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Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public** Inspection

A F	or the	2009 calend	ar year,	or tax year begi	nning		, 200	09, and	ending			<u>, 20</u>
В	heck if ap	pplicable	Please	C Name of organi	ization					D Emplo	yer identif	cation number
	Address c	hange	use IRS	Sonora Environi	mental Research	Institute, Inc.					86-07	67843
◱	Name cha	ange	label or print or	Number and stree	t (or P O box, if mail	is not delivered to s	reet addres	s) Roc	om/suite	E Telepi	none numbe	er
▭	nıtıal retui	ım	type	3202 E. Grant Ro	•			7				1-9488
	Terminate	ed	See Specific									<del></del>
	Amended	return	Instruc-	•	or country, and ZIP	+ 4				F Grou	p Exempti	on
Application pending tions. Tucson, AZ 85716-2801 Numb									ber 🕨			
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: Cash										Cash 🗹 Accrual		
			a cor	pleted Schedul	le A (Form 990 or	990-EZ).			Other	(specify)	<b>&gt;</b>	
									H Check	<b>▶</b> □	f the organ	nization is <b>not</b>
	Vebsit	www.	.seriaz.c	ra							-	ule B (Form 990,
				<del></del>	1(c) ( 3 ) <b>∢</b> (inse	ert no.) \[ \begin{align*}	)/1) or [	527		Z, or 990		alo B (i orini boo,
						•		_				\$05.000 A
	Check •		-		ction 509(a)(3) supp							
					ed, but if the organ						ete return.	194,839.00
		s 5b, 6b, and 7	7b, to line	9 to determine gr	ross receipts, if \$50	0,000 or more, file I	orm 990 in	istead o	f Form 990	EZ ▶	\$	
P	art I				hanges in Ne						ctions to	
	1				simılar amounts						1	194,041.00
	2	Program s	ervice r	evenue includin	ng government f	ees and contrac	ts			[	2	798.00
	3	Membersh	nip dues	and assessme	ents						3	0.00
	4	Investment	-							[	4	0.00
	5a	Gross amo	ount fro	n sale of assets	s other than inve	entory	.   5	ia		0.00		
	Ь				es expenses .	· ·		ib		0.00		
	-				other than inver				50)		5c	0.00
Ф	C				plicable parts of Sch						30	
5	6							yanınıy,	CHECK HEIE			
Revenue	a										1	
æ		reported o	n line 1					ia		0.00		
	b	Less: direc	ct expe	ises other than	fundraising exp	enses	. 6	ib		0.00		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							[	6c	0.00	
	7a	Gross sale	es of inv	entory, less reti	urns and allowa	nces	. 7	'a		0.00	-	
	Ь	Less: cost						'b		0.00	ļ	
	ြင				of inventory (Sub	tract line 7b from	n line 7a)				7c	0.00
	8	Other reve	•				·			١ ،	8	0.00
	9		•		4, 5c, 6c, 7c, ar	nd 8					9	194,839.00
	10				(attach schedul			\ /C-r	<del></del>	•	10	0.00
	11					o,	RECE	AFI			11	0.00
=		•							S		12	143,077.00
٦ĕ	12	Salaries, o	trier co	npensation, an	nd employee ber	ients . Z	AY 1 3	2010				17,671.00
eľ	13	Profession	iai tees	and other payn	nents to indeper	ident contractor	5'! P 9	י בטונ	,   Q		13	14,416.00
É Ž	14	Occupanc	y, rent,	utilities, and ma	aintenance .	· · ·   ·   · ·	<del></del>	· .	⊈		14	6,050.00
	15	Printing, p	ublicati	ons, postage, a	and shipping .	· · · · · · · · · · · · · · · · · · ·	)GDE1	A: M.	r.		15	
	16				epreciation, supp					)	16	13,318.00
<u>-</u>	17				rough 16						17	194,532.00
2	18				ubtract line 17 fr						18	307.00
Se	19				beginning of ye	•			-			
As	i	end-of-yea	ar figure	reported on pr	rıor year's return	)					19	(11,218.00)
Net Assets	20	Other char	nges in	net assets or fu	und balances (at	tach explanatior	)				20	0.00
Z	21	Net assets	or fund	l balances at er	nd of year. Com	bine lines 18 thr	ough 20			. ▶	21	(10,911.00)
Р	art II				ets on line 25, c						instead o	f Form 990-EZ.
_					ructions for Part					inning of		(B) End of year
22	) C	ach savinge	and in	•		•				_	79.00 22	1.00
		_									0.00 23	0.00
23	La	and and build	uniys . /dasa:'L	Canital Fo	quipment and Acc		 a	• •		27	87.00 24	1,672.00
24								)			66.00 25	1,673.00
25		otal assets							-		34.00) 26	
2€		otal liabilitie	es (desc	ribe ►	7 - ( ) (5)		l'= = 041	)				(12,584.00)
27	7 Ne	et assets or	r tund t	aiances (line 2	7 of column (B)	must agree with	ı iine 21)			(11,2	18.00) 27	(10,911.00)



OMB No 1545-1150

2009

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	i.)		Expenses
	t is the organization's primary exempt purpose?				(Regu	ured for section
Door	ribe what was achieved in carrying out the orc	ranization's evernt purpo	see In a clear ar	nd concise		)(3) and 501(c)(4)
	ner, describe the services provided, the number of					izations and section
	· · · · · · · · · · · · · · · · · · ·	or persons benefited, and t	other resevant inio	mation for		a)(1) trusts, optional
-acii	program title.	<del></del>	<del></del>		for ot	ners)
28						
	effects of pollutants on children's health. Conducting					
	Services provided throughout southern Arizona. Hor	me visits to >2,000 familles a	nd > 300 businesses	s in 2009.		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a	193,571.00
29			<del></del>			
	(Outputs the company of the company	in all of a faurium grants als			00-	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck nere	·	29a	
30						
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a				32	193,571.00
	List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Ann I	Marie A. Wolf	President, 6	enter -oj	deletted compet	1344011	Other anowarices
	N. Via Salerosa, Tucson, AZ 85750	Tresident, o	-0-		-0-	-0-
		S	-0-			
	H. Spitz	Secretary/Treasurer, 4			اہ	
	Ventana Vista Court, Tucson, AZ 85750		-0-		-0-	-0-
	uln Ruiz	Director, 0.25				
1021	Via Linterna, Tucson, AZ 85718		-0-		-0-	-0-
Ann I	Marie A. Wolf	Executive Director, 60				
631	N. Via Salerosa, Tucson, AZ 85750	1	2,875.00	l	-0-	-0-
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Yes   No   No   Yes	Form 99	D-EZ (2009)		P	age 3
33	Part	Other Information (Note the statement requirements in the instructions for Part V.)			
description of sech activity  4		Did it and the IDCO if "Ven " ettech a detailed		Yes	No
the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  If "Yes," has it field a tax return on Form 990-T for this year?  Bit of the organization indergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  The transport of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   0.00    Bit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  If "Yes," complete Schedule L. Part II and enter the total amount involved   38b   12,400.00    Bection 501(c(X) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00    Bection 501(c(X) and 501(c)(4) organizations. Did the organization agains any section 4955 ▶ 0.00    Bection 501(c(X) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or 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.  Bection 501(c(X) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 495, and 4958   0.00    Bection 501(c)(X) and 501(c)(X) organizations. Enter amount of tax imposed on organization and financial Account in a foreign country; ▶    Bection 501(c)(X) and 501(c)(X) organization in his prior form 1041—Check he		description of each activity	33		✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section \$033(e) notice, reporting, and proxy tax requirements?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," has it filed a tax return on Form \$90-T for this year?  b if "Yes," complete applicable parts of Schedule N  c if if yes, the organization form \$100-T for this year?  c if if yes, complete applicable parts of schedule N  c if yes, complete applicable parts of schedule N  c if yes, complete schedule L part II and enter the total amount involved in the instructions. If yes			34		✓
Sold (a) notice, reporting, and proxy tax requirements?  b if "Yes," has it filed a tax return on Form 990-T for this year?  35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00  b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38b 112,400.00  b Section 501(c/3) organizations. Firter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  38b 12,400.00  c Section 501(c/3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00  b Section 501(c/3) and 501(c/4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it eware 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 Form 990 or 990-EZT if "Yes," complete Schedule L, Part I  List the states with which a copy of this return is filed. ▶ Artzons  42a The organization's books are in care of ₱ Ann Marle A. Wolf  Located at ₱ 3202 E. Grant Rd, Tucson, AZ  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes	35				
b if "Yes," has it filed a tax return on Form 990-T for this year?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete applicable parts of Schedule N  Tenter amount of political expenditures, direct or indirect, as described in the instructions. ▶   37a   0.00    Did the organization file Form 1120-Pol. for this year?  Did the organization berrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b if "Yes," complete Schedule L, Part ii and enter the total amount involved 38b   12,400.00    Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9   39a    Gross receipts, included on line 9, for public use of club facilities   39b    Gross receipts, included on line 9, for public use of club facilities   39b    Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Form 990 or 990-E27 if "Yes," complete Schedule L, Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956    d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956    d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and prior year, did the organization and prior year to the respective year year year year year year year yea	а		35a		✓
during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 379	ь		35b		
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 12,400.00  Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a 39b 12,400.00  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4955 ▶ 0.00  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it waves 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 Form 990 or 990-EZ7 if "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization has not been reported on any of the organization's prior Form 900 or 900-EZ7 if "Yes," complete Form 8865-T.  List the states with which a copy of this return is filed. ▶ Arizona  The organization's books are in care of ▶ Ann Marie A. Wolf  Telephone no. ▶ 520-321-9488  Located at ▶ 3202 E. Grant Rd, Tucson, AZ	36		36		1
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this retum?  If "Yes," complete Schedule L, Part II and enter the total amount involved					لــــا
any such loars made in a prior year and still outstanding at the end of the period covered by this return? 38a	b •••	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	1	
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) grainizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ7 if "Yes," complete Schedule L, Part I  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  List the states with which a copy of this return is filed. ▶ Artzona  1 List the states with which a copy of this return is filed. ▶ Artzona  1 Located at ₱ 3202 E Grant RA, Tueson, AZ  2 IP + 4 ▶ 85716-2801  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c  ✓  1 "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar ye					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00  B Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it 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		• • • • • • • • • • • • • • • • • • • •			
Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00   section 4912 ▶ 0.00   section 4915 ▶ 0.00   Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		The detail is the second secon			
transaction during the year or is it 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		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
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	b		<u> </u>		ļ
C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			,
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			406		<b>V</b>
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		·	400		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	·	organization managers or disqualified persons during the year under sections 4912,			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
The organization's books are in care of ▶ Ann Marie A. Wolf  Located at ▶ 3202 E. Grant Rd., Tucson, AZ  ZIP + 4 ▶ 85716-2801  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		1
Located at ▶ 3202 E. Grant Rd., Tucson, AZ    ZIP + 4 ▶ 85716-2801    b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	41				
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42a	THO OIGH REGION O BOOK BE IN CASE OF	20-32	1-948	3
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			85716	-2801	
account)?	b			V	<b>M</b>
If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42h	168	NO.
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		· · · · · · · · · · · · · · · · · · ·	420		_
If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶  44 and enter the amount of tax-exempt interest received or accrued during the tax year ▶  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes No  Under the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>✓</b>
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ					
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	• • • • • • • • • • • • • • • • • • • •	• •	•	<b>▶</b> ⊔
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				Yee	No
Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of		1.63	170
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	77		44		1
"Yes," Form 990 must be completed instead of Form 990-EZ	45				
		"Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>√</b>

	501(c)(3) organizations and section 494 and complete the tables for lines 50 an	17(a)(1) nonexempt charita	able trusts m	ust answer question	ns 46-49	b
46	Did the organization engage in direct or indirect		on behalf of	or in opposition to	Yes	<del></del>
	candidates for public office? If "Yes," complete \$	•			46	1
47	Did the organization engage in lobbying activities				47	1
48	Is the organization a school as described in section		•		48 49a	1
49a b	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5	•	organization		49a 49b	1
50	Complete this table for the organization's five his			officers directors t	<del></del>	d kev
	employees) who each received more than \$100,0					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Exper	nse and
None						
			=			
			•		1	
· <del></del>						
f	Total number of other employees paid over \$100	000	-0-			
-	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·		Type of service	(c) Compens	ation
None						
			+			
	, ve manuelle de la constant de la c				<del></del>	
		1400				
d	Total number of other independent contractors e	each receiving over \$100,000	) <b>&gt;</b>	-0-		
d	Total number of other independent contractors e	each receiving over \$100,000	) <b>&gt;</b>	-0-		
d	Under penalties of perjury, I declare that I have examine	ed this return, including accompanyi	ng schedules and	statements, and to the bes	t of my know	ledge
		ed this return, including accompanyi	ng schedules and	statements, and to the bes	it of my know	ledge je.
Sign	Under penalties of perjury, I declare that I have examine	ed this return, including accompanyi	ng schedules and	statements, and to the bestion of which preparer has	any knowledg	ledge le.
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanyi	ng schedules and	statements, and to the bes	any knowledg	ledge je.
Sign	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompanyi	ng schedules and	statements, and to the bestion of which preparer has	any knowledg	tedge je.
Sign	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer	ed this return, including accompanyi	ng schedules and	statements, and to the bestion of which preparer has	any knowledg	ledge le.
Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Ann Marie A. Wolf, President	ed this return, including accompanyi	ng schedules and sed on all informa	statements, and to the bestion of which preparer has	any knowledg	<b>.</b>
Sign Here Paid	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Ann Marie A. Wolf, President Type or print name and title  Preparer's signature	ed this return, including accompanyli of preparer (other than officer) is bas	ng schedules and sed on all informa	statements, and to the besturn of which preparer has  5 / 10 / 1  Date	any knowledg	<b>.</b>
Sign Here Paid Prepan	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Ann Marie A. Wolf, President  Type or print name and title  Preparer's signature  Firm's name (or	ed this return, including accompanyli of preparer (other than officer) is bas	ng schedules and sed on all informa Check if	statements, and to the besturn of which preparer has  5 / 10 / 1  Date	any knowledg	<b>.</b>
Sign Here Paid Prepan Use On	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Ann Marie A. Wolf, President  Type or print name and title  Preparer's signature  Firm's name (or	ed this return, including accompanyli of preparer (other than officer) is base	ng schedules and sed on all informa Check if	statements, and to the beston of which preparer has  5 / / o / / Date  Preparer's identifying nur	any knowledg	<b>.</b>

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

### **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.

4947(a)(1) nonexempt charitable trust.

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

20**09** 

Open to Public Inspection

		he organization	<u>.                                    </u>						Employe	r identificat	ion number	
Son	ora	Environmen	tal Research Ins	stitute, Inc.					86	0	767843	
Par	t I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	tions.	
The ·			•	dation because it is:	-	-		_				
2				on 170(b)(1)(A)(ii). (Att								
3				nospital service organ			in <b>sectio</b>	n 170(b)	(1)(A)(iii).			
4		hospital's na	ime, city, and st									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in <b>sect</b>	ion 170(t	o)(1)(A)(v)	).		
7	V	-	-	receives a substantia (1)(A)(vi). (Complete P	•	its suppo	rt from a	governm	nental uni	t or from t	he genera	ıl public
8		A community	y trust described	in section 170(b)(1)	<b>(A)(vi).</b> (C	omplete	Part II.)					
9		receipts from support from	n activities relate n gross investm	receives: (1) more that ed to its exempt funct ent income and unre after June 30, 1975.	ions-su lated bus	bject to d siness tax	certain ex kable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 <sup>1</sup>	% of its
10 11		An organization purposes of 509(a)(3). Ch	tion organized a one or more pul neck the box tha	nd operated exclusive and operated exclusive blicly supported organ at describes the type of the control of the	rely for the nizations of suppo	ne benefi described rting orga	t of, to p d in secti anization	perform to on 509(a) and com	he functi (1) or sec iplete line	ons of, or ction 509( es 11e thr	a)(2). See ough 11h	section
е		persons other	this box, I cert	tify that the organizaten managers and other		t control	led direc	tly or inc	directly by	y one or		qualified
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	а Туре	l, Type II	, or Type	III suppo	rting
g		Since Augus		the organization acce	 epted any	 gift or c	 ontributio	 on from a	 iny of the	· · · ·		. 🗆
			n who directly oi	r indirectly controls, e				h persor	ns descrit	oed in (ii)	11g(i)	s No
		• •	. •	• • • • • • • • • • • • • • • • • • • •		•					11g(ii)	_
				rson described in (i) a of a person described		 (u) above					11g(iii)	+
h				ation about the suppo								
		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization (v) Did you notify		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amo supp		
				, ,	Yes	No	Yes	No	Yes	No		
						l						
			, ,	•								<del></del>
	_											
Tota	ı							c				

Pa	Support Schedule for Org (Complete only if you check					and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar 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.")	84,798.00	43,349.00	143,842.00	190,120.00	194,041.00	656,150.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	. 0	0
4	Total. Add lines 1 through 3	84,798.00	43,349.00	143,842.00	190,120.00	194,041.00	656,150.00
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)	ę,		gww.			4,054.00
6	Public support. Subtract line 5 from line 4.		·«				652,096.00
Sec	tion B. Total Support			-			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	84,798.00	43,349.00	143,842.00	190,120.00	194,041.00	656,150.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,897.00	3,290.00	3,733.00	2,173.00	798.00	13,891.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	O	0	0	0	o	0
11	Total support. Add lines 7 through 10 .						670,041.00
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>		or fifth tax yo	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Sup	port Percen	itage				
14	Public support percentage for 2009 (line 6	6, column (f) dıv	rided by line 11	, column (f))		14	97.3 %
15	Public support percentage from 2008 Sch					15	94.5 %
16a	33% % support test—2009. If the organization qualifies	as a publicly so	upported organ	ization			▶ 🗹
b	33% % support test—2008. If the organization qualities box and stop here. The organization qualities						
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circum	nstances" test, o	check this box a	and <b>stop here.</b>	Explain ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums	stances" test, c organization qua	heck this box a lifies as a public	nd <b>stop here.</b> ly supported org	Explain in Part ganization	IV how the

#### **SCHEDULE L** (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Sonora Environmental Research Institute, Inc.

Employer identification number 86 0767843

(a) Name of disqualified person	(b) Description of transaction							(c) Correc			
(a) Name of disquamed person			(5)		transaction					Yes	No
	<del></del>			<u></u>							<u> </u>
Enter the amount of tax imposed on under section 4958	_		-	alified pers		-	year	▶ \$			
Enter the amount of tax, if any, on lir	ne 2, abo	ve, reim	bursed by the orga	nızatıon				▶ \$	<del></del>		
Loans to and/or From Intere Complete if the organization a			on Form COO Dort II	/ line 26	or Form (	000 E	7 Do		ino 20	20	
	T.									ĺ	
(a) Name of interested person and purpose		to or from inization?	(c) Onginal principal amount	(d) Balar	ice due	(e) in c	default?	by bo	ard or arttee?		ntten/ ment?
	То	From				Yes	No	Yes	No	Yes	No
Marie A. Wolf - Cover supplies			2,599.00	<del></del>			~	~			~
Marie A. Wolf - Cover supplies	· ·	-	381.12 2,276.92		381.12		<b>/</b>	<b>'</b>			V
Marie A. Wolf - Cover printing  Marie A. Wolf - Cover travel	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		2,276.92				ノ	<b>V</b>			V
Walle A. Woll - Cover travel	<del>  •</del>	<b></b>	2,037.23		2,097.25						ľ
	<u> </u>	-		<u> </u>							
·			<b>. ▶</b> \$	<u> </u>	6,974.10				<b></b>		
t III Grants or Assistance Benefi	ting Inte	rested	Persons.		<del>- • • • • • • • • • • • • • • • • • • •</del>	<u> </u>				<u> </u>	
Complete if the organization a	nswered	"Yes" c	on Form 990, Part IV	/, line 27.							—
(a) Name of interested person	(b) Re	elationship	between interested pers organization	on and the (c)		(c) Amount and type of assist				ance	
				- "-							
							_				
		_									
	<del></del> -										
rt IV Business Transactions Invol	vina Inte	rested	Persons.		<u> </u>						
Complete if the organization a	nswered	"Yes" o	on Form 990, Part IV	/, line 28a	, 28b, or :	28c.	****				
(a) Name of interested person			on and the trans	between (c) Amount of transaction		(d) Description of transaction			on	(e) Sha organia rever	
					<u> </u>					Yes	No
											_
											₩
	-				ļ						
	1				1					<b></b>	Ь—
			1							l	l

## **Depreciation and Amortization** (Including Information on Listed Property)

OMB No	1545-0172
20	09

Attachment

Department of the Treasury

Internal Revenu	ue Service (99)	▶ Se	e separate instruction		► Attach to you	r tax return.	Sec	quence No 67
Name(s) show	nvironmental l		tute, Inc. Sono	ra Environme	hich this form relates ental Research I	nstitute, Inc.		lying number 86-0767843
Part I			ertain Property U sted property, com			mplete Part I.		
1 Maxi			ons for a higher limit				1	\$250,000
			placed in service (se				2	
			perty before reduction			s)	3	\$800,000
			ne 3 from line 2. If ze				4	
	ar limitation for trately, see insti		otract line 4 from li			_	5	<del></del>
6		Description of prop			iness use only)	(c) Elected cost	<del></del>	
				1		<u>_                                </u>	$\dashv$	
					-		$\neg$	
7 Liste	d property Ent	er the amount	from line 29		7		$\neg \neg$	
			property. Add amoun				8	
			naller of line 5 or line				9	
			from line 13 of your				10	
	•		naller of business incom				11	
			dd lines 9 and 10, b				12	•
	•		to 2010. Add lines			13	<del></del> -	
			w for listed property.					······································
Part II						ude listed property.)	(See	instructions.)
						) placed in service	1	
	ng the tax year			-			14	
	•	•	1) election				15	
•	er depreciation				· · · · ·		16	
Part III			(Do not include lis				1	
T GITTIN	MAGINOD	<u>cprediation</u>	DO NOT INCIDADO NO	Section A	y., ( <u>000 monue</u>			
17 MAC	PS deductions	for assets plan	ced in service in tax		ng before 2009		17	1,114.83
						one or more general	' '	
	t accounts, che					_	100	
						General Depreciation	Svst	 em
(a) Classific	cation of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method		epreciation deduction
<b>19a</b> 3-y	ear property	55.1100						
	ear property							
	ear property							
	ear property							-
e 15-y	ear property		-					
	ear property	1	-					
	ear property			25 yrs.		5/L		
	dential rental			27.5 yrs.	ММ	5/L		
prop				27.5 yrs.	ММ	5/L		
	residential real			39 yrs.	ММ	5/L		
prop					ММ	5/L		
	Section C-	-Assets Place	d in Service During	2009 Tax Ye	ear Using the Al	ternative Depreciation	on Sys	stem
20a Clas						S/L		
<b>b</b> 12-y		1		12 yrs.		S/L		
<b>c</b> 40-y		<del>                                     </del>		40 yrs.	ММ	5/L		-
Part IV		(See instruct	ions.)	1 .0 3.0.		· <u></u>		
	ed property. En						21	
				nes 19 and 20	) in column (a) ai	nd line 21. Enter here		
			return. Partnerships a				22	1,114.83
00 5		-	od in convice during				<del> </del> _	·

portion of the basis attributable to section 263A costs