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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Short Form
Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 For the 2011 calendar year, or tax year beginning	Jun 1	, 2011, and ending	May 31	, 2012
B Check if applicable	C Name of organization			D Employer identification number
Address change	Southern Arizona Environmental Management Society			86-0695478
Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
Initial return	PO Box 41433			(520) 799-4433
Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number
Amended return				AZ 85717-1433
Application pending				►

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► www.saems.org			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (ck only one) —	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	►(insert no)	<input type="checkbox"/> 4947(a)(1) or
K	Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return			
L	Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 53,724.			

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE	1 Contributions, gifts, grants, and similar amounts received.	1 825.
EXPENSES	2 Program service revenue including government fees and contracts.	2 44,480.
ASSETS	3 Membership dues and assessments.	3 8,375.
	4 Investment income.	4
	5 a Gross amount from sale of assets other than inventory.	5 a
	b Less cost or other basis and sales expenses.	5 b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000).	6 a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6 b
	c Less direct expenses from gaming and fundraising events.	6 c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d
	7 a Gross sales of inventory, less returns and allowances.	7 a
	b Less cost of goods sold.	7 b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c
	8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8. Other Revenue	8 44.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ► \$ 53,724.	9
	10 Grants and similar amounts paid (list in Schedule O) See I-10. Stmt	10 5,335.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,150.
	14 Occupancy, rent, utilities, and maintenance.	14 15,410.
	15 Printing, publications, postage, and shipping	15 5,735.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16. Other Expenses	16 19,420.
	17 Total expenses. Add lines 10 through 16. ► \$ 47,050.	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18 6,674.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19 34,785.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -5,165.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21 36,294.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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2012

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,785.	22
23 Land and buildings	0.	23
24 Other assets (describe in Schedule O)	0.	24
25 Total assets	34,785.	25
26 Total liabilities (describe in Schedule O)	0.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,785.	27
		36,294.

Part III: Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III. . . .

What is the organization's primary exempt purpose? Education and outreach for environmental issues

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28	Monthly Educational Seminars: To actively promote awareness, education, and understanding of environmental issues and to provide a forum for the exchange of ideas and information between private enterprises, government, industry, and education and research institutions (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	7,551.
29	RCRA: To provide education to the regulated community on hazardous waste regulations and management. Over 100 people from industry, education and federal, state & local government participated. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	15,136.
30	P2: To create a forum to educate the regulated community on pollution prevention requirements and to share ideas on how to effectively implement pollution prevention solutions. 65 people from industry, education and state and local government participated. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3,773.
31	Other program services (describe in Schedule O) . . . 0 (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	7,518.
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	33,978.

Part IV: List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	
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 tax year covered by this return?	38b	
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40b	X
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40c	
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 ► _____	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	X
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		
41 List the states with which a copy of this return is filed ► <u>Arizona</u>		

	Yes	No
42a The organization's books are in care of ► <u>MHR Consulting, LLC</u> Telephone no ► <u>(520) 490-1063</u> Located at ► <u>7090 N. Oracle Road</u> Tucson AZ ZIP + 4 ► <u>85704</u>	42b	X
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)? If 'Yes,' enter the name of the foreign country ► _____	42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X
48		X
49 a		X
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None NA NA AZ				

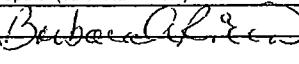
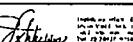
e Total number of other employees paid over \$100,000. ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None -----		

e Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Sign Here	►  Signature of officer	Date 108/30/12 9/29/12
	► Barbara Ricca Type or print name and title	Treasurer
Paid Preparer Use Only	Print/Type preparer's name Victoria Stubbs	Preparer's signature  Date 09/27/12
	Firm's name ► LAW OFFICE OF ERIC E BUTTON	Check <input type="checkbox"/> if self-employed P00684067 Firm's EIN 45-3719729 Phone no
	Firm's address ► 8230 E BROADWAY BLVD SUITE W 4	
	TUCSON AZ 85710	

May the IRS discuss this return with the preparer shown above? See instructions. ► Yes No

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.

2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

Southern Arizona Environmental Management Society

Employer identification number

86-0695478

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III – Functionally integrated d Type III – Othere By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on 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						
12 Gross receipts from related activities, etc (see instructions)						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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test — 2011.** If the organization did not check the box on line 13, and the 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 ▶

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, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	3,190.	28,100.	26,515.	38,438.	34,930.	131,173
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	52,760.	25,221.	24,845.	21,560.	18,750.	143,136.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	55,950.	53,321.	51,360.	59,998.	53,680.	274,309.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						274,309.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	55,950.	53,321.	51,360.	59,998.	53,680.	274,309.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100.	20.	2.	162.	44.	328.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0.	0.	0.
c Add lines 10a and 10b	100.	20.	2.	162.	44.	328.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add Ins 9, 10c, 11, and 12)	56,050.	53,341.	51,362.	60,160.	53,724.	274,637.

14 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**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.88 %
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	99.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.12 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.13 %
19 a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-3

Description	Amount
Membership	7,100.
Donations	1,140.
Luncheon	18,275.
Total	<u>26,515.</u>

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-4

Description	Amount
Donation	
Membership	8,350.
Educational Luncheon	11,108.
-----	250.
-----	130.
-----	4,200.
-----	10,400.
Round Up	4,000.
Total	<u>38,438.</u>

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-5

Description	Amount
Donations	0.
Membership	8,375.
Monthly Luncheon	8,330.
-----	11,650.
-----	5,450.
-----	300.
Earthday	325.
HHW	500.
Total	<u>34,930.</u>

Supporting Statement of:

Sch. A, page 3/Gross Receipts-3

Description	Amount
	6,190.
	7,370.
	11,285.
Total	<u>24,845.</u>

Supporting Statement of:

Sch. A, page 3/Gross Receipts-4

Description	Amount
	0.
Household Hazardous Waste	0.
Pollution Prevention	6,880.
	11,920.
Round Up	2,760.
Total	<u>21,560.</u>

Supporting Statement of:

Sch. A, page 3/Gross Receipts-5

Description	Amount
	16,610.
	2,140.
Total	<u>18,750.</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Southern Arizona Environmental Management Society

Employer identification number

86-0695478

Pt III, Line 31 Earthday, Regulatory Roundup, Trash-n-Bash, Tucson Clean and Beautiful, University of Arizona Scholarship Fund

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Bank Interest Income 44.

Total

44.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Advertising 2,932.Awards 2,208.Bank Service Charges 53.Merchant Charges 1,728.Equipment 0.Events/Receptions 5,080.Finance Charges 0.Insurance 1,202.Licenses & Permits 10.Office SuppliesSupplies-Event 391.Supplies-Event-Meals 5,816.Total 19,420.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts PaidPurpose of Payment Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u>	<u>Business <input checked="" type="checkbox"/> Person <input type="checkbox"/></u> <u>University of Arizona</u> <u>1730 North Vine Avenue</u> <u>Tucson AZ 85721</u>	<u>Organization</u>	<u>5,335.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property.

Date of Gift 05/10/12

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Printing	5,619.
Postage	116.
Total	<u>5,735.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-12

Description	Amount
Meals	1,312.
Luncheon Expense	4,504.
Total	<u>5,816.</u>

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-1

Description	Amount
	1,500.
	1,690.
Total	<u>3,190.</u>

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-2

Description	Amount
	19,350.
	8,750.
Total	<u>28,100.</u>