		employees, and highest compensated employ		-				
		of Schedule L				5		
	6	Receivables from other disqualified persons (a					erzina	
		4958(f)(1)), persons described in section 4958		1				
		employers and sponsoring organizations of se						
		employees' beneficiary organizations (see inst				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		339,791. 254,537.				
	b	Less: accumulated depreciation		254,537.	48,323.	10c	85,254.	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line			12			
	13	investments - program-related. See Part IV, line	ə 11			13		
	14	Intangible assets	Intangible assets					
	15	Other assets. See Part IV, line 11		254,175.	15	229,229.		
	16	Total assets. Add lines 1 through 15 (must eq			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		
es	21	Escrow or custodial account liability. Complete				21		
iliti	22	Payables to current and former officers, direct						
Liabilities		highest compensated employees, and disqua	ified person	ns. Complete Part II		-	•	
		of Schedule L				22	10011	
	23	Secured mortgages and notes payable to unre		r		23	18,014.	
	24	Unsecured notes and loans payable to unrelat				24	07 002	
	25	Other liabilities. Complete Part X of Schedule I	D				27,903.	
	26			V	677,538.	26	1,007,631.	
		Organizations that follow SFAS 117, check	here 🕨 l	A and complete				
ces	0.7	lines 27 through 29, and lines 33 and 34.			5,499.	07	267,474.	
lan	27	Unrestricted net assets			601,366		839,899.	
Ba	28	Temporarily restricted net assets		i i i i i i i i i i i i i i i i i i i		28 29	977,620.	
pun	29	Permanently restricted net assets	ahaak haw	e ▶ 🔲 and		29	577,020.	
Ē		complete lines 30 through 34.	check here					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current func	e			30	· · · ·	
isse	1	Paid-in or capital surplus, or land, building, or				31		
tAŝ	31 32	Retained earnings, endowment, accumulated				32		
Ne	33	Total net assets or fund balances			606,865.		2,084,993.	
	34	Total liabilities and net assets/fund balances			1,284,403		3,092,624.	
	1 04	retar addition and not about runa balances		I		<u> </u>	Form <b>990</b> (2010)	

Form 990 (2010)

# 11 2010.05050 The Sonoran Institute, Inc. S2315\_1

	990 (2010) The Sonoran Institute, Inc.	86-068	34610	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		. 'ı			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,068		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,590		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,478		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	600	5,8	65.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,084	<u>1,9</u>	<u>93.</u>
Pa	t XII Financial Statements and Reporting				
-	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				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				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	Χ	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				· ·
	🛛 🔟 Separate basis 🛛 🛄 Consolidated basis 🔛 Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		. За	<u> </u>	ļ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			X	
	x		Form	<b>990</b> (	(2010)

032012 12-21-10

SCHEDULE A (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.

OMB No. 1545-0047
2010
Open to Public Inspection

Department of the Treasury4947(a)(1) nonexempt charitable trust.Open to PulInternal Revenue ServiceAttach to Form 990 or Form 990-EZ. See separate instructions.Inspectio											
Name of	the organizati					ocpui dic	mod dodo		nployer i		on number
	-	The Son	oran Institu	te, I	nc.				86	5-0684	610
Part	Reason		ty Status (All organiz			e this part	.) See inst	ructions.			
The organ	nization is not a	a private foundation I	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)	<u></u>			
1	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E.)							
3 🔄			tal service organization c								
4	A medical res	search organization o	operated in conjunction	with a hos	pital descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii	i <b>).</b> Enter t	he hospital	's name,
[]	city, and stat	period and an an an an an and an									www.com.com/com/com/com/com/com/com/com/com/com/
5	-	ion operated for the I (b)(1)(A)(iv). (Comple	benefit of a college or un	niversity ov	vned or op	perated by	a governr	nental unit	t describ	ed in	
6			ent or governmental unit	describer	t in eactio	n 170(b)(1	YAYW				
7 X			eives a substantial part o					r from the	general i	nublic desc	rihed in
	-	b)(1)(A)(vi). (Comple	-	or no oupp	orenointa	govonino	inter unit o		gonorar		
8			ection 170(b)(1)(A)(vi). (	Complete	Part II.)						
9			eives: (1) more than 33 1			rom contri	butions, m	iembershij	o fees, ar	nd gross rea	ceipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	investment
	income and u	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	80, 1975.
		509(a)(2). (Complete									
10			perated exclusively to te								
11 📖	-		perated exclusively for th		-			-			
			tions described in section				?). See <b>sec</b>	tion 509(a	a)(3). Che	eck the box	that
	a Type		organization and comple		-	tionally int	adrated		d	] Type III - (	Other
e 🗔			t the organization is not			-	-	r more disc			
0		-	han one or more publicly		-	-	-			•	
f			ten determination from t		-						
		rganization, check th			-						
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontributior	n from any	of the foll	owing pers	sons?		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and (	iii) below	,	Yes No
			upported organization?								
			n described in (i) above?								
			person described in (i) o							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
(i) Name	e of supported	(II) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) is	the	(vii) An	nount of
	anization	(11/2.11		in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	ed in the	· · ·	port
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
							· ·				
n	· · · · · ·	· · · · · · · · · · · · · · · · · · ·									in the state
						<u> </u>					
				<u> </u>	ļ			<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Form 990 or 990-EZ.

032021 12-21-10

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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)

86-068461<u>0 Page 2</u>

(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.)

Sec	tion A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 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-						
	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	3,379,415.	4,018,439.	3,685,368.	3,356,720.	4,545,246.	18,985,188.
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)	н. - С.			· · · · ·		5,589,386.
6	Public support. Subtract line 5 from line 4.						13,395,802.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	3,379,415.	4,018,439.	3,685,368.	3,356,720.	4,545,246.	18,985,188.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	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.	48,259.
11	Total support. Add lines 7 through 10	·			and the second second second second		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 fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (					14	70.10 %
15	Public support percentage from 2009	9 Schedule A, Part	II, line 14			15	66.97 %
16a	1 33 1/3% support test - 2010.If the c	-					
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>&gt;</b> X
k	<b>33 1/3% support test - 2009.</b> If the c	-					
	and <b>stop here.</b> The organization qua	lifies as a publicly s	supported organize	ation			▶∟
17a	10% -facts-and-circumstances tes	<b>et - 2010.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances tes	Û,					
	more, and if the organization meets t				•		) 
	organization meets the "facts-and-cir		-				▶∟
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	and see instruction	<u>Is  </u>

Schedule A (Form 990 or 990-EZ) 2010

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### Schedule A (Form 990 or 990-EZ) 2010

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

Page 3

(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>(b)</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		· · · · · · · · · · · · · · · · · · ·				
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-	1994 - Marine Marine, and States and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy				-	
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						
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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		• • • • • • • • •	A			
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			-			
<b>b</b> Unrelated business taxable income				····		
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	······································					
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	lization,
check this box and stop here	-			•		·
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2010 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	<b>10</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))	)	17	%
18 Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and li	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
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	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check	· · · ·		
032023 12-21-10			15	Sc	hedule A (Form 9	990 or 990-EZ) 2010

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

# **Schedule of Contributors**

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

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service				
Name of the organizati	on		En	nployer identification number
	The Son	oran Institute, Inc.		86-0684610
Organization type (cheo	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 50	I(c)(-3) (enter number) organization		
	49	17(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	52	7 political organization		
Form 990-PF	50	1(c)(3) exempt private foundation		
	49	17(a)(1) nonexempt charitable trust treated as a private foundation		
	50	1(c)(3) taxable private foundation		
General Rule	ation filing For	10) organization can check boxes for both the General Rule and a Spec n 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more and II.		
Special Rules				
509(a)(1) and 1	70(b)(1)(A)(vi),	zation filing Form 990 or 990 EZ that met the 33 1/3% support test of th and received from any one contributor, during the year, a contribution o ), Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II.		
aggregate con	tributions of m	(10) organization filing Form 990 or 990 EZ that received from any one or or than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lite hildren or animals. Complete Parts I, II, and III.		• •
contributions f If this box is ch purpose. Do no	or use exclusion necked, enter ot complete ar	(10) organization filing Form 990 or 990-EZ that received from any one <i>ely</i> for religious, charitable, etc., purposes, but these contributions did r nere the total contributions that were received during the year for an <i>exc</i> any of the parts unless the <b>General Rule</b> applies to this organization beca tributions of \$5,000 or more during the year.	not aggreo <i>lusively</i> re ause it rec	gate to more than \$1,000. eligious, charitable, etc., ceived nonexclusively
but it <b>must</b> answer "No	" on Part IV, lir	overed by the General Rule and/or the Special Rules does not file Sche le 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on nents of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name	of	organi	zation
------	----	--------	--------

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	Energy Foundation P.O. Box 29905 San Francisco, CA 94129	\$ <u>    145,700.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>    1</u>	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7	LOR Foundation P.O. Box 11810 Jackson, WY 83002	\$288,650.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>8</u> 023452 12-2	National Park Service - CESU P.O. Box 210043 Tucson, AZ 85721 3-10 17	\$\$. Schedule B (Form	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

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Page 1 of 2 of Part I

Employer identification number

86-0684610

Name of organization

The Sonoran Institute, Inc.

Page 1 of 2 of Part I

Employer identification number

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	\$157,000.	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
4	The Kendeda Fund 122 Park Avenue Takoma Park, MD 20912	\$ <u></u> 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 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 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		\$ \$ Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)
	18		

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Name of organization

The Sonoran Institute, Inc.

Page of of Employer identification number

of Part II

86-0684610

## Part II Noncash Property (see instructions)

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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2010.05050 The Sonoran Institute, Inc. S2315\_1

me of organiza	tion		Employer Identification numb
	von Ingeltute To-		00.0004010
art III E n P	ran Institute, Inc. Exclusively religious, charitable, etc., I more than \$1,000 for the year. Complet Part III, enter the total of <i>exclusively</i> religi 1,000 or less for the year. (Enter this int	e columns <b>(a)</b> through <b>(e) and</b> the tool of tool	86 - 0684610 <b>n 501(c)(7), (8), or (10) organizations aggregating</b> following line entry. For organizations completing of $5$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
kara and			
		(e) Transfer of gift	
	Transferee's name, address, a	ind 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
	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gift	
	Transferee's name, address, a		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 gift	
	Transferee's name, address, a	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
		· · · · · · · · · · · · · · · · · · ·	
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
454 12-23-10		20	Schedule B (Form 990, 990-EZ, or 990-F

SCHEDULE C	Po	olitical Campaign a	and Lobbvin	a Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-	2010			
Department of the Treasury Internal Revenue Service								
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization</li> <li>If the organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization answ</li> </ul>	anizations: Com than section 50 ations: Complete vered "Yes," to anizations that I anizations that I vered "Yes," to	Form 990, Part IV, line 3, or Form pplete Parts I-A and B. Do not complete Part I-A only. Form 990, Part IV, line 4, or Formave filed Form 5768 (election und have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy cions: Complete Part III.	nplete Part I-C. Parts I-A and C below <b>m 990-EZ, Part VI, lin</b> der section 501(h)): Co on under section 501(f	. Do not complete Part I-B. ne 47 (Lobbying Activities), omplete Part II-A. Do not cor n)): Complete Part II-B. Do no	<b>then</b> nplete Part II-B. ot complete Part II-A.			
Name of organization				Emplo	yer identification number			
Part I-A Comple	The Son	oran Institute, I anization is exempt unde	nc.	or is a section 527 or	86-0684610			
<ul> <li>2 Political expenditure</li> <li>3 Volunteer hours</li> </ul>	əs	ation's direct and indirect politica		►\$				
		incurred by the organization unde						
<ol> <li>Enter the amount of</li> <li>If the organization in</li> <li>4a Was a correction main</li> <li>b If "Yes," describe in</li> </ol>	f any excise tax ncurred a sectio ade? Part IV.	n 4955 tax, did it file Form 4720 fo	rs under section 4955 or this year?	►\$	Yes No			
harriette de la construction de la c		by the filing organization for sec						
		ization's funds contributed to oth	-					
	on expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,					
		<b>1120-POL</b> for this year?			Yes No			
5 Enter the names, ac made payments. Fo contributions receiv	ddresses and en or each organiza red that were pro	nployer identification number (EIN tion listed, enter the amount paid pomptly and directly delivered to a additional space is needed, provid	l) of all section 527 po from the filing organiz separate political org	zation's funds. Also enter the anization, such as a separat	the filing organization amount of political			
( <b>a)</b> 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			
					1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19			
		· · · · · · · · · · · · · · · · · · ·						
For Paperwork Reducti LHA	on Act Notice,	see the Instructions for Form 99	90 or 990-EZ.	Schedule C (	Form 990 or 990-EZ) 2010			

032041 02-02-11

990 or 990-EZ) 2010	The	Sonoran	Insti	tute.	Inc.
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Schedule C (F	orm 990 or 990-EZ) 2010	The Sono	ran Inst:	itute,	Inc.		86-
Part II-A	Complete if the org	anization is e	xempt under	' section	501(c)(3)	and filed F	orm 5768
	(election under sec	tion 501(h)).					
A Check	if the filing organization	tion belongs to an	affiliated group.				

B Check   if the filing organize	ation checke	d box A an	d "limited control" pro	visions apply.		
Limi (The term "expen	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals				
1a Total lobbying expenditures to infl	luence publi	c opinion (g	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	47,802.					
c Total lobbying expenditures (add	lines 1a and	1b)			47,802.	
d Other exempt purpose expenditur			• • • • • • • • • • • • • • • • • • • •		4,545,628.	
e Total exempt purpose expenditure	es (add lines	1c and 1d)	)		4,593,430.	
f Lobbying nontaxable amount. Ent	ter the amou	int from the	following table in both	n columns.	379,672.	
If the amount on line 1e, column (a)	or (b) is:	The lobb	ying nontaxable amo	ount is:		
Not over \$500,000 20% of the amount on line 1e.						<i>.</i>
Over \$500,000 but not over \$1,00						
Over \$1,000,000 but not over \$1,5	ot over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17	7,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,000.				
g Grassroots nontaxable amount (e	nter 25% of	line 1f)			94,918.	
h Subtract line 1g from line 1a. If ze	ro or less, er	nter •0•			0.	
i Subtract line 1f from line 1c. If zer	o or less, en	ter -0			0.	
j If there is an amount other than ze	ero on either	line 1h or li	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	s year?					Yes 📃 No
	zations that	t made a se	raging Period Under ection 501(h) electior e instructions for line	do not have to com		·
	Lobby	ying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a Lobbying nontaxable amount	399	9,838.	406,249.	394,228.	379,672.	1,579,987
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						2,369,981
<b>c</b> Total lobbying expenditures	2	2,582.	210,610.	17,215.	47,802.	278,209

d Grassroots nontaxable amount	99,960.	101,562.	98,557.	94,918.	394,997.
e Grassroots ceiling amount (150% of line 2d, column (e))					592,496.
f Grassroots lobbying expenditures					

.

Schedule C (Form 990 or 990-EZ) 2010

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# Schedule C (Form 990 or 990 EZ) 2010The Sonoran Institute, Inc.86-068461Part II-BComplete 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	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or	anni ean in ann a na is i e na airte			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			na di Walata na di secondo de secondo	
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?			***	
	Grants to other organizations for lobbying purposes?				
	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				
l L	Total. Add lines 1c through 1i         Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<b>.</b> .	
	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				
	If 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)(5), or section					
501(c)(6).					
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section					
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered					
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				-
	Total		<u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u>3</u>		
4					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4		
	t V Supplemental Information		[ 5	l	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part					
for any additional information.					

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Schedule C (Form 990 or 990-EZ) 2010
SCHEDULE D

(Form 990)

Complete if the organization answered "Yes," to Form 990,

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



	ment of the Treasury Revenue Service		990. ► See separate instructions.		Open to Public Inspection
hannia	e of the organizat	ion			· identification number
-		The Sonoran Instit			6-0684610
Par		ations Maintaining Donor Advise		or Accounts.	Complete if the
	organizatio	on answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Euroda an	d other accounts
	T-t-i www.b-swist.s		(a) Donor advised funds	(b) Funds an	
1		nd of year			
2 3		from (during year)			
4	Aggregate value a			it-iit-iit-iit-i	
5		on inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
-	-	on's property, subject to the organization's			Yes No
6		on inform all grantees, donors, and donor a			
		poses and not for the benefit of the donor			
	impermissible priv				. Ves No
Par	tll Conserv	vation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, line 7.	
1	` /	servation easements held by the organizat			
		n of land for public use (e.g., recreation or	·	, ,	
	X Protection		Preservation of a cert	ified historic struc	ture
-	X Preservatio				
2		a through 2d if the organization held a qual	fied conservation contribution in the form	of a conservation	easement on the last
	day of the tax yea	ar.		Hold	at the End of the Tay Veer
_	Total numbers of a				at the End of the Tax Year 1
a					1,920.00
d o	•	tricted by conservation easements rvation easements on a certified historic st	ruoturo included in (a)	the second s	<u> </u>
с С		rvation easements included in (c) acquired			
u		nal Register			0
3		rvation easements modified, transferred, re			ng the tax
-	year ►				
4		where property subject to conservation ea	asement is located   1		
5		ation have a written policy regarding the pe			
	violations, and en	forcement of the conservation easements	it holds?		🗌 Yes 🛛 🛣 No
6	Staff and volunte	er hours devoted to monitoring, inspecting	, and enforcing conservation easements d	uring the year 🕨	10
7	Amount of expen	ses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$	500.
8		rvation easement reported on line 2(d) abo	•		
	and section 170(h	ר)(4)(B)(ii)?			🗀 Yes 🔛 No
9		ibe how the organization reports conserva			
		ble, the text of the footnote to the organiza	ation's financial statements that describes	the organization's	accounting for
<b>D</b>	conservation eas	ements. ations Maintaining Collections of			
Pa		÷		uner Similar P	issels.
		if the organization answered "Yes" to Forn			
Ia		n elected, as permitted under SFAS 116 (A es, or other similar assets held for public ex			
		bt other similar assets held for public exponents that desc		ince of public serv	ice, provide, in Part Arv,
b		n elected, as permitted under SFAS 116 (A		t and balance she	et worke of art historical
U.		er similar assets held for public exhibition, e			
	relating to these i	-		bild solvide, provi	ao ino ronowing amounta
	U U	sluded in Form 990, Part VIII, line 1		▶ \$	
		led in Form 990, Part X		······ • • • • • • • • • • • • • • • •	
2		n received or held works of art, historical tr			
_	-	punts required to be reported under SFAS			
а	-	ed in Form 990, Part VIII, line 1		▶ \$	
b		n Form 990, Part X			
		Reduction Act Notice, see the Instruction	ns for Form 990.	Sche	edule D (Form 990) 2010
03205 12-20	1				

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		oran Insti							10 Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Similar A	<b>Ssets</b> (cor	ntinued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	c any of the	following that	are a siç	gnificant use o	of its collect	ion items
	(check all that apply):								
а	Public exhibition	d			hange progra				
b	Scholarly research	e		Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	on's exen	npt purpose i	n Part XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	ər similar	assets		
	to be sold to raise funds rather than to be ma								<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	organizatic	on answered "	Yes" to I	Form 990, Pa	rt IV, line 9, o	or
No	reported an amount on Form 990, Pa							Middler at the Links store - Nod , Wessio	
<b>1</b> a	Is the organization an agent, trustee, custod								<b></b>
	on Form 990, Part X?							Les Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:			r		
								Amou	Int
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F							📖 Yes	L No
	If "Yes," explain the arrangement in Part XIV				000 D	0.1.12			
Par	t V Endowment Funds. Complete						and the second se	had to Ta	
		(a) Current year	<u>4 (d) – </u>	rior year	(c) ⊺wo year	s back	(d) Three years	Dack (e) FC	our years back
	Beginning of year balance	977,620.					• • • • • • • • • • • • • • • • • • • •		
b	Contributions	977,020.							
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	977,620.							
g	End of year balance		L			I			
2	Provide the estimated percentage of the year	ir end balance neid i							
a h	Board designated or quasi-endowment ► Permanent endowment ► 100.00	0/	%						
		%							
	Term endowment Are there endowment funds not in the posse	%	etien the	at ava balal a	a de la desimilata	unal fau th		. 12	
Ja	· · · · ·	ession of the organiz	auonina		anu auministe	reator u	ie organizatio	211	Yes No
	by: (i) unrelated organizations							3a(	
									·····
h	If "Yes" to 3a(ii), are the related organization	e listed as required (							~
4	Describe in Part XIV the intended uses of the								
-	t VI Land, Buildings, and Equipn								
L	Description of investment	(a) Cost or d			t or other		cumulated	(d) B	ook value
	Description of investment	basis (invest			(other)		preciation		
12	Land		/						
	Buildings								
с С	Leasehold improvements	****			3,125.		3,125	-	0.
	Equipment			2.4	1,395.	1	L88,667		52,728.
	Other				5,271.		62,745		32,526.
	I. Add lines 1a through 1e. (Column (d) must e		t X colu				<u> </u>		85,254.
1018	a rad mes la moden le. (Oolumin di) musi e	1944 I VIII 330, Fall	, .000						

Schedule D (Form 990) 2010

#### The Sonoran Institute, Inc.

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i) Financial derivatives	e Form 990, Part X, I (b) Book value		(c) Method of valua or end-of-year mark	
3) Other				
(A)       (B)         (C)       (C)         (D)       (E)         (E)       (F)         (G)       (H)         (I)       (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(B)         (C)         (D)         (E)         (F)         (G)         (H)         (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(C)         (D)         (E)         (F)         (G)         (H)         (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(D)         (E)         (F)         (G)         (H)         (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(E)         (F)         (G)         (H)         (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(F)       (G)         (H)       (i)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
(G) (H) (I) otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII   Investments - Program Related. See (a) Description of investment type (1) (2) (3) . (4) (5) (6)				
(H)         (I)         otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶         Part VIII   Investments - Program Related. See         (a) Description of investment type         (1)         (2)         (3)         . (4)         (5)         (6)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII   Investments - Program Related. See (a) Description of investment type (1) (2) (3) . (4) (5) (6)				
Part VIII       Investments - Program Related. See         (a) Description of investment type       (a)         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)				
(a) Description of investment type         (1)         (2)         (3)         (4)         (5)         (6)				
(1)         (2)         (3)         . (4)         (5)         (6)	(b) Book value			
(2) (3) (4) (5) (6)				
(3)       . (4)       (5)       (6)				······
. (4) (5) (6)				
(5) (6)				
(6)	5,41			
				######################################
(7) .				
(8)				
(9)				
(10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line 1:			1	
	Pescription			(b) Book value 207,050
(1) Advance to Rincon Institut (2) Deposits	2e	Alan alan kanyan arak kana kana alan alan alan kanya ana alan kanya kanya alan kanya kanya kanya kanya kanya k		207,030
(3)			(- <b>1688)</b>	22,17
(4)				
(5)				۲ <b>۵٬۵۵٬۱۰۰ کا</b> ماه ایسانی می و در می و در می و در این
(6)		· · · · · · · · · · · · · · · · · · ·		***************************************
(7)				(indexine as difere less are a second process of private second second second second second second second second
(8)				
(9)				Million
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1			▶	229,229
Part X Other Liabilities. See Form 990, Part X, lir (a) Description of liability	ne 25.	(b) Amount		
		(b) Amount		
(1) Federal income taxes (2) Capital Lease Obligation		27,903.		
(3)	·	41,303.		
(4)				
(5)	- <u>()</u>			
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)	<u>.</u>			
(9)			•	
(10)				•
(11)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 2	25.)	27,903.	ation's lianium for uncome	
Find 46 (ASC 740) Footnote: In Part XIV, provide the text of the tobtriote to the 2. Find 48 (ASC 740). 32053		satomonto tracreports the organiz		edule D (Form 990) 201

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	dule D (Form 990) 2010 The Sonoran Institute, Inc					36-0	)684610 Page4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finar	ncial St	ater	nent	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			6,068,716.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			4,590,588.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			1,478,128.
4	Net unrealized gains (losses) on investments			4			ar na har na T
5	Donated services and use of facilities			5			an na maranna a chailte a chailte a ggana ann a gianna an idean an idean an an idean an an idean an an idean a
6	Investment expenses			6			
7	Prior period adjustments						alala manana ku ni babalan Manan An Internationa na manana manana ina manana mata ana ina mana mat
8	Other (Describe in Part XIV.)						
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10			1,478,128.
_	t XII   Reconciliation of Revenue per Audited Financial Stateme				r Re	əturn	
1					T	1	6,071,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••	••••••		···· [		
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities			2,00	0.		
c	Recoveries of prior year grants						
d	Other (Describe in Part XIV.)			84	2.1		
						2e	2,842.
3						3	6,068,716.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••	•••••	•••••	····  -	<u> </u>	0,000,710.
-							
a	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIV.)					.	0
	Add lines 4a and 4b					<u>4c</u>	<u>0.</u> 6,068,716.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	onto V	lith Evn	00000		5 Dotu	
						r	4,593,430.
1	Total expenses and losses per audited financial statements			•••••	ŀ	1	4,555,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		2 00			
a	Donated services and use of facilities			2,00	<u>.</u>		
b	Prior year adjustments						
С	Other losses			0.4	~		
d		2d		84	4.	•	0.040
е	Add lines 2a through 2d			•••••		2e	2,842.
3	Subtract line 2e from line 1					3	4,590,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					-
c	Add lines <b>4a</b> and <b>4b</b>				[	4c	0.
and the second se	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>				5	4,590,588.
Pa	rt XIV Supplemental Information						· · · · · · · · · · · · · · · · · · ·
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines <sup>-</sup>	la and 4; F	Part IV, lin	es 1b	and 2	2b; Part V, line 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this	s part to pr	ovide any	y add	litional	information.
Par	ct II, line 9: No disclosure of the conser	vati	on eas	semen	it 1	has	been
	· ·						
mad	le on the organization's financial stateme	nts	as the	e eas	em	ent	does not
pro	ovide any future benefit to the organizati	on.					
		_	_				•
Pa:	rt V, line 4: The investment earnings from	the	endor	wment	g	ift	will
1							
<u>ea</u>	used for general institutional support.						
Par	rt X, Line 2: The Institute is exempt from	fed	eral	incom	ie -	tax	under
							lule D (Form 990) 2010
03205 12-20-	4 · · · · · · · · · · · · · · · · · · ·				•	0	
20	۰ ٦ ٣						

Schedule D (Form 990) 2010	The Sonoran	Institute,	Inc.	86-0684610 Page 5
Part XIV Supplemental Infor	mation (continued)			
Section 501(c)(3),	as confirmed	by a deter	mination letter	issued by the
Internal Revenue Se	rvice and is	classified	as other than a	private
foundation under IR	C Section 50	9(a)(1). Th	e Institute also	qualifies for
the charitable cont	ribution ded	uction unde	r IRC Section 17	0(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 2006.

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, 2011 and 2010, the Institute did not recognize any interest and penalties.

Part XII, Line 2d - Other Adjustments:

Special Event Expenses

Part XIII, Line 2d - Other Adjustments:

Special Event Expenses

Schedule D (Form 990) 2010

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842.

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2010.05050 The Sonoran Institute, Inc. S2315\_1

SCHEDULE F			vities Outside the Ur		ntes	OMB No. 1545-0047
(Form 990)			organization answered "Yes" to Fo Part IV, line 14b, 15, or 16.		ļ.	
Department of the Treasury Internal Revenue Service		Attach to F	orm 990. 🕨 See separate instructio	ons.		Open to Public Inspection
Name of the organization					Employer id	entification number
The Sonoran Ins					86-068	
		Activities Ou	tside the United States. Comp	lete if the orga	nization answe	red "Yes"
to Form 990, Pa		n maintain recor	ds to substantiate the amount of the g	rants or assist	ance, the	
			selection criteria used to award the gr			Yes No
2 For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds out	side the United	l States.
			an be duplicated if additional space is	A second s		
(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)	is a pro describ	ivity listed in (d) ogram service, e specific type ce(s) in region	) (f) Total expenditures for and investments in region
Mexico	1	10	Mexico Field Office	Field Acti	vities	575,835.
,						
<b></b>			· · · · · · · · · · · · · · · · · · ·			
langen sånd var angen som en klad om en skal men som en				-		
n ni dana kada na mata kana mata kana mata kana mana kana mana kana mata kana mata kana mata kana mata kana ma						
					•	
2 a Sub total	1	10	· · · · · · · · · · · · · · · · · · ·			575,835.
<b>3 a</b> Sub-total <b>b</b> Total from continuation	ייייייייייייייייייייייייייייייייייייי			+		
sheets to Part I	0	0	·		-	0.
c Totals (add lines 3a and 3b)	1	10				575,835.
		<u> </u>		<u> </u>		

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

Schedule F (Form 990) 2010

Part II Grants and Other recipient who rece	r Assistance to Orga ∋ived more than \$5,00	nizations or Entities ( 00. Check this box if no	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	complete if the or than \$5,000	ganization answered	l "Yes" to Form 9	990, Part IV, line 15, for	'any
Part II can be dup	Part II can be duplicated if additional space is needed.	vace is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<ul> <li>2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro</li> <li>3 Enter total number of other organizations or entities</li> </ul>	ecipient organizations le grantee or counsel f ther organizations or e	listed above that are n has provided a section entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-e	kempt by		
							Sched	Schedule F (Form 990) 2010

Page 3		(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2010
	IV, line 16.	(g) Description of non-cash assistance						Schedu
86-0684610	to Form 990, Part	(f) Amount of non-cash assistance						
8(	the organization answered "Yes" 1	(e) Manner of cash disbursement						
, Inc.	r <b>tes.</b> Complete if	(d) Amount of cash grant						
nstitute	e the United Sta d.	<b>c)</b> Number of recipients						
The Sonoran Institute,	e to Individuals Outsid Iditional space is neede	(b) Region			,			
Schedule F (Form 990) 2010 T.	Assista	(a) Type of grant or assistance						

Schedule F				Sonoran	Institute,	Inc.
Part IV	Foreigr	<b>i</b> Form	S			

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, 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) 2010

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SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	• to Organizations in the United Stat	Se		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization The Sonoran	an Institute,	ute, Inc.					Employer identification number 86-0684610
Part I General Information on Grants and Assistance	nd 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 or the grants or assistance, and the selection or the grant of th	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the select	ion X Yes No
<ol> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>	ocedures for moni	toring the use of grant	funds in the United	l States.			]
art II	Governments an	d Organizations in the	e United States. Co	omplete if the orga	Inization answered "Y	es" to Form 990, Part I	V, 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       1 (a) Name and address of organization or government     (b) EIN     (c) IRC section if applicable     (d) Amount of cash grant     (e) Amount of cash grant     (f) Method of cash grant     (g) Description of cash grant       or government     or government     f applicable     cash grant     non-cash grant     non-cash assistance     non-cash assistance	55,000. Check thi (b) EIN	s box if no one recipier (c) IRC section if applicable	tt received more tha (d) Amount of cash grant	an \$5,000. Part II (e) Amount of non-cash assistance	can be duplicated if a (f) Method of valuation (book, FMV, appraisal, other)	additional space is need (g) Description of non-cash assistance	(h) Purpose of grant or assistance
Amsterdam Churchill Community Planning Group - 3900 Stagecoach Trail Rd Manhattan, MT 59741	26-3149958	501(c)(3)	5,000.	0.			Operations Support
Exloco 315 Pine Street Sausalito, CA 94965	94-3373078	501(c)(3)	5,000.	0			Operations Support
Park County Environmental Council P.O. Box 164 Livingston, MT 59047	36-3699660	501(c)(3)	5,000.	.0			Operations Support
Greater Gallatin Watershed Council P.O. Box 751 Bozeman, MT 59771-0751	13-4293305	501(c)(3)	5,000.	•0		U	Operations Support
	nd government or	ganizations					
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

032101 01-13-11

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Schedule I (Form 990) (2010) The Sonoran Ins	Institute,	Inc.			86-0684610 Page 2
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.	i <b>ted States.</b> Corr	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	ļ
(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 information	n required in Part I,	line 2, and any other	additional information.	
- 2	in Institute	ute screens	ıs applican	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	ld financial		information. Su	Successful	
applicants receive a grant award 1	letter which	ich enumerates	ates major		
requirements. Final reports summa	summarizing t	their efforts	ts, results	s, and	
spending are required.					
		34			Schedule I (Form 990) (2010)
032102 01-13-11		1			

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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.



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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211

Schedule O (Form 990 or 990-EZ) (2010)

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.	Ganizations and Unrelated Partnerships ation answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 h to Form 990. ► See separate instructions.	<b>rtnerships</b> ne 33, 34, 35, 36, 	or 37.		OMB No. 1545-0047 2010 Open to Public Inspection
ation The Sonoran	Institute, Inc.				Employer identificatio 86-0684610	Employer identification number $86-0684610$
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	lete if the organization answered "Ye	s" to Form 990, Part IV, line 30	(1			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	izations (Complete if the organization	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 b	ecause it had one o	or more related tax-e	xempt
(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	Section 512(b)(13) controlled entity? Yes No
The Rincon Institute - 86-0684609 44 E. Broadway Blvd. #350 Tucson, AZ 85701	Conservation	Arizona	501(c)(3)	Line 11a, I	A/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 990.				Schedule	Schedule R (Form 990) 2010

12-21-10 LHA

Schedule R (Form 990) 2010 The Sonoran Institute, Part II Identification of Related Organizations Taxable as a Partnershi organizations treated as a partnership during the tax year.)	ute, Inc. utnership (Complete if )	Tnc •       86 - 0684610         p (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	/ered "Yes" to Form (	990, Part IV, line 3	4 because it h	86-0684610 ad one or more related	4 6 1 0 related	Page 2
(a) (b) (c) (c) Name, address, and EIN Primary activity domisie of related organization for each organization correst	(d) Direct controlling or or or	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? 20 Yes No K-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) (k) General or Percentage managing ownership Partner? Yes No	(k) centage nership
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.)	orporation or Trust (Co ax year.)	omplete if the organiza	tion answered "Yes"	to Form 990, Parl	IV, line 34 be	cause it had on	e or more re	ated
(a) Name, address, and EIN of related organization	(b) Primary activity	vity Legal domicile (c) (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
							1	т 
						-		,
032162 12-21-10	-	37				Schedule	Schedule R (Form 990) 2010	0) 2010

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Schedule R (Form 990) 2010 The Sonoran Institute, Inc.			86-0684610	8461U	ď	Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)	swered "Yes" to Forr	n 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.					Yes	No N
	ins with one or more i	related organizations listed	in Parts II-I <i>V?</i>	÷		
a receipt of (i) interest (ii) annutues (iii) royatues of (iv) refit from a controlled entry b Gift grant or canital contribution to other organization(s)				<u>a</u> <del>4</del>		M
				<u>۽</u>		×
				1d	×	
e Loans or loan guarantees by other organization(s)				1e		×
f Sale of assets to other organization(s)				#		×
				1g		×
Exchange of assets				₽		×
i Lease of facilities, equipment, or other assets to other organization(s)				7		×
: I acco of facilities acriticment or other secate from other arranization(s)				Ť		X
J Lease of lacinties, equipriferity of outer assets from outer organization(s)	nization(s)			; <b>≓</b>		×
	nization(s)			=		X
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		X
n Sharing of paid employees				4	X	
						.  ≻
o Reimbursement paid to other organization for expenses				<b>p</b>	₽	∢
p Reimbursement paid by other organization for expenses				e	4	
<ul> <li>Other transfer of each or nonactivity of other organization(s)</li> </ul>				10		×
<ul> <li>Cuther transfer of cash or property from other organization(s)</li> </ul>				1r		×
1	who must complete t	this line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	D		
(1) The Rincon Institute	Ð	207,050.	Cash Value	1		
(2)						
(3)						
(4)						1
(5)						
(6)						
032163 12-21-10	38		Schedu	Schedule R (Form 990) 2010	066 0	2010

Schedule R (Form 990) 2010 The Sonoran Institute	ute, Inc.					86-0684610	Page 4
Part VI Unrelated Organizations Taxable as a Partnership (Complete if	mplete if the organization answered "Yes" to Form 990, Part IV, line 37.)	d "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.	hip through which the organization ision for certain investment partners	conducted more that ships.	r five percer	it of its activities (me	easured by tot	tal assets or gross re	evenue)
(a)	(q)	(c)	(q)	(e)	(J)	(6)	(ų
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations? Yes No	Share of end-of- year assets	No Por	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No
		-					
			-				
						-	
						Schedule R (Form 990) 2010	1 990) 2010

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12-21-10

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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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5 1911 SLAM (1916) SLAM SLAM (1916)				
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J32 105				
J32105 12-21-10		40	:	Schedule R (Form 990)

# ARIZONA FORM Arizona Exempt Organization Annual Information Return 99 For the calendar year 2010 or in fiscal year beginning 07/01/10 and ending 06/30/11

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CHECK Original X A				<del>de la la constance e la la calence e de constances de la constance</del> sso	Emple	oyer identification number (EIN)
	mena	Number and street or PO Box	•			6-0684610
Business teleph	one r		35	0		ansaction privilege tax number
		ω City or town, state and ZIP code				
(520) 29	90-	0828 Tucson, AZ 85701			N.	/A
68 Check box	if:	] This is a first return L] Name change LX_ Address ch	ange	CHECK BOX IF: 82 Return filed und extension.	er 3-1 82	mos. Fed 6-mos. AZ - Fed
A Date Arizor	na op	perations began <u>11/26/1990</u>				NOT MARK IN THIS AREA.
B Nature of A	rizo	na activities Land conservation				
C Check fede	eral f	orm filed: 🕱 990 🗔 990-EZ 🗔 Other (specify)			T	
Encl		a copy of the organization's federal return.		81		66
Sources		Gross sales or receipts from business activities	1	1,800 o	0	
of Income		Less: Cost of goods sold or of operations - attach itemized statement	2	0		
meome		Gross profit from business activities - subtract line 2 from line 1	3	1,8000		
	4	Interest	4	1,0290		
	5	Dividends	5	0	<u> </u>	
	6	Rents and royalties	6	0		
	7	Gain or (loss) from sales of assets, excluding inventory items	7	0		
	8	Dues, assessments, etc., from members	8	0		
	9	Dues, assessments, etc., from affiliated organizations	9		-	
	10	Contributions, gifts, grants, etc., received	10	4,545,2460		
	11	Other income - attach itemized statement	11	1,521,4830		Statement 2
		Total income - add lines 3 through 11			12	6,069,55800
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	755,840		
Expenses	14	Salaries and wages - other than amounts included on line 2	14		-	
	15	Interest	15	58,3850	의	
	16	Taxes	16	97,210		
	17	Rent expense	17	29,3380		Statement 1
	18	Depreciation - attach schedule	18	492,016		
	19	Miscellaneous expenses - attach itemized statement	19			Statement 3
Disbursements	20	Total expenses - add lines 13 through 19			20	1,432,78900
From Current		Dues, assessments, etc., to affiliated corporations	21 22		의	
Income for the		Contributions, gifts, grants, etc., paid	22	25,7170	0	
Organization's	23	Benefit payments to or for members or their dependents:	00-			
Exempt		a. Death, sickness, hospitalization, disability, or pension benefits	23a		0	
Purposes	~	b. Other benefits Dividends and other distributions to members, shareholders, or depositors	23b		0	
				3,132,924	0	Statement 4
	25 26	Other	25		26	
Disbursements	27		27		_	<u> </u>
From Principal	28		28		0	
for the	20 29	Contributions, gifts, grants, etc., paid Benefit payments to or for members or their dependents:	20	10	U	
Organization's	23	a. Death, sickness, hospitalization, disability, or pension benefits	29a		0	
Exempt			29b		0	
Purposes	30	b. Other benefits Dividends and other distributions to members, shareholders, or depositors			0	
	30 31		30		0	
	32	Other Total - add lines 27 through 31				
Other	33				32	
Accumulation	34	Accumulation of income in current year - line 12 less the sum of lin		26 32 and 33	34	
of Income	35	Accumulation of income at beginning of year			·	
037971 11-29-10	36	Accumulation of income at end of year - add lines 34 and 35			35	
Penalty	37	Penalty for late filing or incomplete filing - See instructions			37	
ADOR 10418 (10) Previous ADOR 91-		THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN				1

AZ Form 99 (2010)	<sub>Name:</sub> The	Sonoran	Institute,	Inc.
Schedule A - Bal	ance Sheet			

A3a       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)       00       A3c         A4       Inventories       00       A4         A5       Investments (securities) - attach schedule       00       A5         A6       Investments (other) - attach schedule       00       A6         A7a       339,791 00       A6       A7a       339,791 00         b       Less: accumulated depreciation - attach schedule       A7a       339,791 00         b       Less: accumulated depreciation - attach schedule       A7a       339,791 00         c       Line A7a less line A7b. Enter difference in column (b)       48,323 00 A7c       85,         A8       Other assets - describe       See       Statement 5       1,032,848 00 A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403 00 A9       3,092,       1,284,403 00 A9       3,092,         Liabilities	ar
A2a       Accounts receivable       Aza       00         b Lass: allowance for doubtful accounts       Azb       00       00         c Line A2a less line A2b. Enter difference in column (b)       75,751 00 A2c       15,         A3a       00       00       00         b Less: allowance for doubtful accounts       A3a       00         c Line A2a less line A2b. Enter difference in column (b)       00 A3c         A4       Investments (securities) - attach schedule       00 A4         A5       Investments (cher) - attach schedule       00 A5         A6       Investments (cher) - attach schedule       00 A5         A7a       339,791 00       00 A5         b Less: accumulated depreciation - attach schedule       00 A5         A7a       339,791 00       48,323 00 A7c       85,         A7a       A310,00 A1       254,537 00       0       6         c Line A7a less line A7a       3,092,       1,032,848 00 A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403 00 A1       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       230,430 00 A12       601,         A13       Total liabilities - descr	
A2a       Accounts receivable       Aza       00         b Lass: allowance for doubtful accounts       Azb       00       00         c Line A2a less line A2b. Enter difference in column (b)       75,751 00 A2c       15,         A3a       00       00       00         b Less: allowance for doubtful accounts       A3a       00         c Line A2a less line A2b. Enter difference in column (b)       00 A3c         A4       Investments (securities) - attach schedule       00 A4         A5       Investments (cher) - attach schedule       00 A5         A6       Investments (cher) - attach schedule       00 A5         A7a       339,791 00       00 A5         b Less: accumulated depreciation - attach schedule       00 A5         A7a       339,791 00       48,323 00 A7c       85,         A7a       A310,00 A1       254,537 00       0       6         c Line A7a less line A7a       3,092,       1,032,848 00 A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403 00 A1       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       230,430 00 A12       601,         A13       Total liabilities - descr	
b Less: allowance for doubtful accounts       A2b       00         C Ine A2a less line A2b. Enter difference in column (b)       75,751 00 A2c       15,         A3a       00       00       A3a       00         c Line A2a less line A2b. Enter difference in column (b)       A3b       00       00 A3c         c Line A3a less line A2b. Enter difference in column (b)       00 A4       A4         A4 Inventiones       00 A4       00 A5         A5 Investments (securities) - attach schedule       00 A4       00 A6         A7a       339,79100       00 A6       A5         b Less: accumulated depreciation - attach schedule       A7a       339,79100       c Line A7a less line A7b. Enter difference in column (b)       48,32300 A7c       85,         A7a       Land, buildings, and equipment; basis       A7a       254,537100       c Line A7a less line A7b. Enter difference in column (b)       48,32300 A7c       85,         A8       Other assets - adscribe       See       Statement 5       1,032,848 co As       1,268,         A9       Total assets - add lines A1 through A8       1,268,       230,430 co At       3,092,         Liabilities         A11 Mortgages and other notes payable - attach schedule       Statement 6       00 At       00 At       1,007, </th <th>8600</th>	8600
c       Line A2a less line A2b. Enter difference in column (b)       A3a       00         A3a       00       A3b       00         c       Line A3a less line A3b. Enter difference in column (b)       00       A3c         A4       Inventories       00       A4         A5       Investments (socurities) - attach schedule       00       A4         A6       Investments (socurities) - attach schedule       00       A5         A6       Investments (socurities) - attach schedule       00       A6         A7a       Land, buildings, and equipment; basis       A7a       339 , 791100         b       Less: accumulated depreciation - attach schedule       A7b       254, 53700         c       Line A7a less line A7b. Enter difference in column (b)       48 , 323 00 A7c       85 ,         A7       Total assets - add lines A1 through A8       1, 032, 848 00 A8       1, 268 ,         A10       Accounts payable and accrued expenses       See       Statement 6       00 A11       18 ,         A11       Mortgages and other notes payable - attach schedule       Statement 7       677, 538 00 A13       1 , 007 ,         Iabilities - add lines A10 through A12       See       Statement 7       677, 538 00 A13       1 , 007 ,         A13	
A3a       Other notes and loans receivable - attach schedule       A3a       00         A3b       00       00       A3c         A4       Investments (able A3a less line A3b. Enter difference in column (b)       00       A3c         A4       Investments (socurities) - attach schedule       00       A5         A6       Investments (socurities) - attach schedule       00       A5         A6       Investments (other) - attach schedule       00       A6         A7a       1.33 (0.254, 537) (0.00)       00       A6         A7a       Land, buildings, and equipment; basis       A7a       339 , 7911 (0.00)         b Less: accumulated depreciation - attach schedule       A7b       254, 537 (0.00)       A7c       85 ,         A8       Cher assets - describe       See Statement 5       1, 032, 848 (0.00)       A8       1, 268 ,         A9       Total assets - add lines A1 through A8       1, 284 , 403 (0.00)       A9       3, 092 ,         Liabilities       See Statement 7       230 , 430 (0.01)       388 ,         A10       Accounts payable and accrued expenses       447 , 108 (0.00)       A10       388 ,         A11       Mortgages and other notes payable - attach schedule       Statement 7       230 , 430 (0.01)       A12 , </th <th>·</th>	·
b       Less: allowance for doubtful accounts       A3b       00         c       Line A2a less line A3b, Enter difference in column (b)       00       A3c         A4       Investments (socurities) - attach schedule       00       A4         A5       Investments (socurities) - attach schedule       00       A5         A6       Investments (socurities) - attach schedule       00       A5         A7a       339 , 791100       00       A6         b       Less: accumulated depreciation - attach schedule       77a       254, 53700         c       Line A7a less line A7b. Enter difference in column (b)       48 , 323 00       A7c       85 ,         A6       Other assets - describe       See       Statement 5       1,032,848 00       A8       1,268 ,         A9       Total assets - add lines A1 through A8       1,284 , 403 00       A9       3,092 ,         Liabilities         Attor of a series       4477, 108 00       A10       388 ,         A11       Mortgages and other notes payable - attach schedule       Statement 7       230,430 00       A12       601,         A12       Other liabilities - add lines A10 through A12       677,538 00       A13       1,007 ,         Net Assets	322 00
c       Line A3a less line A3b. Enter difference in column (b)       00       A3c         A4       Investments (socirities) - attach schedule       00       A4         A5       Investments (socirities) - attach schedule       00       A5         A6       Investments (other) - attach schedule       00       A5         A7a       3339, 79100       0       A6         b       Less: accumulated depreciation - attach schedule       A7a       254, 53700         c       Line A7a less line A7b. Enter difference in column (b)       48, 323 00 A7c       85,         A8       Other assets - describe       See       Statement 5       1, 032, 848 00 A8       1, 268,         A9       Total assets - add lines A1 through A8       1, 284, 403 00 A10       388,       1, 284, 403 00 A12       601,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00 A11       18,         A12       Other liabilities - add lines A10 through A12       601,       617,       538 00 A13       1, 007,         Net Assets         A14       Capital stock or trust principal       00 A14       606, 865 00 A16       2, 084,         A15       Paich or capital surplus       00 A14       605, 865 00 A17       2, 084,	
A4       Investments (securities) - attach schedule       00       A4         A5       Investments (securities) - attach schedule       00       A5         A6       Investments (other) - attach schedule       00       A6         A7a       Land, buildings, and equipment; basis       A7a       333,791100         b       Less: accumulated depreciation - attach schedule       A7b       254,53700         c       Line A7a less line A7b. Enter difference in column (b)       48,323 00 A7c       85,         A8       Other assets - describe       1,032,848 00 A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403 00 A9       3,092,         Liabilities         Attach schedule       Statement 6         A10       Accounts payable and accrued expenses       447,108 00 A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 7       230,430 00 A12       601,         A13       Total liabilities - add lines A10 through A12       520,77,538 00 A13       1,007,         Net Assets         Attach ach archings or accumulated income         Attach ach and hat through A16         Attach and anet assets - add lines A13 and A17	
A5       investments (securities) - attach schedule       00       A5         A6       Investments (other) - attach schedule       00       A6         A7       Land, buildings, and equipment; basis       A7a       339, 79100         c       Line A7a less line A7b. Enter difference in column (b)       48, 323 00       Arc       85,         Cher assets - describe       See       Statement 5       1, 032, 848 00       A8       1, 268,         A9       Total assets - add lines A1 through A8       1, 284, 403 00       A9       3, 092,         Liabilities        00       A10       388,         A10       Accounts payable and accrued expenses       447, 108 00       A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00       A11       18,         A12       Other inbilities - describe       See       Statement 7       230, 430 00       A12       601,         A13       Total liabilities - add lines A10 through A12       677, 538 00       A13       1, 007,         Net Assets         A14       Capital stock or trust principal       00       A14       606, 865 00       A16       2,084,         A13       Total net assets - add li	00
A6       Investments (other) - attach schedule       00       A6         A7a       Land, buildings, and equipment; basis       A7a       339, 791 00         b       Less: accumulated depreciation - attach schedule       A7b       254, 537 00         c       Line A7a less line A7b. Enter difference in column (b)       48, 323 00       A7c       85,         A8       Other assets - describe       See       Statement 5       1, 032, 848 00       A8       1, 268,         A9       Total assets - add lines A1 through A8       1, 284, 403 00       A9       3, 092,         Liabilities         A10       Accounts payable and accrued expenses       447, 108 00       A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00       A11       18,         A12       Other liabilities - describe       See       Statement 7       230, 430 00       A12       601,         A13       Total liabilities - describe       See       Statement 7       677, 538 00       A13       1,007,         Net Assets       A14       Capital stock or trust principal       00       A14       606, 865 00       A16       2,084,         A16       Retained earnings or accumulated income       606, 865	00
A7a       Land, buildings, and equipment; basis       A7a       339,79100         b       Less: accumulated depreciation - attach schedule       A7b       254,53700         c       Line A7a less line A7b. Enter difference in column (b)       48,32300       A7c       85,         A9       Total assets - describe       See       Statement 5       1,032,84800       A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,40300       A9       3,092,         Liabilities       Liabilities       A10       Accounts payable and accrued expenses       447,10800       A10       388,         A10       Accounts payable and accrued expenses       447,10800       A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00       A11       18,         A12       Other liabilities - describe       See       Statement 7       230,43000       A12       601,         A13       Total liabilities - add lines A10 through A12       677,53800       A13       1,007,         Net Assets         A14       Capital stock or trust principal       00       A16       0416       2,084,         A15       Patial suplus       00       A16       2,084	00
b       Less: accumulated depreciation - attach schedule       A7b       254,537       00         c       Line A7a less line A7b. Enter difference in column (b)       48,323       00       A7c       85,         A8       Other assets - describe       See       Statement 5       1,032,848       00       A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403       00       A9       3,092,         Liabilities         Attach schedule       Statement 6       00       A10       388,         A10       Accounts payable and accrued expenses       447,108       00       A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00       A11       18,         A12       Other liabilities - describe       See       Statement 7       230,430       00       A12       601,         A13       Total liabilities - add lines A10 through A12       00       A13       1,007,       00       A13       1,007,         Net Assets         A14       Capital stock or trust principal       00       A16       006,865       00       A17       2,084,         A15       Paici-in or caumulated	00
c       Line A7a less line A7b. Enter difference in column (b)       48,323 00 A7c       85,         A8       Other assets - describe       See Statement 5       1,032,848 00 A8       1,268,         A9       Total assets - add lines A1 through A8       1,284,403 00 A9       3,092,         Liabilities         A10       Accounts payable and accrued expenses       447,108 00 A10       388,         A11       Mortgages and other notes payable - attach schedule       Statement 6       00 A11       18,         A12       Other liabilities - describe       See Statement 7       230,430 00 A12       601,         A13       Total liabilities - add lines A10 through A12       677,538 00 A13       1,007,         Net Assets         A14       Capital stock or trust principal       00 A14       606,865 00 A16       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18       3,092,         Certification       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.       Please         Sign Here       Chief Finance	
A8       Other assets - describe       See Statement 5       1,032,848 00 A8       1,268, 1,268, 1,268, 1,268, 1,284,403 00 A9 3,092, 00 A10 A80,00 A10 A80,00 A9 3,092, 00 A10 A80,00 A10 A80,00 A10 A10 A80,00 A11 A8, 00 A11 A10, 00 A110, 00 A11 A10, 00 A110, 00 A11 A10, 00 A110, 00 A11 A10, 00 A11 A	
A8       Other assets - describe       See Statement 5       1,032,848 00 A8       1,268, 1,268, 1,268, 1,268, 1,284,403 00 A9 3,092, 00 A10 A80,00 A10 A80,00 A9 3,092, 00 A10 A80,00 A10 A80,00 A10 A10 A80,00 A11 A8, 00 A11 A10, 00 A110, 00 A11 A10, 00 A110, 00 A11 A10, 00 A110, 00 A11 A10, 00 A11 A	254 <b>oo</b>
Liabilities         A10       Accounts payable and accrued expenses         A11       Mortgages and other notes payable - attach schedule       Statement 6         A12       Other liabilities - describe       See Statement 7         A13       Total liabilities - add lines A10 through A12       Control (1)         Net Assets         A14       Capital stock or trust principal       00         Net Assets         A16       Retained earnings or accumulated income       606 (865 00)         A17       Total liabilities and net assets - add lines A13 and A17       1, 284, 403 00       A18         Certification         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.	62 00
A10       Accounts payable and accrued expenses       447,108 00 At0 388,         A11       Mortgages and other notes payable - attach schedule       Statement 6         A12       Other liabilities - describe       See Statement 7         A13       Total liabilities - add lines A10 through A12       607,538 00 A13       1,007,         Net Assets         A14       Capital stock or trust principal         A15       Paid-in or capital surplus         Net Assets         A14       Capital stock or trust principal         A16       00 A14         A15       Paid-in or capital surplus       00 A16       2,084,         A16       Retained earnings or accumulated income       606,865 00 A17       2,084,         A17       Total net assets - add lines A13 and A17       1,284,403 00 A18       3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please         Sign Here       Chief Finance	24 00
A11       Mortgages and other notes payable - attach schedule       Statement 6       00 A11       18,         A12       Other liabilities - describe       See Statement 7       230,430 00 A12       601,         A13       Total liabilities - add lines A10 through A12       677,538 00 A13       1,007,         Net Assets         A14       Capital stock or trust principal       00 A14       00 A14         A15       Paid-in or capital surplus       00 A16       2,084,         A16       Retained earnings or accumulated income       606,865       00 A17       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18       3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please         Sign Here       Chief Finance	
A11       Mortgages and other notes payable - attach schedule       Statement 6       00 A11       18,         A12       Other liabilities - describe       See Statement 7       230,430 00 A12       601,         A13       Total liabilities - add lines A10 through A12       677,538 00 A13       1,007,         Net Assets         A14       Capital stock or trust principal       00 A14       00 A14         A15       Paid-in or capital surplus       00 A16       2,084,         A16       Retained earnings or accumulated income       606,865       00 A17       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18       3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please         Sign Here       Chief Finance	48 00
A12       Other liabilities - describe       See Statement 7       230,430 00 A12 601, 677,538 00 A13 1,007,         A13       Total liabilities - add lines A10 through A12       677,538 00 A13 1,007,         Net Assets         A14       Capital stock or trust principal       00 A14         A15       Paid-in or capital surplus       00 A15         A16       Retained earnings or accumulated income       606,865 00 A16 2,084,         A17       Total net assets - add lines A14 through A16       00 A18 3,092,         A18         Certification         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please         Sign Here       Chief Finance	1400
A13 Total liabilities - add lines A10 through A12       677,538 co A13       1,007,         Net Assets         A14 Capital stock or trust principal         A15 Paid-in or capital surplus       00 A14         A16 Retained earnings or accumulated income       606,865 co A16       2,084,         A17 Total net assets - add lines A14 through A16       606,865 co A16       2,084,         A18 Total liabilities and net assets - add lines A13 and A17       1,284,403 co A18       3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	
A14       Capital stock or trust principal       00       A14         A15       Paid-in or capital surplus       00       A15         A16       Retained earnings or accumulated income       606,865       00       A16       2,084,         A17       Total net assets - add lines A14 through A16       606,865       00       A17       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403       00       A18       3,092,         Certification       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	
A15       Paid-in or capital surplus       00       A15         A16       Retained earnings or accumulated income       606,865       00       A16       2,084,         A17       Total net assets - add lines A14 through A16       606,865       00       A17       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403       00       A18       3,092,         Certification       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	
A15       Paid-in or capital surplus       00       A15         A16       Retained earnings or accumulated income       606,865       00       A16       2,084,         A17       Total net assets - add lines A14 through A16       606,865       00       A17       2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403       00       A18       3,092,         Certification       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	
A16       Retained earnings or accumulated income       606,865 00 A16 2,084,         A17       Total net assets - add lines A14 through A16       606,865 00 A17 2,084,         A18       Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18 3,092,         Certification       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	00
A17 Total net assets - add lines A14 through A16       606,865 00 A17 2,084,         A18 Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18 3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here         Chief Finance	00
A18 Total liabilities and net assets - add lines A13 and A17       1,284,403 00 A18 3,092,         Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona.         Please       Sign Here       Chief Finance	
Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona. Please Sign Here Chief Financ	193 00
best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursu the income tax laws of the State of Arizona. Please Sign HereChief Financ	524 00
Sign Here Chief Financ	o the nt to
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	<u>; « A</u>
Paid	
Preparer's	
Use Only Preparer's signature Date Preparer's EIN, PTIN or SS	
Keegan, Linscott & Kenon, P.C. 86-0750225	
Firm's name (or preparer's, if self-employed)	SN
33 N. Stone Avenue, Suite 1100	
Tucson, AZ 85701 (520) 884-01	/6
Firm's address ZIP code Firm's telephone number	

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

The Sonoran Institute, Inc.

#### 86-0684610

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Depreciation/Amortization Expense	Statement	1
	Amount	
tion	29,33	38.
re 1, Line 18	29,33	8.
Other Income	Statement	2
	Amount	
e Ie	<1,55 1,499,0	51.: 71.
re 1, Line 11	1,521,48	33.
Misc Expenses	Statement	3
	Amount	
endraising events ntions nts es	7,9; 71,2; 7,9; 28,00 49,6; 19,8;	39. 15. 00. 16. 22. 23.
	tion e 1, Line 18 Other Income e e 1, Line 11 <u>Misc Expenses</u> ndraising events tions ts es	Amount tion 29,33 e 1, Line 18 29,33 Other Income Statement Amount 7,22 <1,55 1,499,07 16,72 e 1, Line 11 1,521,46 Misc Expenses Statement Misc Expenses Statement Amount 84 7,96 71,22 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,499,07 16,72 (1,55) 1,521,46 (1,55) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52) (1,52)

Total to Form 99, Page 1, Line 19

Statement(s) 1, 2, 3

492,016.

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#### 86-0684610

	Other Exp	enses	Statement	4
Description			Amount	
Other salaries a	nd wages		1,619,20	54.
Pension plan con			20,49	
Other employee b			126,82	
Payroll taxes			140,95	50.
Accounting fees			4,38	
Other profession	al fees		486,94	
Office expenses			26,49	
Occupancy			94,03	
Travel Conferences and	controntions		148,3	
Insurance	convencions		58,94 3,31	
Outside Services			137,50	
Subcontracts			118,7	
Printing and Pho	tocopy		49,4	
Telephone			28,90	
Field Supplies as	nd Mate		30,80	
All other expense	es		37,32	27.
Total to Form 99	, Page 1, Line 25		3,132,9	24.
		ota		
AZ 99	Other Ass		Statement	5
	Other Ass	Beg of Year	Statement End of Yea:	
Description		Beg of Year	End of Yea:	r
Description Pledges and Gran	ts Receivable	Beg of Year 735,545.	End of Yea: 1,028,49	r 98.
Description Pledges and Gran Prepaid Expenses	ts Receivable and Deferred Charges	Beg of Year 735,545. 43,128.	End of Yea: 1,028,49 10,93	r 98. 35.
Description Pledges and Gran	ts Receivable and Deferred Charges	Beg of Year 735,545.	End of Yea: 1,028,49	r 98. 35. 50.
Description Pledges and Gran Prepaid Expenses Advance to Rinco Deposits	ts Receivable and Deferred Charges	Beg of Year 735,545. 43,128. 244,918.	End of Yea: 1,028,49 10,93 207,09	r 98. 35. 50. 79.

Description	Beg of Year	End of Year
Mortgages/Notes to Unrelated 3rd Parties	0.	18,014.
Total to Form 99, Page 2, Line A11	0	18,014.

AZ 99 C	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, Line	e 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

For		90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co benefit trust or private foundation)	ode (except black lung	OMB No. 1545-0047 2009 Open to Public
		f the Treasury lue Service	The organization may have to use a copy of this return to satisfy stat	e reporting requirements.	Inspection
AF	For the	2009 cal	lendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
	Check if applicable	e: Please use IRS	C Name of organization	D Employer identificat	ion number
	Addres Change Name	s label or print or type.	The Sonoran Institute	86-068	84610
	lchange ]Initial	3	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/sui		74010
	Ireturn Termin	See Specific	7650 E. Broadway Blvd. 203	, ·	90-0828
	_lated ]Ameno	Instruc-	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,689,509.
	lreturn Applic	a-	Tucson, AZ 85710	H(a) Is this a group retu	
I	tiòn pendir		ne and address of principal officer: Bryan Morgan	for affiliates?	Yes X No
			e as C above	H(b) Are all affiliates includ	ed? Yes No
1 .	Гах-ехе		us: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list	
-			w.sonoran.org	H(c) Group exemption n	umber 🕨
			n: X Corporation Trust Association Other ► L Ye	ar of formation: 1990 M S	tate of legal domicile; ${f AZ}$
	art I	Summ	ary		
	1	Briefly de	scribe the organization's mission or most significant activities: The Sonor	an Institute :	inspires
ő		and e	enables community decisions and public po	<u>plicies that re</u>	espect the
rna	2	Check thi	s box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	
ove	3	Number o	f voting members of the governing body (Part VI, line 1a)		20
Ū X	4	Number c	f independent voting members of the governing body (Part VI, line 1b)		20
es	5	Total nurr	ber of employees (Part V, line 2a)		67
viti			ber of volunteers (estimate if necessary)		0
Acti	1	-	ss unrelated business revenue from Part VIII, column (C), line 12	1 1	0.
_	b	Net unrel	ated business taxable income from Form 990-T, line 34		0.
			-	Prior Year	Current Year
e	8		ions and grants (Part VIII, line 1h)	3,685,368.	3,356,720.
/ent	9	0	service revenue (Part VIII, line 2g)	840,493.	<u>1,284,599.</u> 274.
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	6,775.	47,916.
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,532,636.	4,689,509.
			enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	416,895.	6,950.
			id similar amounts paid (Part IX, column (A), lines 1-3)	410,095.	0,550.
I Tax- J Weth Aret Posets or Frind Balances I Tax- Aret Posets or Frind Balances I Tax- I I I I I I I I I I I I I I I I I I I		-	baid to or for members (Part IX, column (A), line 4)	3,028,584.	2,962,835.
	15		nal fundraising fees (Part IX, column (A), line 11e)	0.	
- Neu	loa b		Traising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 232,548.		
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,679,509.	1,914,772.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,124,988.	4,884,557.
			less expenses. Subtract line 18 from line 12	<592,352.>	<195,048.>
Or Se				Beginning of Current Year	End of Year
land	20	Total ass	ets (Part X, line 16)	1,315,875.	1,284,403.
Ass	21		lities (Part X, line 26)	431,868.	677,538.
Fiet	22	Net asset	s or fund balances. Subtract line 21 from line 20	884,007.	606,865.
P	art II		ture Block		
		Under pena and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and statemen ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge a lge.	and belief, it is true, correct,
Sig	jn				
He	re		nature of officer	Date	
			eth Frantz, Chief Finance & Admin Officer e or print name and title		
		Preparer' signature	S GGUPA 37111	Check if self- employed	identifying number ctions)
	•	Firm's nam yours if	Reegan, minscott & Renon, r.c.	EIN 🕨	
030	, om <b>y</b>	self-employ address, ar	SS IN Scond Includy, Dallos line		
		ZIP + 4	Tucson, AZ 85701	Phone no. ► ( 5:	
Ma	ly the I				
932	001 02-0	04-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form <b>990</b> (2009)

See Schedule O for Organization Mission Statement Continuation

	1 990 (2009) The Sonoran Institute	86-0684610	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	The Sonoran Institute inspires and enables community of		
	public policies that respect land and people of wester	<u>n North Americ</u>	ca.
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	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			096.)
	West-Wide Research Team - The Research Team successful		an
	analysis of the economic conditions in both Tucson, Ar		
	Vegas, Nevada. The team also issued a report card on		in
	the Santa Cruz River of Arizona, a fish study of that		
			am
	Service, providing multimedia resources for monitoring	[•	
		· · · · · · · · · · · · · · · · · · ·	
4b			754.)
			elp
	communities plan for development and wildlife habitat	protection.	
		· · · · · · · · · · · · · · · · · · ·	
		·······	
		······	
	·		
			200
4c			
	the analysis of siting utility-scale solar installation	ns and question	ons
			rea
	information for a proposed State Trust Land Reform Ini	tlative and	
		lestern Maricop	pa
	County, Arizona.		
			·
		······································	·
4d		0.0.5	
		936.)	
<u>4e</u>	Total program service expenses ►\$ 3,368,702.		<u> </u>
93200	2	Form <b>99</b>	<b>W</b> (2009)
02-04			
~ ~ ~			
	urban-wildlife interface fire study in the Northern Rockies. Program staff established learning center websites for the National Park Service, providing multimedia resources for monitoring. (Code: )(Expenses \$ 662,602. including grants of \$ 3,350.)(Revenue \$ 89,754.) Northern Rockies - Staff members have been involved in efforts to reshape unsustainable development patterns in Teton County, Idaho. The program administered a small grants program with awards given to local community groups to support conservation. Staff led workshops to help communities plan for development and wildlife habitat protection. (Code: )(Expenses \$ 493,504. including grants of \$ 2,750.)(Revenue \$ 186,380.) Sun Corridor - The Sun Corridor Program has played an important role in the analysis of siting utility-scale solar installations and questions pertaining to transmission facilities. Program staff members prepared information for a proposed State Trust Land Reform Initiative and continued progress toward wilderness designations in Western Maricopa County, Arizona. Other program services.(Describe in Schedule O) (Expenses \$ 1,072,468. including grants of \$ 350.)(Revenue \$ 72,936.) Tetalprogram services.(Describe in Schedule O) (Expenses \$ 3,368,702. Prom 990(2009)		

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			Institute
Part IV Checklist of R	equire	d 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	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		Х						
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									
	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									
	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		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		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							
٠	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,									
	Part VI.									
٠	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.									
٠	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.									
٠	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.									
٠	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.									
٠	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	1.14	1 - E.							
	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									
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	X							
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,									
	and program service activities outside the 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									
	or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals									
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ļ							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines									
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"									
	complete Schedule G, Part III	19		X						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X						

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Form 990 (2009)

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 Form 990 (2009)
 The Sonoran Institute

 Part IV
 Checklist of Required Schedules (continued)

|     | · ·                                                                                                                             |     | 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  |
| 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 |     | X  |
| 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  |     | 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):                                                     |     |     |    |
| 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 |     | X  |
| с   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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  |     | Х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                    |     |     |    |
|     | If "Yes," complete Schedule N, Part I                                                                                           | 31  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |     |    |
|     | Schedule N, Part II                                                                                                             | 32  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |     |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | 33  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity?                                                               |     |     |    |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                 | 34  | X   |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       |     |     |    |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                   | 35  |     | X  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |     |     |    |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                   | 36  |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |     |    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |     | X  |
| 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  | X   |    |

Form **990** (2009)

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| Form | 990 (2009)The Sonoran Institute86-0684t VStatements Regarding Other IRS Filings and Tax Compliance                                          | 610                                            | P                          | age 5            |
|------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|------------------|
| 1 01 | Statements negating other mornings and rax compliance                                                                                       |                                                | Vee                        | No               |
|      | Enter the sumbary on a tod in Day 2 of Form 1006. Annual Summary and Transmittal of                                                         |                                                | Yes                        | 110              |
| Ta   | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of<br>U.S. Information Returns. Enter -0- if not applicable |                                                |                            |                  |
| h    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0                                                        |                                                |                            |                  |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                          | e.                                             |                            |                  |
| с    | (gambling) winnings to prize winners?                                                                                                       | 1c                                             |                            |                  |
| 22   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                 | 10                                             | 1                          | •                |
| Za   | filed for the calendar year ending with or within the year covered by this return 2a 67                                                     |                                                |                            |                  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                              | 2b                                             | х                          |                  |
| D    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)               |                                                |                            |                  |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                        | 3a                                             |                            | x                |
|      | 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                   |                                                |                            |                  |
| 14   | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                            | 4a                                             | х                          |                  |
| ь    | If "Yes," enter the name of the foreign country: Mexico                                                                                     |                                                |                            |                  |
| 2    | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and                               |                                                |                            |                  |
|      | Financial Accounts.                                                                                                                         |                                                |                            |                  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                       | 5a                                             |                            | x                |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                            | 5b                                             |                            | Х                |
| č    | If "Yes," to line 5a or 5b, did the organization file Form 8886 T, Disclosure by Tax-Exempt Entity Regarding Prohibited                     |                                                |                            |                  |
| •    | Tax Shelter Transaction?                                                                                                                    | 5c                                             |                            |                  |
| 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).                                                               |                                                |                            |                  |
| 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 was required                           |                                                |                            |                  |
|      | to file Form 8282?                                                                                                                          | 7c                                             |                            | X                |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year7d                                                                         | 1. A.      |                            |                  |
| е    | Did the organization, during the year, 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    | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                  | 7g                                             |                            |                  |
| h    | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                       | 7h                                             |                            |                  |
| 8    | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the                            |                                                |                            |                  |
| . 1  | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings                     |                                                | ÷.                         |                  |
|      | at any time during the year?                                                                                                                | 8                                              |                            |                  |
| 9    | Sponsoring organizations maintaining donor advised funds.                                                                                   |                                                | a<br>San San               |                  |
| а    | Did the organization make any taxable distributions under section 4966?                                                                     | 9a                                             |                            | ļ                |
| b    | Did the organization make a distribution to a donor, donor advisor, or related person?                                                      | 9b                                             |                            |                  |
| 10   | Section 501(c)(7) organizations. Enter:                                                                                                     |                                                |                            |                  |
| а    | 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                                                 |                                                |                            |                  |
| 11   | Section 501(c)(12) organizations. Enter:                                                                                                    |                                                |                            |                  |
| a    | Gross income from members or shareholders                                                                                                   |                                                | a sid<br>19                |                  |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against                                                    |                                                |                            | t terrester      |
|      | amounts due or received from them.)                                                                                                         |                                                | a stinne e tr<br>attende a | 1 <sup>1</sup> * |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                  | 12a                                            | and to                     | 1 a 1, 11        |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                                                   | <u>l : : : : : : : : : : : : : : : : : : :</u> | <u>pele the</u>            |                  |

Form **990** (2009)

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11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X							
11A	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	Х								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise										
	to conflicts?										
С	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?	13	X								
14	Does the organization have a written document retention and destruction policy?	14	X								
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										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
<b></b>	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$										
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, a	nd fina	ncial								
	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	tion: 🕨	▶								
	The Organization - 520-290-0828										
	7650 E. Broadway Blvd., Suite 203, Tucson, AZ 85710										
		Form	<b>990</b> (	(2009)							

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1a Enter the number of voting members of the governing body 20 1a b Enter the number of voting members that are independent 20 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х 3

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
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		Х
Sec	tion 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?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	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		Х
11A	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		Х
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	

#### The Sonoran Institute Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2009)

Section A. Governing Body and Management

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Yes

No

#### The Sonoran Institute

#### Page 7

#### 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did not c (A)	(B)	y cu	nen		C)	, 0,10	.010	(D)	(E)	(F)
Name and Title	Average hours	(cl			itior that	n app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Kathy Borgen									0	0
Member at Large	1.00	X			<u> </u>		<u> </u>	0.	0.	0.
Fred Bosselman									0	0
Director	1.00	X						0.	0.	0.
Andrew Downs										0
Director	1.00	X			ļ			0.	0.	0.
Chris Duerksen	1									0
Director	1.00	X	<u> </u>		<u> </u>	ļ	ļ	0.	0.	0.
Exequiel Ezcurra										0
Director	1.00	X						0.	0.	0.
Louise Glasser								0		0
Director	1.00	X	<b> </b>		ļ			0.	0.	0.
Martha Hunter	1 00							0		0
Director	1.00	X				<u> </u>		0.	0.	0.
Nyda Jones-Church	1							0		<u>م</u>
Treasurer	1.00	X		X				0.	0.	0.
Joseph Kalt	1							0		
Member at Large	1.00	X			-		ļ	0.	0.	0.
Bob Keiter	1 00							0		
Director	1.00	X	<u> </u>		-			0.	0.	0.
Dennis Minano	1						ļ	0	0	
Vice-Chair	1.00	X	_	X	-		_	0.	0.	0.
Bill Mitchell	1 00							0.	0.	0.
Director	1.00	X	┣				-	0.	0.	0.
Bryan Morgan	1 00		l					0.	0.	0.
Chair	1.00	X	-	X	-		-	<u> </u>	<u> </u>	<u> </u>
Alan Nicholson	1 00							0.	0.	0.
Director	1.00	<b>X</b>	-				<u> </u>	U.	0.	<u> </u>
Laurinda Oswald	1 00							0		0
Director	1.00		<b> </b>			+		0.	0.	0.
Louise Plank	1 00	-			1		1			
Director	1.00			-		+		0.	0.	0.
Anna Hill Price	1 00		1				ł	•	<u>م</u>	
Director	1.00	X	L	<u> </u>	<u> </u>		1	0.	0.	0.

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#### Form 990 (2009)

#### The Sonoran Institute

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Form 990 (2009) The Sonoi									86-0684	:01U	Pa	age <b>o</b>
Part VII Section A. Officers, Directors, Tru		mplo 1	byee			High	est		ees (continued)	1		
(A)	. (B)			-	C)			(D)	(E)		(F)	
Name and title	Average				itior		1. J.	Reportable	Reportable		stimate	
	hours	<u> </u>	heck	(all	tnat T	app	iy)	compensation from	compensation from related	a	nount other	or
	per week	individual trustee or director						the	organizations	con	npensa	tion
		or di	8			ated		organization	(W-2/1099-MISC)		rom th	
		ustee	trust		ee	npens		(W-2/1099-MISC)		org	janizat	ion
		dual ti	Institutional trustee		nploy	stcor	5				d relat	
		Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			org	anizati	ons
Richard Thweatt												
Director	1.00	X			ļ			0.	0.			0.
Karen Wade												
Secretary	1.00	X	L	X				0.	0.			0.
Martin Yenawine												
Director	1.00	X						0.	0.			0.
Maria Elena Barajas												
Emeritus	1.00	X						0.	0.			0.
Jake Kittle												
Emeritus	1.00	X	L					0.	0.	_		0.
Donald Diamond									_			_
Emeritus	1.00	X	L	<u> </u>	<u> </u>			0.	0.			0.
Frank Gregg												
Emeritus	1.00	X		<u> </u>				0.	0.	·		0.
Jane Ragle												-
Emeritus	1.00	X	$\vdash$	<u> </u>		ļ		0.	0.	·		0.
James Kaple	1								•			•
Emeritus	1.00	X	ļ	<u> </u>	<u> </u>	-		0.	0.	·		0.
Luther Propst								112 050	0			~
Executive Director	40.00			X		X		113,259.	0.			0.
1b Total								194,882.	0.	•		0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	юr	eceived more than \$100	,000 in reportable			1
compensation from the organization											Yes	1 No
3 Did the organization list any former officer,	director or tru	istee	ke	ven	nnla	vee	ort	highest compensated en	nnlovee on			· .
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	•		-	•					-	4		х
5 Did any person listed on line 1a receive or a												
the organization? If "Yes," complete Sched	-									5		x
Section B. Independent Contractors		<u>r -: -</u>										
1 Complete this table for your five highest co	mpensated in	depe	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of compen	sation	from	
the organization.												
(A) Name and business	address							<b>(B)</b> Description of s	ervices		<b>C)</b> ensatio	n
Fregonese Associates Inc	, 1525	ST	N I	Pa	rk							
Ave., Suite 200, Portland	1, OR 9	720	01					Consulting		13	4,1	99.
			_									

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

 \$100,000 in compensation from the organization ▶

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 See Schedule J-2 for Part VII, Section A Continuation

 Form 990 (2009)

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Contributions, girts, grants and other similar amounts		I Statement of Reven	lue		•			
Juuolis, girts, grants her similar amounts			i para s					
Juuons, gitts, grants her similar amounts	· · · · ·				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Juuons, gms, gra her similar amou		Federated campaigns						
her similar an		Membership dues			· · · ·			
ber similar		Fundraising events						
her sim		Related organizations		701 140				
her		Government grants (contributi		791,148.				
<u></u>	f	All other contributions, gifts, grant		2565572				
5		similar amounts not included abov		2565572.		•		
and		Noncash contributions included in lines Total. Add lines 1a-1f			3356720.			
		Tutal, Aud lines Ta II		Business Code	5550720.		· · · · · ·	
<b>b</b>	2 3	Contract Income		900099	1276825.	1276825.		
		Program Service		900099	7,774.	7,774.		
Sal	c			500055		1111-1-1		
Svel	d				· · · · · · · · · · · · · · · · · · ·			
Revenue	e							
E		All other program service reven	nue				· · · · · · · · · · · · · · · · · · ·	
		Total. Add lines 2a-2f			1284599.			
	3	Investment income (including	dividends, inter	est, and				
	other similar amounts)		274.			274.		
	4	Income from investment of tax						
	5	Royatties		>				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses		1				
	С	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			1. Sec. 1			
		and sales expenses					2000 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 -	
		Gain or (loss)			. *			
		Net gain or (loss)		····· •				
e i	8 a	Gross income from fundraising	g events (not					
len len		including \$	of					а. <sup>1</sup>
e r		contributions reported on line	•	7 340				
Other Hevenue			a					· · ·
5		Less: direct expenses			7 240			7 240
		Net income or (loss) from fund Gross income from gaming ac	-		7,349.			7,349.
	ร ล	• •	a					
	h	Less: direct expenses		1				
		Net income or (loss) from gam						
4		Gross sales of inventory, less	•					
'		•						
	b	and allowances a Less: cost of goods sold b						
		Net income or (loss) from sales						
Γ		Miscellaneous Revenue		Business Code				
1	11 a	Other Income		900099	35,701.	35,701.		
		Gain on Exchang	e Rate	900099	4,866.	4,866.		
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	40,567.			
<b>1</b> 32009	12	Total revenue. See instructions.			4689509.	1325166.	0.	7,623. Form 990 (2009)

## 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.	<b>(A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> 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			den de la companya d	
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	2,478,825.	1,751,201.	596,313.	131,311.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	49,851.	37,058.	11,546.	1,247.
9	Other employee benefits	231,542.	148,656.	71,198.	11,688.
10	Payroll taxes	202,617.	150,427.	40,524.	11,666.
11	Fees for services (non employees):				
а	Management				
b	Legal	58,925.	39,713.	19,212.	,
С	Accounting	15,063.		15,063.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	Other	639,336.	529,841.	79,561.	29,934.
12	Advertising and promotion				
13	Office expenses	60,798.	25,514.	32,053.	3,231.
14	Information technology				
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				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	155,582.	85,909.	66,461.	3,212.
20	Interest				F
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			and a second second Second second	
	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		53,375.	36,259.	6,946.	10,170.
С		48,727.	48,362.	365.	
d		48,215.	34,557.	12,941.	717.
e		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				

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The	Sonoran	Institut	e

86-0684610 Page 11

		2009) The Sonoran Institute	86-0684610 Page 1			
Pa	rt X	Balance Sheet	(A)		(B)	
			Beginning of year		End of year	
	1	Cash - non-interest-bearing	176,835.	1	114,722.	
	2	Savings and temporary cash investments	331,270.	2	12,759.	
	3	Pledges and grants receivable, net	452,560.	3	735,545.	
	4	Accounts receivable, net	2,055.	4	75,751.	
	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)) and persons described in section 4958(c)(3)(B). Complete			· · · · · · · · · · · · · · · · · · ·	
		Part II of Schedule L		6		
Ś	7	Notes and loans receivable, net		7	1	
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges	46,044.	9	43,128.	
	10a					
		basis. Complete Part VI of Schedule D 10a 328, 294.				
	ь	Less: accumulated depreciation 10b 279,971.		10c	48,323.	
	11	Investments - publicly traded securities		11	i - New Address Address	
	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	256,447.	15	254,175.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,315,875.	16	1,284,403.	
	17	Accounts payable and accrued expenses	376,607.	17	447,108.	
	18	Grants payable		18		
	19	Deferred revenue	46,077.	19	230,430.	
	20	Tax-exempt bond liabilities		20		
ŝ	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		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	9,184.	25	0.	
	26	Total liabilities. Add lines 17 through 25	431,868.	26	677,538.	
		Organizations that follow SFAS 117, check here 🕨 🗴 and complete				
se		lines 27 through 29, and lines 33 and 34.				
nc.	27	Unrestricted net assets	<127,308.	>27	5,499.	
Sala	28	Temporarily restricted net assets	1,011,315.	28	601,366.	
Б	29	Permanently restricted net assets		29		
Ъ		Organizations that do not follow SFAS 117, check here 🕨 🛄 and				
۶		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
let ,	32	Retained earnings, endowment, accumulated income, or other funds		32		
z	33	Total net assets or fund balances	884,007.		606,865.	
	34	Total liabilities and net assets/fund balances	1,315,875.	34	1,284,403.	

Form **990** (2009)

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Form	990 (2009) The Sonoran Institute	86-0684610	Pa	ge <b>12</b>
Pa	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	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
b	Were the organization's financial statements audited by an independent accountant?		X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			
	review, or compilation of its financial statements and selection of an independent accountant?	<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?	<u>3a</u>	X	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		X	

Form **990** (2009)

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SCHED (Form 994 Department of Internal Reven	D or 990-EZ) the Treasury 4947(a)(1) nonexempt charitable trust.	Complete if the organization is a section 501(c)(3) organization or a section					
Name of t	he organization	Employer ide	entificatio	n nun	nber		
	The Sonoran Institute	86-	-06846	510			
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions.					
1 🗌 2 🛄 3 🔲	zation 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.) 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) city, and state:	( <b>1)(A)(iii).</b> Enter the	hospital's	sname	e,		
5	An organization operated for the benefit of a college or university owned or operated by a government	ntal unit described	in				
5 <u> </u>	section 170(b)(1)(A)(iv). (Complete Part II.)						
6   7   X   8   9   9   9   9   9   9   9   9   9	A federal, state, or local government or governmental unit described in section <b>170(b)(1)(A)(v)</b> . An organization that normally receives a substantial part of its support from a governmental unit or free section <b>170(b)(1)(A)(vi)</b> . (Complete Part II.) A community trust described in section <b>170(b)(1)(A)(vi)</b> . (Complete Part II.) An organization that normally receives: <b>(1)</b> more than 33 1/3% of its support from contributions, men activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% income and unrelated business taxable income (less section 511 tax) from businesses acquired by the See section <b>509(a)(2)</b> . (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section <b>509(a)(4)</b> . An organization organized and operated exclusively for the benefit of, to perform the functions of, or more publicly supported organizations described in section <b>509(a)(1)</b> or section <b>509(a)(2)</b> . See section describes the type of supporting organization and complete lines <b>11e</b> through <b>11h</b> . <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more	nbership fees, and % of its support fr he organization aft to carry out the p on 509(a)(3). Chec d <sup>-</sup> ore disqualified pe	gross rec om gross i er June 3( urposes of k the box fype III - C rsons oth	eipts f nvestr D, 197 f one c that that ther er that	from ment 5. or		
	foundation managers and other than one or more publicly supported organizations described in sec	tion 509(a)(1) or se	ction 509	(a)(2).			
f	If the organization received a written determination from the IRS that it is a Type II, Type II, or Type II						
9	<ul> <li>supporting organization, check this box</li> <li>Since August 17, 2006, has the organization accepted any gift or contribution from any of the follow</li> <li>(i) A person who directly or indirectly controls, either alone or together with persons described in ( the governing body of the supported organization?</li> <li>(ii) A family member of a person described in (i) above?</li> <li>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</li> </ul>	ing persons? ii) and (iii) below,	11g(i) 11g(ii) 11g(iii)	Yes	No		
h	Provide the following information about the supported organization(s).		<u>[,,,3/.,1</u> ]		L		
	(iii) Type of (iv) is the organization (v) Did you polify the	(vi) Is the	(ull) Am	ounto			

(i) Name of supported organization	(ii) EIN	organization (described on lines 1-9 above or IRC section	(iv) is the organization in col. (i) listed in your governing document?		organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
							ļ			
									· · · · · · · · · · · · · · · · · · ·	
Total										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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## Schedule A (Form 990 or 990 EZ) 2009 The Sonoran Institute 86-0684610 Page 2 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.)

Sec	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any <b>"unus</b> ual 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 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	2,714,190.	3,379,415.	4,018,439.	3,685,368.	3,356,720.	17,154,132.		
5	The portion of total contributions								
Ŭ	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,								
	a aluman /A						5,567,669.		
6	Public support. Subtract line 5 from line 4.						11,586,463.		
	tion B. Total Support	II	1				11,500,405.		
•	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 4	2,714,190,	3,379,415.	4,018,439.	3,685,368.	3,356,720.	17,154,132.		
8	Gross income from interest,	2,714,150.		4,010,433.	3,003,300.	3,330,720.	17,154,152.		
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	31,028.	41,065.	26,252.	6,775.	274.	105,394.		
•	Net income from unrelated business	51,020.	41,00J.	20,252.	0,113.	4/4•	105,554.		
9									
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital				1	10 567	10 567		
	assets (Explain in Part IV.)					40,567.	40,567.		
	Total support. Add lines 7 through 10		L				17,300,093.		
12	Gross receipts from related activities			1 C 11		12			
13	First five years. If the Form 990 is fo	•			•				
Sec	organization, check this box and sto ction C. Computation of Publ	ic Support Per	rcontaria			•••••••••••••••••••••••••••••••••••••••	····· ►		
	· · · · · · · · · · · · · · · · · · ·	• • • • •				44	66 07 %		
	Public support percentage for 2009 (		•			14	<u>66.97 %</u>		
	Public support percentage from 2008					15	79.58 %		
16a	33 1/3% support test - 2009. If the o						parameters and a second s		
	stop here. The organization qualifies								
b	33 1/3% support test - 2008. If the c	-							
	and stop here. The organization qua								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac			•	-	+			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes								
	more, and if the organization meets t				• •		) . []		
	organization meets the "facts-and-cire		-				▶∟_		
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

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Sch	edule A (Form 990 or 990 EZ) 2009	<u>Demonstantions</u>	Described in	Castion FOO/s	1/0)		Page 3
	rt III Support Schedule for C	Jrganizations	Described in	Section 509(a	(Complete only	if you checked the bo	ox on line 9 of Part I.)
	ction A. Public Support		T				(a T )
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 per-						
	formed, 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						
F	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
12	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
~	from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the			ļ.			
,	amount on line 13 for the year	· · · · · · · · · · · · · · · · · · ·		· · · · ·			
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	I	1	I	1		I
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	<u>(1) 2000</u>		(0) 2001	(4) 2000	(0) 2000	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						,
	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.)						
	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here	-					
Se	ction C. Computation of Publ						
15	Public support percentage for 2009 (	line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20	009 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ifies as a publicly s	upported organization	ation	
t	33 1/3% support tests - 2008. If the	organization did	not check a box or	n line 14 or line 19a	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	inization qualifies a	as a publicly supp	orted organization	▶∟

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities		OMB No. 1	545-0047
(Form 990 or <b>990-EZ</b> )	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						09
Department of the Treasury Internal Revenue Service	►	Complete if the organiz Attach to Form 990 or Form 990				Open to Inspec	
If the organization answ Section 501(c)(3) org Section 501(c) (other Section 527 organization If the organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Section 501(c)(4), (5) Name of organization Part I-A Completion 1 Provide a description 2 Political expenditure	vered "Yes," to anizations: Com than section 56 ations: Complete vered "Yes," to anizations that vered "Yes," to , or (6) organiza <u>The Son</u> ete if the organizes	Form 990, Part IV, line 3, or Form pplete Parts I-A and B. Do not com D1(c)(3)) organizations: Complete P	n 990-EZ, Part VI, lir plete Part I-C. Parts I-A and C below. n 990-EZ, Part VI, lir ler section 501(h)): Co n under section 501(h Fax), then r section 501(c) campaign activities in	ne 46 (Political Camp Do not complete Part ne 47 (Lobbying Activ complete Part II-A. Do n n)): Complete Part II-B.	t I-B. ities), th ot comp Do not c Employe 27 orga \$	ivities), then en lete Part II-B. complete Part r identificatic 3 6 - 0 6 8 4 6	IŀA. on number
		janization is exempt unde					
		incurred by the organization under	the second s		► \$		
		incurred by organization managers					
		n 4955 tax, did it file Form 4720 fo				Yes	No No
4a Was a correction m	ade?					Yes	No
b If "Yes," describe ir	Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),			3).	
		d by the filing organization for secti			▶\$		
		ization's funds contributed to othe	-				
					► \$		
•	•	3. Add lines 1 and 2. Enter here and					
					▶\$	Yes	No
		<b>1120-POL</b> for this year?					
		he amount paid from the filing orga					
0	•	ivered to a separate political organ			•		
		d, provide information in Part IV.	· ·				
(a) Name	-	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's co r-0	(e) Amount of intributions re- promptly and delivered to a political organ If none, ent	ceived and I directly separate nization.
		······					

·····				
Cor Drivoov Act and Danarus	rk Doduction Act Notice .cool	the Instructions for Form 00	0 or 000-E7 Schodula	C (Earm 000 or 000 E7) 2000

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 LHA

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86-0684610 Page 2

### Schedule C (Form 990 or 990 EZ) 2009 The Sonoran Institute 86 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768

Over \$1,000,000 but not over \$1,500,000

Over \$17,000,000

Over \$1,500,000 but not over \$17,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter 0-

i Subtract line 1f from line 1c. If zero or less, enter 0-

(election under section &	i01(h)).				
	longs to an affiliated group. ecked box A and "limited control" provisions apply.				
Limits on L	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)				
b Total lobbying expenditures to influence a	a legislative body (direct lobbying)	17,215.			
c Total lobbying expenditures (add lines 1a	and 1b)	17,215.			
		4,867,342.			
	lines 1c and 1d)	4,884,557.			
	mount from the following table in both columns.	394,228.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	1			
Not over \$500,000	20% of the amount on line 1e.				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				

reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\$1,000,000.

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d</b> ) 2009	<b>(e)</b> Total					
2a Lobbying nontaxable amount	409,402.	399,838.	406,249.	394,228.	1,609,717.					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>				·····	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 expenditure	es									

Schedule C (Form 990 or 990-EZ) 2009

98,557.

0.

0.

No

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# 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	)	(b	)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or		Υ		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b					
. <b>C</b>	Media advertisements?				
d	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?				
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				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			····	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	(5), or se	ction	
	<b>501(c</b> )(6).				
				Yes	No
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 carryover lobbying and political expenditures from the prior year?				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	: III-A, III	ie s is ai	iswerea	
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).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		1 1		
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 exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	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; and	I Part II-B, I	line 1i. Alsc	, complete	this part
for a	ny additional information.				
	·				

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Sch	edule	D
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Department of the Treasury Internal Revenue Service

(Form 990)

932051 02-01-10

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## 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.



| Nam | e of the organization<br>The Sonoran Institute                                                                              | Em       | ployer identification number 86-0684610 |
|-----|-----------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|
| Pa  |                                                                                                                             |          |                                         |
| ra  |                                                                                                                             |          | unts. Complete li tile                  |
|     | organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds                                           | b) Fur   | nds and other accounts                  |
|     |                                                                                                                             | bjiu     |                                         |
| 1   | Total number at end of year                                                                                                 |          |                                         |
| 2   | Aggregate contributions to (during year)                                                                                    |          |                                         |
| 3   | Aggregate grants from (during year)                                                                                         |          | · · · · · · · · · · · · · · · · · · ·   |
| 4   | Aggregate value at end of year                                                                                              |          |                                         |
| 5   | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun              |          |                                         |
|     | 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 advisors in writing that grant funds can be used of             |          |                                         |
|     | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer              | 0        | [] []                                   |
| -   | impermissible private benefit?                                                                                              |          |                                         |
| Pa  | t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part 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 pleasure)                                                          | ly imp   | ortant land area                        |
|     | X Protection of natural habitat                                                                                             | storic   | structure                               |
|     | X Preservation of open space                                                                                                |          |                                         |
| 2   | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co             | onserv   | ation easement on the last              |
|     | day of the tax year.                                                                                                        | r        | 1                                       |
|     |                                                                                                                             | <u> </u> | Held at the End of the Tax Year         |
| а   | Total number of conservation easements                                                                                      | 2a       | 11                                      |
| b   | Total acreage restricted by conservation easements                                                                          | 2b       | 1,920.00                                |
| С   | Number of conservation easements on a certified historic structure included in (a)                                          | 2c       | 0                                       |
| d   | Number of conservation easements included in (c) acquired after 8/17/06                                                     | 2d       | 0                                       |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ                  | nizatio  | n during the tax                        |
|     | year ▶0_                                                                                                                    |          |                                         |
| 4   | Number of states where property subject to conservation easement is located $\blacktriangleright$ 1                         |          |                                         |
| 5   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of                      |          |                                         |
|     | violations, and enforcement of the conservation easements it holds?                                                         |          | Yes X No                                |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t                  | he yea   |                                         |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year                 | ear 🕨    | \$ 740.                                 |
| 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)?                                                                                               | <i>.</i> | Yes X No                                |
| 9   | In Part XIV, describe how the organization reports conservation easements in its revenue and expense state                  |          |                                         |
|     | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization | janiza   | tion's accounting for                   |
|     | conservation easements.                                                                                                     |          |                                         |
| Pa  | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other                                          | Simi     | lar Assets.                             |
|     | Complete if the organization answered "Yes" to Form 990, Part IV, line 8.                                                   |          |                                         |
|     |                                                                                                                             |          |                                         |
| 1a  | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance                | sheet    | works of art, historical                |
|     | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set          | rvice,   | provide, in Part XIV, the text of       |
|     | the footnote to its financial statements that describes these items.                                                        |          |                                         |
| b   | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she                | et wo    | rks of art, historical treasures,       |
|     | or other similar assets held for public exhibition, education, or research in furtherance of public service, provi          | de the   | following amounts relating to           |
|     | these items:                                                                                                                |          |                                         |
|     | (i) Revenues included in Form 990, Part VIII, line 1                                                                        |          | \$                                      |
|     | (ii) Assets included in Form 990, Part X                                                                                    |          |                                         |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for financial gain,        |          |                                         |
|     | the following amounts required to be reported under SFAS 116 relating to these items:                                       | •        |                                         |
| 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.                                      |          | Schedule D (Form 990) 2009              |

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|----------|------------------------------------------------------------------------------------------------------------|-----------------------|------------|---------------|------------------|------------|----------------------|--------------|---------------|--------------------|
|          | t III   Organizations Maintaining C                                                                        |                       |            |               |                  |            |                      |              |               |                    |
| 3        | Using the organization's acquisition, accessi                                                              | on, and other record  | is, chec   | k any of the  | tollowing the    | at are a s | ignificant           | use of its   | collection in | ems .              |
|          | (check all that apply):                                                                                    |                       |            |               |                  |            |                      |              |               |                    |
|          | a     Public exhibition     d     Loan or exchange programs       b     Scholarly research     e     Other |                       |            |               |                  |            |                      |              |               |                    |
| b        | Scholarly research                                                                                         | e                     |            | Other         | . <u></u>        |            |                      |              |               |                    |
| С        | Preservation for future generations                                                                        |                       |            |               |                  |            |                      |              |               |                    |
| 4        | Provide a description of the organization's co                                                             | -                     |            | -             | -                |            |                      | ose in Par   | t XIV.        |                    |
| 5        | During the year, did the organization solicit o                                                            |                       |            |               |                  |            |                      | _            | ٦             | <u> </u>           |
| <b>D</b> | to be sold to raise funds rather than to be ma                                                             |                       |            |               |                  |            |                      |              | <u>Yes</u>    | <u>No</u>          |
| Pai      | t IV Escrow and Custodial Arran                                                                            |                       | ete if org | janization a  | nswered "Ye      | s" to ⊦or  | m 990, Pa            | art IV, line | 9, or         |                    |
|          | reported an amount on Form 990, Par                                                                        |                       |            |               |                  |            |                      |              |               |                    |
| 1a       | Is the organization an agent, trustee, custodi                                                             |                       | •          |               |                  |            |                      |              | ٦             | <b>—</b> ]         |
|          | on Form 990, Part X?                                                                                       |                       |            |               |                  |            |                      | L            | Yes           | └── No             |
| b        | If "Yes," explain the arrangement in Part XIV                                                              | and complete the fo   | llowing    | table:        |                  |            |                      |              |               |                    |
|          |                                                                                                            |                       |            |               |                  |            |                      |              | Amount        |                    |
| С        | Beginning balance                                                                                          |                       |            |               |                  |            | 1c                   |              |               |                    |
| d        | Additions during the year                                                                                  |                       |            |               |                  |            | <u>1d</u>            |              |               |                    |
| е        | Distributions during the year                                                                              |                       |            |               |                  |            | 1e                   |              |               |                    |
| f        | Ending balance                                                                                             |                       |            |               |                  |            |                      |              |               |                    |
| 2a       | Did the organization include an amount on Fe                                                               | orm 990, Part X, line | 21?        |               |                  |            |                      | L            | Yes           | No No              |
| <u>b</u> | If "Yes," explain the arrangement in Part XIV.                                                             |                       |            |               |                  |            |                      |              |               |                    |
| Par      | t V Endowment Funds. Complete i                                                                            | f the organization ar | swered     | "Yes" to Fo   | orm 990, Part    | IV, line 1 | 0.                   |              | r             |                    |
|          |                                                                                                            | (a) Current year      | (b) F      | rior year     | (c) Two yea      | rs back    | (d) Three y          | years back   | (e) Four ye   | ars back           |
| 1a       | Beginning of year balance                                                                                  |                       |            |               |                  |            |                      |              |               |                    |
| b        | Contributions                                                                                              |                       |            |               |                  |            |                      |              |               | . <u></u>          |
| с        | Net investment earnings, gains, and losses                                                                 |                       |            |               |                  |            |                      |              |               |                    |
| d        | Grants or scholarships                                                                                     |                       |            |               |                  |            |                      |              |               |                    |
| е        | Other expenditures for facilities                                                                          |                       |            |               |                  |            |                      |              |               |                    |
|          | and programs                                                                                               |                       |            |               |                  |            |                      |              |               |                    |
| f        | Administrative expenses                                                                                    |                       |            |               |                  |            |                      |              |               |                    |
| g        | End of year balance                                                                                        |                       |            |               |                  |            |                      |              |               |                    |
| 2        | Provide the estimated percentage of the yea                                                                | r end balance held a  | as:        |               | L                |            |                      |              |               |                    |
| а        | Board designated or quasi-endowment                                                                        |                       | %          |               |                  |            |                      |              |               |                    |
| b        | Permanent endowment                                                                                        | .%                    |            |               |                  |            |                      |              |               |                    |
| ĉ        |                                                                                                            | ~%                    |            |               |                  |            |                      |              |               |                    |
| 3a       | Are there endowment funds not in the posse                                                                 | ssion of the organiz  | ation tha  | at are held a | and administe    | ered for t | he organi:           | zation       |               |                    |
| vu       | by:                                                                                                        |                       |            |               |                  |            |                      |              | Y             | es No              |
|          | (i) unrelated organizations                                                                                |                       |            |               |                  |            |                      |              | 3a(i)         |                    |
|          |                                                                                                            |                       |            |               |                  |            |                      |              | a (11)        |                    |
| b        | If "Yes" to 3a(ii), are the related organizations                                                          |                       |            |               |                  |            |                      |              |               |                    |
| 4        | Describe in Part XIV the intended uses of the                                                              | -                     |            |               |                  | •••••      |                      | •••••        |               |                    |
| Pa       | t VI Investments - Land, Building                                                                          |                       |            |               | Part X line      | 10         |                      |              |               | ,                  |
|          | Description of investment                                                                                  | (a) Cost or c         |            |               | t or other       |            | ccumulate            | he           | (d) Book v    |                    |
|          | Description of investment                                                                                  | basis (investr        |            |               | (other)          | • •        | preciation           |              |               | alue               |
|          | Lond                                                                                                       |                       |            |               | (0.1.01)         |            |                      |              |               |                    |
|          | Land                                                                                                       |                       |            |               |                  |            | <u></u>              |              |               |                    |
|          | Buildings                                                                                                  |                       |            |               | 3 175            |            | 2 1                  | 25           |               |                    |
|          | Leasehold improvements                                                                                     |                       |            |               | 3,125.           |            | $\frac{3,1}{210,2}$  |              | 20            | <u>0.</u><br>,704. |
| d        | Equipment                                                                                                  |                       |            |               | 7,999.           |            | $\frac{218,2}{58,5}$ |              |               |                    |
| -        | Other                                                                                                      |                       | V . •      |               | 7,170.           | L          | 58,5                 | <u>271</u>   |               | ,619.              |
| Iotal    | . Add lines 1a through 1e. (Column (d) must e                                                              | quai Form 990, Part   | X, COlUI   | nn (B), line  | iu( <b>c)</b> .) |            |                      |              | <u>48</u>     | ,323.              |

Schedule D (Form 990) 2009

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| Schedule D (Form 990) 2009         The Sonoran           Part VII         Investments - Other Securities. See      | Eorm 990 Part Y line 1'               | >          | . 00-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0684610 P      | age J |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| (a) Description of security or category<br>(including name of security)                                            | (b) Book value                        |            | (c) Method of valùati<br>st or end-of-year marke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |       |
| Financial derivatives                                                                                              |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
| Closely-held equity interests                                                                                      |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
| Other                                                                                                              |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
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| Total (Col (b) must aguat Form QQ0, Dart V, col /D) line 40 \                                                      |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►<br>Part VIII Investments - Program Related. Se    | a Form 000. Dort V. line 1            | 2          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    |                                       | <u>3.</u>  | (c) Method of valuati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on,            |       |
| (a) Description of investment type                                                                                 | (b) Book value                        | Co         | st or end-of-year mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |       |
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|                                                                                                                    |                                       |            | <b>.</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |       |
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|                                                                                                                    | · · · · · · · · · · · · · · · · · · · |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
| Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►                                                   |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
| Part IX Other Assets. See Form 990, Part X, line                                                                   |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    | Description                           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Book value |       |
| Advance to Rincon Institute                                                                                        |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 244,9          |       |
| Deposits                                                                                                           |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9,2            | 57    |
|                                                                                                                    |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
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|                                                                                                                    |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    |                                       | ······     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 Table       |       |
|                                                                                                                    | 45.)                                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0E4 1          | 75    |
| Total. (Column (b) must equal Form 990, Part X, col (B) line<br>Part X Other Liabilities. See Form 990, Part X, li | 15. <b>j</b>                          | ·····      | ····· ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 254,1          | 15    |
| (a) Deservisions of lish ith a                                                                                     | lie 23.                               | (b) Amount |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |
|                                                                                                                    |                                       | windun     | and a second sec |                |       |
| Federal income taxes                                                                                               |                                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |

| Federal income taxes                                                             |                                                              |                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
|                                                                                  |                                                              | it i de la composition de la compositio<br>La composition de la c |
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
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|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
|                                                                                  |                                                              |                                                                                                                                                                                                                                     |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)                |                                                              |                                                                                                                                                                                                                                     |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organiz | ation's financial statements that reports the organization's | s liability for                                                                                                                                                                                                                     |
| uncertain tax positions under FIN 48.                                            |                                                              | -                                                                                                                                                                                                                                   |
| 932053<br>02-01-10                                                               | Schedule D (F                                                | orm 990) 2009                                                                                                                                                                                                                       |

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| Schedule D (Form 990) 2009 The Sonoran Institute                                            |                           |                   |          | 0684610 Page 4           |
|---------------------------------------------------------------------------------------------|---------------------------|-------------------|----------|--------------------------|
| Part XI Reconciliation of Change in Net Assets from Form 99                                 | 90 to Audited Fi          | nancial Stat      | tement   |                          |
| 1 Total revenue (Form 990, Part VIII, column (A), line 12)                                  |                           | 1                 |          | 4,689,509.               |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)                                   |                           |                   |          | 4,884,557.               |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1                             |                           |                   |          | <195,048.                |
| 4 Net unrealized gains (losses) on investments                                              |                           |                   |          |                          |
| 5 Donated services and use of facilities                                                    |                           |                   |          | <u> </u>                 |
| 6 Investment expenses                                                                       |                           |                   |          |                          |
| 7 Prior period adjustments                                                                  |                           | 7                 |          | <82,094.                 |
| 8 Other (Describe in Part XIV.)                                                             |                           |                   |          |                          |
| 9 Total adjustments (net). Add lines 4 through 8                                            |                           |                   |          | <82,094.                 |
| 10 Excess or (deficit) for the year per audited financial statements. Combine line          |                           |                   |          | <277,142.                |
| Part XII Reconciliation of Revenue per Audited Financial Stat                               |                           |                   | T        |                          |
| 1 Total revenue, gains, and other support per audited financial statements                  | ••••••••••••••••••••••••• |                   | 1        | 4,689,509.               |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       | 1 1                       |                   |          |                          |
| a Net unrealized gains on investments                                                       |                           |                   |          |                          |
| b Donated services and use of facilities                                                    | <u>2</u> b                |                   |          |                          |
| c Recoveries of prior year grants                                                           | 2c                        |                   |          |                          |
| d Other (Describe in Part XIV.)                                                             | 2d                        |                   |          |                          |
| e Add lines 2a through 2d                                                                   |                           |                   | 2e       | 0.                       |
| 3 Subtract line 2e from line 1                                                              |                           |                   | 3        | 4,689,509.               |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |                           |                   |          |                          |
| a Investment expenses not included on Form 990, Part VIII, line 7b                          | 4a                        |                   |          |                          |
| b Other (Describe in Part XIV.)                                                             | 4b                        |                   |          |                          |
| c Add lines 4a and 4b                                                                       |                           |                   | 4c       | 0.                       |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)           |                           |                   | 5        | 4,689,509.               |
| Part XIII Reconciliation of Expenses per Audited Financial Sta                              | atements With E           | xpenses pe        | er Retu  | rn                       |
| 1 Total expenses and losses per audited financial statements                                |                           |                   | 1        | 4,884,557.               |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                         |                           |                   |          |                          |
| a Donated services and use of facilities                                                    | 2a                        |                   |          |                          |
| b Prior year adjustments                                                                    |                           |                   |          |                          |
| c Other losses                                                                              |                           |                   |          |                          |
| d Other (Describe in Part XIV.)                                                             |                           |                   |          |                          |
| e Add lines 2a through 2d                                                                   |                           |                   | 2e       | 0.                       |
| 3 Subtract line 2e from line 1                                                              |                           |                   | 3        | 4,884,557.               |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |                           |                   |          |                          |
| a Investment expenses not included on Form 990, Part VIII, line 7b                          | 4a                        |                   |          |                          |
| b Other (Describe in Part XIV.)                                                             |                           |                   |          |                          |
| c Add lines 4a and 4b                                                                       |                           |                   | 4c       | 0.                       |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18            |                           |                   |          | 4,884,557.               |
| Part XIV Supplemental Information                                                           |                           |                   |          |                          |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9;     | Part III, lines 1a and    | 4; Part IV, lines | 1b and 2 | 2b; Part V, line 4; Part |
| X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also | •                         |                   |          |                          |
| Part II, line 9: No disclosure of the con                                                   |                           |                   |          |                          |

made on the organization's financial statements as the easement does not

provide any future benefit to the organization.

|  | Part | X: | The | Institute | is | exempt | from | federal | income | tax | under |  |
|--|------|----|-----|-----------|----|--------|------|---------|--------|-----|-------|--|
|--|------|----|-----|-----------|----|--------|------|---------|--------|-----|-------|--|

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

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 Schedule D (Form 990) 2009
 The Sonoran Institute

 Part XIV
 Supplemental Information (continued)

the charitable contribution deduction under IRC Section 170(b)(1)(a).

On July 1, 2009, the Institute adopted the accounting standard on accounting for uncertainty in income taxes. Management evaluated the Institute's tax positions 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 2005.

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, 2010, the Institute did not recognize any interest and penalties.

Schedule D (Form 990) 2009

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| Schedule F<br>(Form 990)                               |                                           | Complete if the                                      | vities Outside the Ur<br>organization answered "Yes" to For<br>Part IV, line 14b, 15, or 16.                                            |                                                                    |                           | B No. 1545-0047                         |
|--------------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|-----------------------------------------|
| Department of the Treasury<br>Internal Revenue Service |                                           |                                                      | orm 990. See separate instruction                                                                                                       | ons.                                                               | Op                        | pen to Public spection                  |
| Name of the organization                               |                                           |                                                      |                                                                                                                                         | En                                                                 | nployer identifie         | cation number                           |
|                                                        |                                           |                                                      |                                                                                                                                         | 8                                                                  | 6-068461                  | 0                                       |
| The Sonoran Ins                                        | rmation on A                              | ctivities Out                                        | tside the United States. Comp                                                                                                           |                                                                    |                           |                                         |
| to Form 990, Par                                       |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      | ds to substantiate the amount of the g<br>selection criteria used to award the gra                                                      |                                                                    |                           | Yes 🗌 No                                |
| 2 For grantmakers. Desc                                | ribe in Part IV th                        | e organization's                                     | procedures for monitoring the use of                                                                                                    | grant funds outside                                                | the United Stat           | es.                                     |
|                                                        |                                           |                                                      | ditional space is needed.)                                                                                                              |                                                                    | · · · · / N               | (0 T.I.I                                |
| (a) Region                                             | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>recipients located in the region) | (e) If activity I<br>is a program<br>describe spe<br>of service(s) | n service,<br>ecific type | (f) Total<br>expenditures<br>for region |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           | 260.961                                 |
| Mexico                                                 | 1                                         | 11                                                   | Mexico Field Office                                                                                                                     | Field Activiti                                                     | les                       | 369,861.                                |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
|                                                        |                                           |                                                      |                                                                                                                                         |                                                                    |                           |                                         |
| Totals                                                 | · ]                                       | 11                                                   |                                                                                                                                         |                                                                    |                           | 369,861,                                |

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

Schedule F (Form 990) 2009

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| (Form 990) If add<br>(b) IRS code sections<br>and EIN (if applicab                                                                                                                                                                                    | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 | es. Complete if the organ<br>nore than \$5,000 | iization answered                  | "Yes" to Form 9                         | 990, Part IV, line 15, foi                   | r any                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| (b) IRS code section<br>and EIN (if applicable)                                                                                                                                                                                                       | 90) if additional space is needed.                                                                                                                                                                                                                                             |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                | (e) Amount<br>of cash grant cas                | (f) Manner of<br>cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    |                                         |                                              |                                                             |
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by<br>the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | organizations listed above that are recognized as charities by<br>se or counsel has provided a section 501(c)(3) equivalency letter<br>anizations or entities                                                                                                                  | y the foreign country, rec<br>tter             | ognized as tax-e                   | (empt by                                |                                              |                                                             |
|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                |                                    | N                                       | Sched                                        | Schedule F (Form 990) 2009                                  |

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| Page 3                                                                                                                                                                                      | <ul> <li>(h) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul>                              |  |  |  |  |                                          | Schedule F (Form 990) 2009 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------|----------------------------|
| V, line 16.                                                                                                                                                                                 | (g) Description of<br>non-cash assistance                                                                          |  |  |  |  | C. C | ocnea                      |
| 86-0684610<br>s" to Form 990, Part I                                                                                                                                                        | (f) Amount of<br>non-cash<br>assistance                                                                            |  |  |  |  |                                          |                            |
| - (Form 990) 2009 The Sonoran Institute<br>Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. | (e) Manner of<br>cash disbursement                                                                                 |  |  |  |  |                                          |                            |
| <b>tes.</b> Complete if t                                                                                                                                                                   | (d) Amount of<br>cash grant                                                                                        |  |  |  |  |                                          |                            |
| nstitute<br>e the United Sta                                                                                                                                                                | umber of<br>sipients                                                                                               |  |  |  |  |                                          |                            |
| The Sonoran Institute<br>nce to Individuals Outside the United St                                                                                                                           | rt addittional space is ne<br>(b) Region                                                                           |  |  |  |  |                                          |                            |
| Schedule F (Form 990) 2009 Th<br>Part III. Grants and Other Assistance                                                                                                                      | Use Schedule F-1 (Form 990) If additional space is needed.<br>(c) N (a) Type of grant or assistance (b) Region rec |  |  |  |  |                                          |                            |

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| SCHEDULE I<br>(Form 990)                                |                                                                                                                                                                   |                   | Grants and<br>Governments                                                                             | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States | to Organizations<br>in the United Stat  | se                                                             |                                                                                                                                                                                                                                                                                                                                                                      | OMB No. 1545-0047                              | 4           |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| Department of the Treasury<br>Internal Revenue Service  |                                                                                                                                                                   | Comple            | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  Attach to Form 990. | answered "Yes" on Fo<br>► Attach to Form 990.                                                      | on Form 990, Par<br>n 990.              | t IV, line 21 or 22.                                           |                                                                                                                                                                                                                                                                                                                                                                      | Open to Public<br>Inspection                   | 0           |
| Name of the organization                                | The Sonoran                                                                                                                                                       | an Institute      | ute                                                                                                   |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      | Employer identification number<br>86 – 0684610 | nber<br>L 0 |
| Part I General Infor                                    |                                                                                                                                                                   | id Assistance     |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
| 1 Does the organization                                 | Does the organization maintain records to substantiate the amount of th                                                                                           | substantiate the  | amount of the grants                                                                                  | or assistance, the                                                                                 | grantees' eligibility                   | for the grants or ass                                          | e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection                                                                                                                                                                                                                                                                    | on voc                                         |             |
| Criteria used to awa                                    | criteria used to award the grants of assistance?<br>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | tance?            | oring the use of grant t                                                                              | funds in the United                                                                                | l States.                               |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
| art II                                                  | Other Assistance to G                                                                                                                                             | aovernments and   | I Organizations in the                                                                                | United States. Co                                                                                  | omplete if the orga                     | inization answered "Y                                          | 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                                                                                                                                                                                                | V, line 21, for any                            |             |
| recipient that                                          | received more than \$5                                                                                                                                            | 5,000. Check this | box if no one recipien                                                                                | t received more that                                                                               | an \$5,000. Use Pa                      | rt IV and Schedule I-1                                         | (Form 990) if additions                                                                                                                                                                                                                                                                                                                                              | il space is needed 🕨                           |             |
| 1 (a) Name and address of organization<br>or government | ess of organization<br>nment                                                                                                                                      | (p) EIN           | (c) IRC section<br>if applicable                                                                      | <b>(d)</b> Amount of<br>cash grant                                                                 | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | tme and address of organization     (b) EIN     (c) IRC section     (d) Amount of<br>if applicable     (e) Amount of<br>cash grant     (f) Method of<br>non-cash     (g) Description of<br>non-cash assistance     (h) Purpose       or government     if applicable     cash grant     non-cash     FMV, appraisal,<br>other)     non-cash assistance     or assist | (h) Purpose of grant<br>or assistance          |             |
| National Wildlife Federation                            | ederation                                                                                                                                                         |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
| 2260 Baseline Road,<br>Boulder CO 80302                 | Suite 100                                                                                                                                                         | 53-0204616        | 501(c)(3)                                                                                             | 5 000                                                                                              | o                                       |                                                                |                                                                                                                                                                                                                                                                                                                                                                      | Operations Support                             |             |
|                                                         |                                                                                                                                                                   |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                | X           |
|                                                         |                                                                                                                                                                   |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
|                                                         |                                                                                                                                                                   |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
|                                                         |                                                                                                                                                                   |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
|                                                         |                                                                                                                                                                   |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
| 2 Enter total number of                                 | Enter total number of section 501(c)(3) and government organizations                                                                                              | id government or  | ganizations                                                                                           |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                |             |
| 3 Enter total number of                                 | Enter total number of other organizations                                                                                                                         |                   |                                                                                                       |                                                                                                    |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      |                                                | -           |
| LHA For Privacy Act ar                                  | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                            | tion Act Notice,  | see the Instructions f                                                                                | or Form 990.                                                                                       |                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                      | Schedule I (Form 990) 2009                     | 2009        |

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|                                                                                                                                                                                                                             | titute                                    |                          |                                       |                                                          | 86-0684610 Page 2                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------|
| 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. | <b>ited States.</b> Com<br>ace is needed. | plete if the organiza    | ttion answered "Yes"                  | to Form 990, Part IV, line 22.                           |                                        |
| (a) Type of grant or assistance                                                                                                                                                                                             | (b) Number of recipients                  | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(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.                                  |                                        |
| <u>Schedule I, Part I, Line 2: Sonoran</u>                                                                                                                                                                                  | in Institute                              | ute screens              | <u>s applicants</u>                   | ts by using                                              | -                                      |
| an application for describing the                                                                                                                                                                                           | 1                                         | grant requirements       | and                                   | availability.                                            |                                        |
| The application requests many details                                                                                                                                                                                       | 1                                         | including appl           | applicant qual                        | qualifications,                                          |                                        |
| <pre>expectations, 501(c)(3) status, ar</pre>                                                                                                                                                                               | and financial                             | ial information.         |                                       | Successful                                               |                                        |
| applicants receive a grant award l                                                                                                                                                                                          | letter which                              |                          | enumerates major                      |                                                          |                                        |
| requirements. Final reports summe                                                                                                                                                                                           | summarizing their                         | <u>heir efforts</u>      | ts, results                           | s, and                                                   |                                        |
| spending are required.                                                                                                                                                                                                      |                                           |                          |                                       |                                                          |                                        |
|                                                                                                                                                                                                                             |                                           |                          |                                       |                                                          |                                        |
|                                                                                                                                                                                                                             |                                           | с с<br>С                 |                                       |                                                          |                                        |
| <b>932102 02-02-10</b>                                                                                                                                                                                                      |                                           | n<br>n                   |                                       |                                                          | Schedule I (Form 990) 2009             |
|                                                                                                                                                                                                                             |                                           |                          |                                       |                                                          |                                        |

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#### SCHEDULE J-2

(Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See the Instructions for Form 990.

| Name of the Organization<br>The Sonor | ran Insi     | t i f                          | tud                   | te       |              |                              |        |                   | Employer Identii<br>86-068   |                           |
|---------------------------------------|--------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|-------------------|------------------------------|---------------------------|
| Part I Continuation of Officers, D    | irectors, Tr | ust                            | tees                  | s, K     | (ey          | En                           | nplo   | oyees, and Highes |                              |                           |
| (A)                                   | (B)          |                                |                       |          | C)           |                              |        | (D)               | (E)                          | (F)                       |
| Name and title                        | Average      |                                |                       | Pos      |              |                              |        | Reportable        | Reportable                   | Estimated                 |
|                                       | hours        | (c                             | hecl                  | k all '  | that         | app                          | ly)    | compensation      | compensation<br>from related | amount of<br>other        |
|                                       | per<br>week  |                                |                       |          |              | ee                           |        | from<br>the       | organizations                | compensation              |
|                                       |              | sctor                          |                       |          |              | mploy                        |        | organization      | (W-2/1099-MISC)              | from the                  |
|                                       |              | ordir                          |                       |          |              | ated e                       |        | (W-2/1099-MISC)   |                              | organization              |
| `                                     |              | ustee                          | trust                 |          | 8            | upens                        |        |                   |                              | and related organizations |
|                                       |              | Individual trustee or director | Institutional trustee |          | Key employee | Highest compensated employee | 5      |                   |                              | organizations             |
|                                       |              | Indivi                         | Institu               | Officer  | Keye         | Highe                        | Former |                   |                              |                           |
| Beth Frantz                           |              |                                |                       |          | <b> </b>     |                              |        |                   |                              |                           |
| Director of Finance                   | 40.00        | L                              |                       | X        |              | <b>_</b>                     |        | 81,623.           | 0.                           | 0.                        |
|                                       |              |                                |                       |          |              |                              |        |                   |                              |                           |
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|                                       |              |                                | $\vdash$              |          |              |                              |        |                   |                              |                           |
|                                       |              |                                | ļ                     | <u> </u> | -            |                              |        |                   |                              |                           |
|                                       |              |                                |                       | <u> </u> |              |                              |        |                   |                              |                           |
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|                                       |              | +                              | -                     |          | $\vdash$     | +                            | -      |                   |                              |                           |
|                                       |              |                                |                       |          |              |                              |        |                   |                              |                           |

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

Schedule J-2 (Form 990) 2009

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SCHEDULE O

(Form 990).

#### Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

JUY Open to Public Inspection

OMB No. 1545-0047

Name of the organization The Sonoran Institute 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 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 35

Schedule O (Form 990) 2009

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| SCHEDULE R<br>(Form 990)<br>Department of the Treasury<br>Internal Revenus Service                                         | Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Complete if the organization answered "Yes" to Form 990. | Related Organizations and Unrelated Partnerships<br>anization answered "Yes" to Form 990, Part IV, line 33, 3<br>tach to Form 990. | 33, 34, 35, 36, or 37<br>ons. |                                                           | OMB No. 1545-0047<br>2009<br>Open to Public<br>Inspection |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| zation The                                                                                                                 | Sonoran Institute                                                                                                                                                                                       |                                                                                                                                    |                               | Ű                                                         | Employer identification number<br>86-0684610              |
| Part 1 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) | ies (Complete if the organization answered "Y                                                                                                                                                           | ss" to Form 990, Part IV, line 33.)                                                                                                |                               |                                                           |                                                           |
| (a)<br>Name, address, and EIN<br>of disregarded entity                                                                     | (b)<br>Primary activity                                                                                                                                                                                 | (c)<br>Legal domicile (state or<br>foreign country)                                                                                | (d)<br>Total income           | (e)<br>End-of-year assets                                 | (f)<br>Direct controlling<br>entity                       |
|                                                                                                                            |                                                                                                                                                                                                         |                                                                                                                                    |                               |                                                           |                                                           |
|                                                                                                                            |                                                                                                                                                                                                         |                                                                                                                                    |                               |                                                           |                                                           |
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|                                                                                                                            |                                                                                                                                                                                                         |                                                                                                                                    |                               |                                                           |                                                           |
| Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)                | npt Organizations (Complete if the organization                                                                                                                                                         | the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt                        | rt IV, line 34 becaus         | e it had one or more                                      | related tax-exempt                                        |
| (a)<br>Name, address, and EIN<br>of related organization                                                                   | (b)<br>Primary activity                                                                                                                                                                                 | (c)<br>Legal domicile (state or<br>foreign country)                                                                                | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity                       |
| The Rincon Institute - 86-0684609<br>7650 E. Broadway Blvd. #203<br>Tucson, AZ 85710                                       | Conservation                                                                                                                                                                                            | Arizona                                                                                                                            | 501(c)(3)                     | Line 11a, I                                               | И/А                                                       |
|                                                                                                                            |                                                                                                                                                                                                         |                                                                                                                                    |                               |                                                           |                                                           |
|                                                                                                                            |                                                                                                                                                                                                         |                                                                                                                                    |                               |                                                           |                                                           |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.                                 | ion Act Notice, see the Instructions for Forr                                                                                                                                                           | 1 990.                                                                                                                             |                               |                                                           | Schedule R (Form 990) 2009                                |

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932161 02-04-10

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| Page 2                                                                                                                     | (j)<br>General or<br>managing<br>partner?                                  | Ves No | - | <br> | elated                                                                                                                                     | (h)<br>Percentage<br>ownership                                   |  |  | <del>1</del> 0) 2009       |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|---|------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|----------------------------|
| -0684610                                                                                                                   | (i)<br>Code V-UBI<br>amount in box<br>20 of Scholdule                      |        |   |      | nad one or more re                                                                                                                         | (g)<br>Share of Per<br>end-of-year ow<br>assets                  |  |  | Schedule R (Form 990) 2009 |
| 86<br>ause it had one o                                                                                                    | (h)<br>Disproportion-<br>ate allocations?                                  | des No |   |      | ne 34 because it h                                                                                                                         | (f)<br>Share of total<br>income                                  |  |  | Sch                        |
| oart IV, line 34 bec                                                                                                       | (g)<br>otal Share of<br>end-of-year<br>assets                              |        |   |      | "Yes" to Form 990, Part IV, line 34 because it had one or more related                                                                     | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust)           |  |  |                            |
| s" to Form 990,                                                                                                            | e Share of total der                                                       |        |   |      | ⊥<br>vered "Yes" to F                                                                                                                      | (d)<br>Direct controlling<br>(C (                                |  |  |                            |
| on answered "Ye                                                                                                            | (e)<br>Predominant income<br>(related, unrelated,<br>excitons 6412-5410-64 |        |   |      | organization ansv                                                                                                                          | (c)<br>Legal domicile Direct<br>(state or<br>foreign<br>country) |  |  |                            |
| 86 - 0684610 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related | (d)<br>Direct controlling<br>entity e)                                     |        |   |      | or Trust (Complete if the organization answered                                                                                            | (b)<br>Primary activity                                          |  |  | 37                         |
| te<br>tnership (Co                                                                                                         | (C)<br>Legal domicite<br>(state or<br>foreign<br>country)                  |        |   |      |                                                                                                                                            | Prir                                                             |  |  | -                          |
| Sonoran Institute<br>ganizations Taxable as a Partner<br>rtnership during the tax year.)                                   | (b)<br>Primary activity                                                    |        |   |      | izations Taxable as a Cor<br>ation or trust during the ta                                                                                  |                                                                  |  |  |                            |
| e R (Form 990) 2009 The<br>Identification of Related Or<br>organizations treated as a pa                                   | (a)<br>Name, address, and EIN<br>of related organization                   |        |   |      | IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.) | (a)<br>Name, address, and EIN<br>of related organization         |  |  | 832162 07-21-10            |
| Schedul<br>Part III                                                                                                        |                                                                            |        |   |      | Part IV                                                                                                                                    |                                                                  |  |  | 932 162                    |

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| Schedule R (Form 990) 2009 The Sonoran Institute                                                                                                                                                                                                 | 86-06                                   | 86-0684610                    | Ра     | Page 3 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|--------|--------|
| h Related                                                                                                                                                                                                                                        |                                         |                               |        |        |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.<br>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? |                                         |                               | Yes    | Ŷ      |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity                                                                                                                                                   |                                         | <u>e</u> <del>1</del>         |        | ××     |
|                                                                                                                                                                                                                                                  |                                         | 2 2                           |        | ×      |
|                                                                                                                                                                                                                                                  |                                         | 1d                            | X      |        |
| e Loans or loan guarantees by other organization(s)                                                                                                                                                                                              |                                         | <b>1</b> e                    |        | ×      |
| f Sale of assets to other organization(s)                                                                                                                                                                                                        |                                         | #                             | -      | X      |
| g Purchase of assets from other organization(s)                                                                                                                                                                                                  |                                         | 19                            |        | ×      |
|                                                                                                                                                                                                                                                  |                                         | ÷                             |        | ×      |
| i Lease of facilities, equipment, or other assets to other organization(s)                                                                                                                                                                       |                                         | =                             | ŀ      | ×      |
| j Lease of facilities, equipment, or other assets from other organization(s)                                                                                                                                                                     |                                         | 1                             |        | X      |
| k Performance of services or membership or fundraising solicitations for other organization(s)                                                                                                                                                   |                                         | ¥                             |        | ⋈      |
| I Performance of services or membership or fundraising solicitations by other organization(s)                                                                                                                                                    |                                         |                               |        | ×      |
|                                                                                                                                                                                                                                                  |                                         | £ \$                          | ×      | ×      |
|                                                                                                                                                                                                                                                  |                                         | 1                             |        |        |
| o Reimbursement paid to other organization for expenses                                                                                                                                                                                          |                                         | <b>1</b>                      |        | ×      |
|                                                                                                                                                                                                                                                  |                                         | đ                             | ×      |        |
| d Other transfer of cash or property to other organization(s)                                                                                                                                                                                    |                                         | P                             |        | ×      |
| <ul> <li>Other transfer of cash or property from other organization(<br/><pre></pre></li></ul>                                                                                                                                                   | sotion threeholde                       | 4                             |        | ×      |
| z II THE ARSWEL TO ANY OF THE ADOVE IS TES, SEE THE INSTRUCTIONS FOR INFORMATION OF WHO MUST COMPLETE THIS INFU INCLUDING COVERED FRAUCHISINGS AND UNAUSTICED                                                                                    |                                         |                               |        |        |
| (a)<br>Name of other organization(s)                                                                                                                                                                                                             | <b>(b)</b><br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved | volved | _      |
| (1) The Rincon Institute                                                                                                                                                                                                                         | D                                       | 244                           |        | 918.   |
|                                                                                                                                                                                                                                                  |                                         |                               |        | ·      |
| Ξ                                                                                                                                                                                                                                                |                                         |                               |        |        |
| (4)                                                                                                                                                                                                                                              |                                         |                               |        |        |
| (5)                                                                                                                                                                                                                                              |                                         |                               |        |        |
| (9)                                                                                                                                                                                                                                              |                                         |                               |        |        |
| 832163 02-04-10 38                                                                                                                                                                                                                               | Sched                                   | Schedule R (Form 990) 2009    | 390) 2 | 2009   |

| Provide be elivery formation of search entry used as a permention provembly for opportant on contracted more than three percent of the activities of greater exerted in the entry activity and the activity activity activity and the activity acti | Schedule H (Form 990) 2009                                                                                                                   | cuce<br>omplete if the organization answere                                  | d "Yes" to Form 990,                            | Part IV, line 3                                        | ('2                             |                        | <u> 20 - 00 24 0 T 0</u>                          | Page 4                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------|------------------------|---------------------------------------------------|------------------------|
| (c)     (d)     (e)       ggal domicile<br>ate or foreign<br>organizations/<br>organizations/<br>organizations/<br>organizations/<br>organizations/<br>organizations/<br>organizations/<br>organizations/<br>ves     (d)     (e)       Are all partness<br>organizations/<br>organizations/<br>ves     Ves     No       Ves     No       Image: Share of end-of-<br>interval     Image: Share of end-of-<br>ves     Image: Share of end-of-<br>ves       Ves     No       Ves     No       Ves     No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Provide the following information for each entity taxed as a partner<br>that was not a related organization. See instructions regarding excl | ship through which the organization<br>lusion for certain investment partner | conducted more thar<br>ships.                   | n five percent                                         | of its activities (me           | asured by tot          | tal assets or gross re                            | evenue)                |
| Primary activity         Legal domined<br>and activity         Legal domined<br>and activity         Legal domined<br>and activity         Legal domined<br>and activity         Legal domined<br>activity         Legal domined<br>activity <thlegal domined<br="">activity         <thlegal domined<br="">a</thlegal></thlegal>                                                                                                                                                                                                                                                                                                          | (a)                                                                                                                                          | (p)                                                                          |                                                 | (q)                                                    | (e)                             | (4)                    | (a)                                               | (4)                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name, address, and EIN<br>of entity                                                                                                          | Primary activity                                                             | Legal domicile<br>(state or foreign<br>country) | Are all partners<br>section 501(c/3)<br>organizations? | Share of end-of-<br>year assets | opor-<br>ate<br>fions? | Code V-UBI<br>amount in box 20<br>of Schedule K-1 | Gener<br>mana<br>partr |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                              |                                                 |                                                        |                                 | 2<br>Z                 |                                                   | Yes                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                              | ,                                               |                                                        |                                 |                        |                                                   |                        |
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| Schedule R (Form 901) 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                                                              |                                                 |                                                        |                                 |                        |                                                   |                        |
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| Form 8868 (Rev. 1-2011)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                             |           |                     | Page 2     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------|-----------|---------------------|------------|--|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                             |           |                     |            |  |
| Note. Only complete Part II if you have already been granted an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                             |           |                     |            |  |
| • If you are filing for an Automatic 3-Month Extension, compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                             |           | ,                   |            |  |
| Part II Additional (Not Automatic) 3-Month I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Extensio      | n of Time. Only file the original (no c     | opies n   | eeded).             |            |  |
| Name of exempt organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                             | Empl      | oyer identificatio  | n number   |  |
| Type or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                             |           |                     |            |  |
| print The Sonoran Institute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                             | 8         | 6-0684610           |            |  |
| File by the extended Number, street, and room or suite no. If a P.O. box,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | tions.                                      |           |                     |            |  |
| due date for 7650 E. Broadway Blvd., No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                             |           |                     |            |  |
| return. See City, town or post office, state, and ZIP code. For a instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | foreign add   | ress, see instructions.                     |           |                     |            |  |
| Instructions. Tucson, AZ 85710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                             |           |                     |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                             |           |                     |            |  |
| Enter the Return code for the return that this application is for (f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ile a separa  | te application for each return)             |           |                     | 01         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                             |           | ···· ·              | 0.1        |  |
| Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return        | Application                                 |           |                     | Return     |  |
| Is For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code          | Is For                                      |           |                     | Code       |  |
| Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01            | Farm 1041 A                                 |           |                     |            |  |
| Form 990-BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 02            | Form 1041-A<br>Form 4720                    |           |                     | 08         |  |
| Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 03            | Form 5227                                   |           |                     | 10         |  |
| Form 990-PF<br>Form 990-T (sec. 401(a) or 408(a) trust)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 04            | Form 6069                                   |           |                     | 11         |  |
| Form 990-T (sec. 40 (a) of 406(a) trust)<br>Form 990-T (trust other than above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 05            | Form 8870                                   |           |                     | 12         |  |
| STOP! Do not complete Part II if you were not already grante                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ···· ·        |                                             | elv filo  | d Form 8868         | 1.4        |  |
| <ul> <li>The books are in the care of ▶ 7650 E. Broady</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                             |           |                     | 0          |  |
| Telephone No. ► 520-290-0828                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ay Dr         | FAX No. ►                                   |           | / 112 00/1          | <u> </u>   |  |
| <ul> <li>If the organization does not have an office or place of busine</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | es in the Lir |                                             |           | <b>&gt;</b>         |            |  |
| <ul> <li>If this is for a Group Return, enter the organization's four digitation of the organization organization of the organization of the organization of the o</li></ul> |               |                                             |           |                     | check this |  |
| box $\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                             |           |                     |            |  |
| 4 I request an additional 3-month extension of time until                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                             |           |                     |            |  |
| 5 For calendar year, or other tax year beginning _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JUL 1         | , 2009 , and ending                         | JUN       | 30, 2010            |            |  |
| 6 If the tax year entered in line 5 is for less than 12 months,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                             | Final r   |                     |            |  |
| Change in accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                             |           |                     |            |  |
| 7 State in detail why you need the extension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                             |           |                     |            |  |
| Taxpayer respectfully request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s add         | itional time to gath                        | ler       | informati           | on         |  |
| necessary to file a complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                             |           |                     |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                             |           |                     |            |  |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ), or 6069, e | nter the tentative tax, less any            |           |                     | _          |  |
| nonrefundable credits. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                             | 8a        | \$                  | 0.         |  |
| b If this application is for Form 990-PF, 990-T, 4720, or 606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                             |           |                     |            |  |
| tax payments made. Include any prior year overpayment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | allowed as    | a credit and any amount paid                |           | -                   |            |  |
| previously with Form 8868.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                             | 8b        | \$                  | 0.         |  |
| c Balance due. Subtract line 8b from line 8a. Include your p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | payment wi    | th this form, if required, by using         |           |                     |            |  |
| EFTPS (Electronic Federal Tax Payment System). See ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tructions.    |                                             | 8c        | \$                  | 0.         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | nd Verification                             |           |                     |            |  |
| Under penalties of perjury, I declare that I have examined this form, inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | uding accom   | panying schedules and statements, and to th | ie best c | of my knowledge and | l belief,  |  |
| it is true, correct, and complete, and that I am authorized to prepare this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | -04                                         | _         | ر مایدا،            |            |  |
| Signature Mark R M Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . <u></u> ζ   | -7A                                         | Date      | 2/10/1              | <u> </u>   |  |

| Form | 8868 | (Rev. | 1-2011) |
|------|------|-------|---------|

| ARIZONA I                 | FOF    | Arizona Exempt Organization An                                                                                            | nua    | l Informatio                            | n R          | leturn              | 200                    | )9       |
|---------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------|--------------|---------------------|------------------------|----------|
| 99                        |        | For the calendar year 2009 or fiscal year beginning $07/0$                                                                |        |                                         | 6/3          | 0/10 .              |                        | _        |
| CHECK<br>ONE: Original    | X      | Amended                                                                                                                   |        |                                         | CHEC<br>ONE: |                     | Fiscal year            | <b>x</b> |
| Business teleph           | none   | number <u>E</u> Name<br>L The Sonoran Institute                                                                           |        |                                         | E            | mployer identifical | tion number (EIN)      |          |
|                           |        |                                                                                                                           |        |                                         |              |                     |                        |          |
| 520-290                   | -08    | 28 b Number and street or PO Box                                                                                          |        |                                         |              | 86-0684             | <u>1610</u>            |          |
|                           |        | <u>§ 7650 E. Broadway Blvd.</u>                                                                                           |        |                                         | A            | Z transaction p     | rivilege tax numl      | ber      |
|                           |        | City or town, state and ZIP code                                                                                          |        |                                         |              |                     |                        |          |
|                           |        | Tucson, AZ 85710                                                                                                          |        |                                         |              |                     | ······                 |          |
| Check box i               | if:    | This is a first return Name change Address ch                                                                             | ange   | CHECK BOX II                            | :<br>der     | 3-mos. Fed          | 6-mo <u>s. AZ</u> - Fe | ed       |
|                           |        |                                                                                                                           |        | extension.                              |              | 82 C                | 82 F X                 |          |
| A Date Arizo              | na o   | perations began <u>11/26/1990</u>                                                                                         |        | REVENUE USE ON                          | LY. D        | O NOT MARK          | (IN THIS ARE/          | A.       |
|                           |        | _                                                                                                                         |        |                                         |              |                     |                        | ·        |
| B Nature of A             | Arizo  | na activities Land conservation                                                                                           |        |                                         |              |                     |                        |          |
|                           |        |                                                                                                                           |        |                                         |              |                     |                        |          |
| C Check fed               | eral 1 | orm filed: 🔀 990 🛄 990 EZ 🔲 Other (specify)                                                                               |        |                                         |              |                     |                        |          |
| Atta                      | ch c   | opy of federal return.                                                                                                    |        | 81                                      |              | 66                  |                        |          |
|                           |        | Orean color or repairto from husinggo pativition                                                                          |        | 7,349                                   |              |                     | <del></del>            |          |
| Sources<br>of             |        | Gross sales or receipts from business activities<br>Less: Cost of goods sold or of operations - attach itemized statement | 1      | 7,545                                   | 00           |                     |                        |          |
| Income                    |        |                                                                                                                           | 2      | 7,349                                   |              |                     |                        |          |
|                           | 3      | Gross profit from business activities - subtract line 2 from line 1<br>Interest                                           |        | 274                                     |              |                     |                        |          |
|                           | 4<br>5 |                                                                                                                           | 4<br>5 | 4/4                                     | 00           |                     |                        |          |
|                           | _      |                                                                                                                           | 6      |                                         | 00           |                     |                        |          |
|                           | 6<br>7 | Rents and royalties                                                                                                       | 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     | 3,356,720                               |              |                     |                        |          |
|                           | 11     | Other income - attach itemized statement                                                                                  | 11     | 1,325,166                               |              | Staten              | nont 3                 |          |
|                           | 12     | Total income - add lines 3 through 11                                                                                     |        | 1,525,100                               |              |                     | 589,5090               | 00       |
| Administrative            | 13     | Compensation of officers, directors, trustees, etc.                                                                       | 13     |                                         | 00           |                     | 101,000                | <u></u>  |
| Expenses                  | 14     | Salaries and wages - other than amounts included on line 2                                                                | 14     | 727,624                                 |              |                     |                        |          |
|                           | 15     | Interest                                                                                                                  | 15     | , , , , , , , , , , , , , , , , , , , , | 00           |                     |                        |          |
|                           | 16     | Taxes                                                                                                                     | 16     | 52,190                                  |              |                     |                        |          |
|                           | 17     | Rent expense                                                                                                              | 17     | 114,787                                 |              |                     |                        |          |
|                           | 18     | Depreciation - attach schedule                                                                                            | 18     | 32,281                                  |              | Staten              | nent 1                 |          |
|                           | 19     | Miscellaneous expenses - attach itemized statement                                                                        | 19     | 588,973                                 |              | Staten              |                        |          |
|                           | 20     | Total expenses - add lines 13 through 19                                                                                  |        |                                         |              | ·····               | 515,8550               | 00       |
| Disbursements             | 21     | Dues, assessments, etc., to affiliated corporations                                                                       | 21     |                                         | 00           |                     |                        |          |
| from Current              | 22     | Contributions, gifts, grants, etc., paid                                                                                  | 22     | 6,950                                   | 00           |                     |                        |          |
| Income for the            | 23     | Benefit payments to or for members or their dependents:                                                                   |        |                                         |              |                     |                        |          |
| Organization's<br>Exempt  |        | a. Death, sickness, hospitalization, disability, or pension benefits                                                      | 23a    |                                         | 00           |                     |                        |          |
| Purposes                  |        | b. Other benefits                                                                                                         | 23b    |                                         | 00           |                     |                        | ,        |
| 1 010000                  | 24     | Dividends and other distributions to members, shareholders, or depositors                                                 | 24     |                                         | 00           |                     |                        |          |
|                           | 25     | Other                                                                                                                     | 25     | <u>3,361,752</u>                        | 00           | Staten              |                        |          |
|                           | 26     | Total - add lines 21 through 25                                                                                           |        | <u></u>                                 |              | 26 3,3              | 368,7020               | 00       |
| Disbursements             | 27     | Dues, assessments, etc., to affiliated corporations                                                                       | 27     |                                         | 00           |                     |                        |          |
| from Principal            | 28     | Contributions, gifts, grants, etc., paid                                                                                  | 28     |                                         | 00           |                     |                        |          |
| for the<br>Organization's | 29     | Benefit payments to or for members or their dependents:                                                                   |        |                                         | _            |                     |                        |          |
| 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           |                     |                        |          |
|                           | 32     | Total - add lines 27 through 31                                                                                           |        |                                         |              | 32                  |                        | 00       |
| Other                     | 33     | Other disbursements not itemized above - attach scheduleSt                                                                |        |                                         |              | 33                  | 82,094                 |          |
| Accumulation              | 34     | Accumulation of income in current year - line 12 minus the sum of li                                                      |        |                                         |              |                     | 277,142                |          |
| of Income<br>937971       | 35     |                                                                                                                           |        |                                         |              |                     | 384,0070               |          |
| 10-23-09                  | 36     | Accumulation of income at end of year - add lines 34 and 35                                                               |        |                                         |              |                     | 506,865 (              |          |
| Penalty                   | 37     | Penalty for late filing or incomplete filing - See instructions                                                           |        |                                         | 3            | 37                  | (                      | 00       |

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ADOR 91-0022 (09) THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

### AZ Form 99 (2009) Name: Schedule A - Balance Sheet

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|              | E: Amounts used in attached schedules and in this colu<br>amounts.                                                                                            | umn shoul | d be end of            |        | (a)<br>Beginning c | of year                                 |                |                  | (b)<br>End of ye                      | ar               |         |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------|--------------------|-----------------------------------------|----------------|------------------|---------------------------------------|------------------|---------|
|              | Assets                                                                                                                                                        |           |                        | l      | Dogining           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | 1                |                                       |                  |         |
| A1           | Cash                                                                                                                                                          |           |                        | Г      | 508,               | 105                                     | 00             | Δ1               | 127,                                  | 481              | 00      |
|              | Accounts receivable                                                                                                                                           |           |                        | 00     |                    | 200                                     | 001            |                  |                                       |                  | 100     |
| Lu           | b Less: allowance for doubtful accounts                                                                                                                       |           |                        | 00     |                    |                                         |                |                  |                                       |                  |         |
|              | c Line A2a less line A2b. Enter difference in column                                                                                                          |           |                        |        | 2,                 | 055                                     | 00             | A2c              | 75,                                   | 751              | 00      |
| \3a          | Other notes and loans receivable - attach schedule                                                                                                            | A3a       |                        | 00     |                    |                                         |                |                  | · · · · · · · · · · · · · · · · · · · |                  | <u></u> |
|              | b Less: allowance for doubtful accounts                                                                                                                       | A3b       |                        | 00     |                    |                                         |                |                  |                                       |                  |         |
|              | c Line A3a less line A3b. Enter difference in column                                                                                                          | (b)       |                        |        |                    |                                         | 00             | A3c              |                                       |                  | 00      |
| \4           | Inventories                                                                                                                                                   |           |                        |        |                    |                                         | 00             | A4               |                                       |                  | 00      |
| 45           | Investments (securities) - attach schedule                                                                                                                    |           |                        |        |                    |                                         | 00             | A5               |                                       |                  | 00      |
| 6            | Investments (other) - attach schedule                                                                                                                         |           |                        |        |                    |                                         | 00             | A6               |                                       |                  | 00      |
| \7a          | Land, buildings, and equipment; basis                                                                                                                         |           | 328,294                |        |                    |                                         |                | ,                |                                       |                  |         |
|              | b Less: accumulated depreciation - attach schedule                                                                                                            |           | 279,971                |        |                    |                                         |                |                  |                                       |                  |         |
|              | c Line A7a less line A7b. Enter difference in column                                                                                                          |           |                        |        | 50,                | 664                                     | 00             | A7c              | 48,                                   | 323              | 00      |
| 48           | Other assets - describe                                                                                                                                       |           |                        | –      | 755,               |                                         |                | A8               | 1,032,                                |                  |         |
| ٠ <u>.</u>   | Total assets - add lines A1 through A8                                                                                                                        |           |                        |        | 1,315,             |                                         |                |                  | 1,284,                                | 403              | 00      |
|              | Liabilities                                                                                                                                                   |           |                        |        |                    |                                         |                |                  |                                       |                  |         |
|              | Accounts payable and accrued expenses                                                                                                                         |           |                        | Γ_     | 376,               | 607                                     | 00             | A 10             | 447,                                  | 108              |         |
|              | • •                                                                                                                                                           |           |                        |        | 570,               |                                         | 00             |                  |                                       | 100              | 00      |
| 11           | Mortgages and other notes payable - attach schedule<br>Other liabilities - describe                                                                           |           |                        |        | 55                 | 261                                     |                |                  | 230,                                  | 130              |         |
|              |                                                                                                                                                               |           |                        |        | 431,               |                                         |                |                  | 677,                                  |                  |         |
| 10           | Total liabilities - add lines A10 through A12                                                                                                                 | •••••     |                        | ··· L_ | ,                  | 000                                     | 001            | A 10             | <u> </u>                              | 550              | 100     |
|              | Net Assets                                                                                                                                                    |           |                        |        |                    |                                         |                |                  |                                       |                  |         |
| 414          | Capital stock or trust principal                                                                                                                              |           |                        | ··· –  |                    |                                         |                | A14              |                                       |                  | 00      |
|              | Paid-in or capital surplus                                                                                                                                    |           |                        |        |                    |                                         |                | A15              |                                       | 0.65             | 00      |
|              | Retained earnings or accumulated income                                                                                                                       |           |                        |        | 884,               |                                         |                |                  | 606,                                  |                  |         |
| 417          | Total net assets - add lines A14 through A16                                                                                                                  |           |                        | L      | 884,               | 007                                     | 00             | A17              | 606,                                  | 865              | 00      |
| 18           | Total liabilities and net assets - add lines A13 and                                                                                                          | A17       |                        | [      | 1,315,             | 875                                     | 00             | A18              | 1,284,                                | 403              | 00      |
| Cert<br>Plea | fication Under penalties of perjury, I declare that I hav<br>best of my knowledge and belief, it is a true, o<br>the income tax laws of the State of Arizona. | ve examin | ed this return, includ | ling a | ccompanying        | schedi<br>for the                       | ules :<br>taxa | and st<br>ble ye | atements, and                         | to the<br>ant to |         |
| Jign         | Signature of officer                                                                                                                                          |           |                        | Da     | te                 |                                         | Title          |                  |                                       |                  |         |
| Paid         |                                                                                                                                                               |           |                        |        |                    |                                         |                |                  |                                       |                  |         |
| Prep         | arer's                                                                                                                                                        |           |                        |        | 517711             | (                                       | 52(            | 0) 8             | 884-0176                              |                  |         |
| Jse          | Only Preparer's signature                                                                                                                                     |           |                        | Da     | te                 | Вι                                      | usine          | ss tele          | ephone number                         |                  |         |
|              | Keegan, Linscott & Kend                                                                                                                                       | on, P     | .c.                    |        |                    |                                         |                |                  | 86-07502                              | 25               |         |
|              | Firm's name (or preparer's, if self-employed)                                                                                                                 |           |                        |        |                    |                                         |                | F                | Preparer's TIN                        |                  |         |
|              |                                                                                                                                                               |           |                        |        |                    |                                         |                |                  |                                       |                  |         |
|              | 33 N. Stone Avenue, Su<br>Tucson, AZ                                                                                                                          |           | 100                    |        |                    |                                         |                |                  | 85701                                 |                  |         |

ADOR 91-0022 (09)

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

The Sonoran Institute

Travel

Insurance

Subcontracts

Outside Services

Printing and Photocopy

Conferences and conventions

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| AZ 99                                                                                                                       | Depreciation/Amortization Expense | Statement                                                    | 1                    |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|----------------------|
| Description                                                                                                                 |                                   | Amount                                                       |                      |
| Depreciation/Amortiza                                                                                                       | tion                              | 32,28                                                        | 1.                   |
| Total to Form 99, Pag                                                                                                       | e 1, Line 18                      | 32,28                                                        | 1.                   |
| AZ 99                                                                                                                       | Other Disbursements               | Statement                                                    | 2                    |
| Description                                                                                                                 |                                   | Amount                                                       |                      |
| Prior period adjustme                                                                                                       | nt                                | 82,09                                                        | 4.                   |
| Total to Form 99, Pag                                                                                                       | e 1, Line 33                      | 82,09                                                        | 4.                   |
| AZ 99                                                                                                                       | Other Income                      | Statement                                                    | 3                    |
| Description                                                                                                                 |                                   | Amount                                                       |                      |
| Other Income<br>Gain on Exchange Rate<br>Contract Income<br>Program Service Incom                                           |                                   | 35,70<br>4,86<br>1,276,82<br>7,77                            | 6.<br>5.             |
| Total to Form 99, Pag                                                                                                       | e 1, Line 11                      | 1,325,16                                                     | 6.                   |
| AZ 99                                                                                                                       | Misc Expenses                     | Statement                                                    | 4                    |
| Description                                                                                                                 |                                   | Amount                                                       |                      |
| Pension plan contribu<br>Other employee benefi<br>Legal fees<br>Accounting fees<br>Other professional fe<br>Office expenses | ts                                | 12,79<br>82,88<br>19,21<br>15,06<br>109,49<br>35,28<br>73,07 | 6.<br>2.<br>3.<br>5. |

73,074.

69,673.

9,355.

76,966.

17,116. 365.

| The Sonoran Institute                                      | 86-0684610                    |
|------------------------------------------------------------|-------------------------------|
| Telephone<br>Repairs and Maintenance<br>All other expenses | 13,658.<br>25,721.<br>28,312. |
| Total to Form 99, Page 1, Line 19                          | 588,973.                      |

| AZ 99                                                  | Other Expenses | Statement 5           |
|--------------------------------------------------------|----------------|-----------------------|
| Description                                            |                | Amount                |
| Other salaries and wages<br>Pension plan contributions |                | 1,751,201.<br>37,058. |
| Other employee benefits<br>Payroll taxes               |                | 148,656.<br>150,427.  |
| Legal fees                                             |                | 39,713.               |
| Other professional fees<br>Office expenses             |                | 529,841.<br>25,514.   |
| Occupancy<br>Travel                                    |                | 114,578.<br>189,345.  |
| Conferences and conventions                            |                | 85,909.               |
| Insurance<br>Outside Services                          |                | 1,493.<br>98,979.     |
| Printing and Photocopy                                 |                | 36,259.<br>48,362.    |
| Subcontracts<br>Telephone                              |                | 34,557.               |
| Repairs and Maintenance<br>All other expenses          |                | 10,605.<br>59,255.    |
| Total to Form 99, Page 1, Line                         | 25             | 3,361,752.            |

| AZ 99 Other Asset                                                                                                 | S                                         | Statement                        | 6          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|------------|
| Description                                                                                                       | Beg of Year                               | End of Yea                       | r          |
| Pledges and Grants Receivable<br>Prepaid Expenses and Deferred Charges<br>Advance to Rincon Institute<br>Deposits | 452,560.<br>46,044.<br>247,190.<br>9,257. | 735,54<br>43,12<br>244,92<br>9,2 | 28.<br>18. |
| Total to Form 99, Page 2, Line A8                                                                                 | 755,051.                                  | 1,032,84                         | 48.        |

The Sonoran Institute

| AZ 99 Other Liabilit                      | ies               | Statement   | 7         |
|-------------------------------------------|-------------------|-------------|-----------|
| Description                               | Beg of Year       | End of Year | 2         |
| Custodial Liabilities<br>Deferred Revenue | 9,184.<br>46,077. | 230,43      | 0.<br>30. |
| Total to Form 99, Page 2, Line A12        | 55,261.           | 230,43      | 30.       |

#### 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<br>This single award began in 2006 and was active in 2012<br>This single award began in 2006 and was active in 2011                                                                                                                                                                                                                                                                                                                                | \$530,000<br>\$ 21,500<br>\$ 25,000                                                                                                                                                                                       |
| Environmental Protection Agency<br>This single award began in 2007 and is still active                                                                                                                                                                                                                                                                                                                                                                                       | \$858,612                                                                                                                                                                                                                 |
| National Park Service                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ 20,000<br>\$ 34,491<br>\$ 55,000<br>\$121,700<br>\$ 35,120<br>\$ 20,000                                                                                                                                                |
| This single award began in 2008 and was active in 2010<br>This single award began in 2003 and was active in 2010                                                                                                                                                                                                                                                                                                                                                             | \$ 52,224<br>\$ 47,683<br>\$ 47,131<br>\$ 15,750                                                                                                                                                                          |
| This single award began in 2008 and was active in 2012<br>This single award began in 2007 and was active in 2011<br>This single award began in 2007 and was active in 2011<br>This single award began in 2008 and was active in 2011<br>This single award began in 2008 and was active in 2011<br>This single award began in 2008 and was active in 2011<br>This single award began in 2008 and was active in 2011<br>This single award began in 2008 and was active in 2011 | \$ 70,000<br>\$ 50,000<br>\$ 35,000<br>\$ 53,183<br>\$ 70,030<br>\$ 62,002<br>\$ 15,000<br>\$ 11,750<br>\$ 89,430<br>\$ 91,500<br>\$ 49,515<br>\$ 6,000<br>\$ 105,916<br>\$ 14,211<br>\$ 6,393<br>\$ 13,764<br>\$ 100,744 |
| This single award began in 2007 and was active in 2009                                                                                                                                                                                                                                                                                                                                                                                                                       | \$100,744<br>\$164.630<br>\$  70,000                                                                                                                                                                                      |

### 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