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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Ā	\	For t	he 2015 caler	dar year, or ta	x year begi	nning		, 20	015, and endi	ng			,			
В	3	Check	if applicable:	C							D En	ployer iden	tification number			
		Па	ddress change	SONORAN A	ARTS LE	AGUE. INC	2				l 8	6-0805	268			
		\vdash	ame change	P.O. BOX		,						lephone num				
		\vdash	utial return	CAVE CREE		85327					1	00-575	6624			
		\vdash	nal return/terminated		•						- 4	80-575	-6624			
		H		}						0						
		H	mended return	<u> </u>	 	1 7				G Gross receipts \$ 293,749						
		∐A	pplication pending			oal officer.				1			ш	\boldsymbol{H}		
_				SAME AS C		 				If 'No,	li subordir ,' atlach a	nates include list (see ins	ed? Yes structions)	s ∐No		
Ţ		Tax-	exempt status	X 501(c)(3)	501(c) (<u>`</u>	nsert no.)	4947(a)(1	1) or 527							
ī		We	bsite: ► W	W.SONORAN	ARTSLEA	GUE . ORG				H(c) Group	exemption	on number				
<u>K</u>			n of organization	X Corporation	Trust	Association	Other ►		L Year of format	ion 199	4	M State of I	legal domicile A	Ζ		
F	<mark>Ра</mark>	<u>rt l "</u>	Summa	у												
		1	Briefly descr	be the organiz	ation's miss	sion or most	significant a	activities:	TO GIVE	TO OUF	R COM	MUNITY	BY PROMO	OTING		
ì	1 Briefly describe the organization's mission or most significant activities: TO GIVE TO OUR COMMUNITY BY PRO ART, ARTISTS AND ART EDUCATION THROUGH LEADERSHIP AND SERVICE IN THE BELIEF												BELIEF TH	AT		
j	일		AN ARTIS	TIC AWARE	NESS IS	ESSENTI	AL TO I	HE WEL	L BEING C	OF LIF	E ANI	OUR	COMMUNITY	•		
'	Ĕ															
	81			ox ► if the					disposed of mo	ore than 2	25% of	its net as	sets			
, (5			oting members							•	3		586		
	S			dependent voti	_	_			// \			4		586		
	Activities & Governance	5		r of individuals				art V, line	234	••		5		1		
, 4	릀	6		r of volunteers	•	• •			0 10%	• • • •	•	6		280		
7	₹	/a	Not unrelate	ed business rev	venue irom	from Form C	iumn (C), iii	Smell	101			7a		$\frac{0}{2}$.		
<u>5</u> —	\dashv	<u>D</u>	Net urrelate	d business taxa	ible income	i irom Form 9	ر عداا ، ۱۰۱۱ور اک		- 47 J. 15.	2/11		7b		0.		
ζ,	- 1		Contribution	and areats (D	ort \/111 line	a 160 S		. 0	5010	—	rior Ye		Current Y			
9	چ	8		and grants (P vice revenue (F				SEP D		.		,916.		925.		
o i novo	5	9 10	Investment i	vice revenue (F	dit viii, iiii	6 2y) Λ\ lines 3 /1		~ V \ ·	·	<u> </u>	1/6	,550.		<u>, 950.</u>		
Š		11	Other revenu	iconne (Fait Vi	Jumo (A) I	ines 5, 4		nd Alek	Elim			57.		<u>58.</u>		
_	۱ ٔ	12	Total revenu	ncome (Part VI ie (Part VIII, co e – add lines 8	through 1	ines 5, ou, ou l'émust equal	., sc, roc, e		1 line 12)	<u> </u>		,093. ,616.	202	710.		
_	\dashv	13		imilar amounts					,,			,500.				
		14		i to or for mem	-	•				·	1	, 300.		<u>,045.</u>		
		15		er compensation		· ·	•	۰۰۰		-		- 600		710		
:	န္က								nes 5-10).		39	,698.	45	718.		
	Expenses			fundraising fee						·						
	اچ	b	Total fundrai	sing expenses	(Part IX, co	olumn (D), lin	e 25) 🟲			1	<u>. ; , , , , , , , , , , , , , , , , , , </u>	* "	<u> 16. 19. 19. 19.</u>	·		
L	"	17	Other expen	ses (Part IX, co	olumn (A), I	ines 11a-11d	, 11f-24e)				137	,517.	248	,576.		
		18	Total expens	es. Add lines 1	3-17 (must	equal Part IX	K, column (A), line 25	i)	_	178	,715.	297	,339.		
		19	Revenue les	s expenses. Su	btract line	18 from line 1	12				13	,901.	-4	,696.		
8	8			-						Beginnii		rrent Year	End of Y			
9	Balan	20	Total assets	(Part X, line 16	i)							,555.	282	,216.		
Ą	밁	21	Total liabilitie	es (Part X, line	26)							0.	3	,756.		
Ž	뷥	22	Net assets o	r fund balances	. Subtract	line 21 from l	ine 20 .				291	,555.	278	,460.		
F	ם סמ	rt II										7000.1		7 100.		
_	_				amined this re	urn including acc	companying sch	nedules and s	statements, and to	the best of m	ny knowle	dge and belu	ef it is true correc	t and		
co	mp	lete D	eclaration of prep	eclare Mat I have ex arer wher than office) is based or	all information o	hich prepare	er has any kno	owledge.	003. 0. 11	, /	/ /	ci, it is true, correc	a, and		
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			(. ,						11			

	990 (2015) SONORAN ARTS LEAGUE, INC	86-08052	68 Page 2
Par			[
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u>X</u>
,	Briefly describe the organization's mission:	MITON MUDOU	O.
	TO GIVE TO OUR COMMUNITY BY PROMOTING ART, ARTISTS AND ART EDUCAL LEADERSHIP AND SERVICE IN THE BELIEF THAT AN ARTISTIC AWARENESS		
	WELL BEING OF LIFE AND OUR COMMUNITY.	12 E22EN1T	Wr IO IUE
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?	<u> </u>	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 s	ervices?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	vices, as measurens to others, the	ed by expenses. total expenses.
	and revenue, if any, for each program service reported.		total expenses,
4 a		Revenue \$	108,860.)
	THE GALLERY AT EL PEDREGAL - OFFERS WORKSHOPS AND A ROTATING COL	LECTION OF	<u>ART.</u>
			_
			
			-
4 b	(Code:) (Expenses \$ 76,359. including grants of \$) (Revenue \$	114,967.)
	HIDDEN IN THE HILLS - STUDIO TOUR - A TWO WEEKEND OPEN HOUSE OF	44 STUDIOS	AND 150
	ARTISTS PARTICIPATING.		
			-
			
			
			
			-
40	: (Code:) (Expenses \$ 13,062. including grants of \$) (if	Revenue \$	21,391.)
	FESTIVAL OF FINE ARTS - JURIED SHOW OPEN TO ARTISTS FROM AROUND		7.
	FEATURES MORE THAN 100 LOCAL AND NATIONALLY-ACCLAIMED ARTISTS.	344 34464	
			
			
4	Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
-70	(Expenses \$ 4,252. including grants of \$ 3,045.) (Revenue \$	39	732.)
4 6	Total program service expenses ► 183, 696.		
BAA			Form 990 (2015)

Form 990 (2015) SONORAN ARTS LEAGUE, INC Part IV | Checklist of Required Schedules

			165	MO
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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		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 Il	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		` .	- ,
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		Х_
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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 and XII is optional .	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	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 'Yes,' complete Schedule F, Parts I and IV	14Ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
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 (see instructions).	17		Х
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		Х
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		Х

Form 990 (2015) SONORAN ARTS LEAGUE, INC

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
Ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	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 25a	24a		х
i	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		ļ
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes.' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26_		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):	-	•	
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		Х
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
•	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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	olf 'Yes' to line 35a, 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	35b		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37_	_	Х
38 ——	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38_	х	
BAA		Form	990 (2015)

•••	Check if Schedule O contains a response or note to any line in this Part V			Γ
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 34			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1 1		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		-	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 1			-
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	_ X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	}		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3ь		
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ►			•
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		_
6	a 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 as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).	·		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	х	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8				
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	-	
	Section 501(c)(7) organizations. Enter:		·. ·	` , 1,
	a Initiation fees and capital contributions included on Part VIII, line 12 10a	,) - T	`·	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		.	٠
	Section 501(c)(12) organizations. Enter:	. 7	-	
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		· ·	,
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]	·	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		· -	
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.	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			
	c Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		<u>X</u>
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 586 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 586 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X Δ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? . . . SEE. SCHEDULE . O X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .SEE .SCHEDULE .O Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?. Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **b** Each committee with authority to act on behalf of the governing body?..... 8Ь 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. q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates?.... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? 12c Х 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 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? Х a The organization's CEO, Executive Director, or top management official....... 15 a X b Other officers or key employees of the organization. 15 b 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 X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its · . participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > _AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 20 NATALIE NAI-CHE 6051 E. HIDDEN VALLEY DRIVE CAVE CREEK AZ 85331 480-575-6624

Form 990 (2015)	SONORAN	ARTS	LEAGUE.	TNC

86-0805268

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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 or note to any line in this Part VII

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

1 a 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.

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

		(C)								
(A) Name and Title	(B) Average hours per	e is t		ector	officer /trusti		1	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) STEPHANIE NEWMAN DIRECTOR	- 7 -							0.	0.	0.
(2) JOHN PEEKE-VOUT	4_									
DIRECTOR	0		-4		<u> </u>			0.	0.	0.
OIRECTOR	2							0.	0.	0.
(4) ROBIN RAY	7							0.	0.	0.
DIRECTOR (5) JANE BOGGS	2				-				0.	0.
DIRECTOR	0				L			0.	0.	0.
(6) MICHELLE MICALIZZI DIRECTOR	4							0.	0.	0.
(7) NATALIE NAI-CHE	6			.,						
PRESIDENT	0		-1	X		-	-	0.	0.	0.
(8) NATALIE KELLER SECRETARY	2			X				0.	0.	0.
(9) JONNI DEANDA TREASURER	6			Х				0.	0.	0.
(10)					_			<u> </u>		<u></u>
(11)										
(12)										
(13)										
(14)									-	

Form 990 (2015) SONORAN ARTS LEAGUE, IN Part VII Section A. Officers, Directors, Tru	C	Kov	Fn	anle	01/0	96	anı	d Highest Con	86-080526	8 Page 8
(A) Name and title	(B) Average hours per week	(do box offi	not o , unle	Pos check	sition more erson direct	e than is bot or/trus	one h an itee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(7)										
(18)								-		
<u>(19)</u>										
(20)				-						
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	on A.						> > > >	0. 0.	0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited							red i			
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	individua	al			• • • •	• • •		· · · · · · · · · · · · · · · · · · ·		3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	r than \$15	50,00)O'?	If 'Y	'es'	and comp	olete	e Schedule J for	rom 	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	satio	n fro	om a	any <i>J foi</i>	unrel suci	ate h pe	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated inde	pend	tent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization Report compens (A) Name and business address		ne ca	ienc	иат у	rear	enon	ig w	Description of		(C) Compensation
					_					
2 Total number of independent contractors (including bit \$100,000 of compensation from the organization)		ed to	tho	se lı	sted	abov	re) v	wno received more	tnan .	

		Check if Schedule O		a resp	onse or note to ar	ny line in this Part \	√III		П
	3 .				engty in the second of the sec	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns Membership dues Fundraising events Related organizations		1 a 1 b 1 c 1 d					
ntributions, id Other Sin	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$		6, 925.						
	h	Total. Add lines 1a-1f.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	6,925.			·
Jue				L	Business Code	'' -	- '	-	-
ž.	2 a	PROGRAM REVENUE			<u> 713990 </u>	259,588.	259,588.		
æ	b	MEMBERSHIP_DUES_&	<u>ASSESSME</u>	ENTS		25,362.	25,362.		
Program Service Revenue	d e								
.og		All other program service					 		
<u>~</u>	g	Total. Add lines 2a-2f.			··· ···· · · · · · · ·	284,950.	٠,	17	
	3	Investment income (incother similar amounts) Income from investmen			•	58.			58.
	5	Royalties		cilibr	bona proceeds. :				
	5	Noyanies	(i) Re	al	(II) Personal		 		. ,
	62	Gross rents .	(7)		(.,,	1 1 1 1		-	\
		Less: rental expenses			 				
		Rental income or (loss)					·		· · · · ·
		Net rental income or (ic)cc)				156		1 - 1 -
		1	(i) Secui		(ii) Other		<i>,</i> ————		
	7 a	Gross amount from sales of assets other than inventory	(i) Secui	7,003	(ii) Oliter	-, '			· .
		Less: cost or other basis and sales expenses			<u></u>		X2 - 7,	,	· · · · ·
		Gain or (loss)				1.5.7.			
Other Revenue	8 a	Gross income from fund (not including . \$ of contributions reporte							
Re		See Part IV, line 18		•	1,816.	建新新发展			la a di disebi
erl	h	Less: direct expenses.							
Ŧ		Net income or (loss) fro				710.		a Communication	710
J		Gross income from gam See Part IV, line 19	ning activit	ies.		710.		er Charles Solder	710.
	h	Less: direct expenses				[[表示]	[第三天] <u>计算</u>		
		Net income or (loss) fro				100000000000000000000000000000000000000	No shariffe and	. • 1.*2.4.	
		Gross sales of inventor					-, -, -, -,	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	- 1944
		and allowances	• •	. а					
		Less: cost of goods sold Net income or (loss) from			L			: `.·`	, P
		Miscellaneous Reveni		- 111461	Business Code	2 1 12			
	11 a	 		\dashv					, , ,
	Ь			· -					
	c							-	
	d	All other revenue	- -	·					
	-	Total. Add lines 11a-11							
		Total revenue. See inst				292,643.	284,950.	0.	768.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Scriedule O contains a		<u>*</u>		<u> </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,045.	3,045.		,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				-
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	43,326.		43,326.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,320.		43,320.	
9	Other employee benefits				
10	Payroll taxes	2,392.		2,392.	
11	Fees for services (non-employees):				
a	Management				
	Legal	179.		179.	
	Accounting	3,331.		3,331.	
	Lobbying	3,331.		3,331.	
	Professional fundraising services. See Part IV, line 17.			; -	
	Investment management fees		170 T 0 1	<u> </u>	·
	Other, (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,380.		3,380.	
13	Office expenses	5,190.		5,190.	
14	Information technology				
15	Royalties				
16	Occupancy	13,733.		13,733.	· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,208.		3,208.	
23	Insurance	7,122.		7,122.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10%		3 - 1 3 6		
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				=,
а	PROGRAM EXPENSES	180,651.	180,651.		
	BANK CHARGES	11,671.		11,671.	
	YOUTH ART ACTIVITIES	5,288.		5,288.	
	WEBSITE	3,056.		3,056.	
	All other expenses	11,767.		11,767.	
25	Total functional expenses. Add lines 1 through 24e	297,339.	183,696.	113,643.	0.
		23.7333.	200,000.	220,010.	<u></u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 58,954 11,475. 2 Savings and temporary cash investments.... 103,273 2 148,504. 3 3 4 4 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . 6 Notes and loans receivable, net...... 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 19,987 10b **b** Less: accumulated depreciation . 650 5,189 10 c 11 Investments - publicly traded securities... 11 12 12 Investments - other securities. See Part IV, line 11. 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets . 15 Other assets, See Part IV, line 11. 124,139 15 115,900. 16 Total assets. Add lines 1 through 15 (must equal line 34). 291.555 16 282,216. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 Secured mortgages and notes payable to unrelated third parties ... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 3.756 26 Total liabilities. Add lines 17 through 25..... 26 3.756. 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 28 Temporarily restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . Paid-in or capital surplus, or land, building, or equipment fund ... 31 32 Retained earnings, endowment, accumulated income, or other funds 291,555 32 278,460. 33 Total net assets or fund balances 33 291,555 278,460. 34 Total liabilities and net assets/fund balances 291,555 34 282,216.

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Form 990 (2015)

Form	n 990 (2015) SONORAN ARTS LEAGUE, INC	6 -1	<u> </u>	268		Page	12
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>		K
1	Total revenue (must equal Part VIII, column (A), line 12)	[1		292	2,643	
2	Total expenses (must equal Part IX, column (A), line 25)	. [2	_	297	7,339	
3	Revenue less expenses. Subtract line 2 from line 1	. , [3		- 1	1,696	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4		291	, 555	
5	Net unrealized gains (losses) on investments.	. [5				
6	Donated services and use of facilities	. [6				
7	Investment expenses	. [7				
8	Prior period adjustments	ŀ	_8				_
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	ļ	9			3,399	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10		270	3,460	
Par	rt XII Financial Statements and Reporting	<u>·</u>			210	,400	÷
[al						_	7
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u>··· ·</u>			<u>_</u> _	1
_	A I II I II I			г	-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	es No	_
'	Accounting method used to prepare the Form 990: X Cash Accrual Other				'	. ; •	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant? . \dots			L	2 a	X	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ewe	d on a				;
					2	X	
,	b Were the organization's financial statements audited by an independent accountant?		·· ··	•	2b	^^	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arai	е	, ,		-	-'
	Separate basis Consolidated basis Both consolidated and separate basis			1	<u>.</u>	`	
		ıdıt.			-	' '	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autreview, or compilation of its financial statements and selection of an independent accountant?			L	2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 			3 a	<u> x</u>	_
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt 			3 b		
BAA			-	F	orm 9 9	90 (201	<u>5</u>)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public .

Employer identification number

SONORAN ARTS LEAGUE, INC 86-0805268 Part I Reason for Public Charity Status (All organizations must complete this part. See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (ii) EIN (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported organization (ili) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) 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) 2015

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.)

Sec	tion A: Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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				1		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.).						
11	Total support. Add lines 7 through 10				The second of th		
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	•
	tion C. Computation of Pu						
	Public support percentage for 20	•				 	%
15	Public support percentage from	2014 Schedule A,	Part II, line 14	• • • • • •	• • • • • • • • •	15	
16	a 33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a put	did not check the lolicly supported or	box on line 13, ar ganization	nd line 14 is 33-1/	3% or more, check	this box
i	33-1/3% support test – 2014. If to and stop here. The organization	the organization d qualifies as a pul	id not check a boo plicly supported or	k on line 13 or 16 rganization .	a, and line 15 is 3	33-1/3% or more, ch	neck this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this l	box and stop her	e. Explain in Part V	I how
l	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstances	' test, check this i	box and stop her	e. Explain in Part V	5 is 10% I how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check the	s box and see instr	uctions ► 🗍
DAA					Cab	adula A /Farm 000	000 E 7\ 201E

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.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')	28,305.	24,768.	9,396.	13,916.	6,925.	83,310.
2	Gross receipts from admis-	20,303.	21,700.	3,030.	13/310.	0, 525.	03,310.
	sions, merchandise sold or services performed, or facilities					İ	
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	111,396.	183,869.	147,077.	179,144.	286,766.	000 252
3	Gross receipts from activities	111,390.	103,009.	141,011.	1/5,144.	200, 700.	908,252.
-	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or						0.
	facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5.	139,701.	208,637.	156,473.	193,060.	293,691.	991,562.
	Amounts included on lines 1,	133, 101.	200,057.	130/1/3.	233,000.	233,031.	331,302.
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	Amounts included on lines 2				0.		
-	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13			0			0
_	for the year	0.	0.	0, 0,	0.	0.	0.
-	Public support. (Subtract line	0.	0.	0.	0.	0.	<u> </u>
	7c from line 6.).		Train grating	<u> </u>) · ,		991,562.
	tion B. Total Support	() () ()	43.0010	4 > 0012	(A) 0014	() 0015	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	139,701.	208,637.	156,473.	193,060.	293,691.	991,562.
10 a	payments received on securities loans, rents, royalties and income from similar sources	79.	146.	55.	57.	58.	395.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c	Add lines 10a and 10b	79.	146.	55.	57.	_ 58.	395.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	139,780.	208,783.	156,528.	193,117.	293,749.	991,957.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶∏
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	115 (line 8, column	(f) divided by lin	e 13, column (f))		15	99.96 %
	Public support percentage from 2					16	99.74 %
	tion D. Computation of Inv						
	Investment income percentage for					17	0.04 %
	Investment income percentage fi					18	0.26 %
	33-1/3% support tests - 2015. If is not more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies a	is a publicly suppo	rted organization	► X
	33-1/3% support tests - 2014. If line 18 is not more than 33-1/3%	, check this box a	ind stop here. The	e organization qua	alifies as a publicly	y supported organi	
20	Private foundation. If the organization	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions	▶ []

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. II you checked 11d of Fart I, complete Sections A and D, and complete	ie i a	I C V .,	<u>'</u>
Sec	tion A. All Supporting Organizations		1	1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	·	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	`	1 1 -
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		<u>.</u>
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		7
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	7	-
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
!	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	,	
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	
9;	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI:	9a	Se e	
1	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		- 1
ı	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		2.5
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a	1 -	
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	-1 -	•

Par	t IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?	٠,٠		
ā	A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ining body of a supported organization?	11a	ļ -	3
ŧ	A fam	nily member of a person described in (a) above?	11b		
	A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	or elect Part N If the direct	directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No.' describe in the supported organization of effectively operated, supervised, or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1	-	, , ,
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	f	
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	organ vear.	ne organization provide to each of its supported organizations, by the last day of the fifth month of the iization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the iization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Chaol	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
•	□ -				
ē		he organization satisfied the Activities Test. Complete line 2 below.			
t		he organization is the parent of each of its supported organizations. Complete line 3 below.			
C	; [] TI	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	;) .		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
a	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the sixted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted rantially all of its activities.	2a		etter att
Ł	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b		·
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			٠, ", .
ā	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
ŧ		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	, ,	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete	oveml e Sec	per 20, 1970. See instructio tions A through E.	ns. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2		2		
_ 3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	/ ;		
_ a	Average monthly value of securities	1a		
E	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_ 6	Multiply line 5 by .035	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)			
_ 2	Enter 85% of line 1	2	170 300 100	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4	Enter greater of line 2 or line 3	4	Contraction of the	
	Income tax imposed in prior year	5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate		
BAA			Schedule A (Form	990 or 990-EZ) 2015

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity			
3				
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	· · · · ·		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	on is responsive (provide	details	
9				
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			, ,
3	Excess distributions carryover, if any, to 2015.	-		
а		·		
b				
С	The state of the s		·	
d	From 2013			<u> </u>
е	From 2014	- x1 1		
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	The state of		
h	Applied to 2015 distributable amount		,	
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4			L.	2 2 3
	line 7: \$	(1)	# 1-1-11	
	Applied to underdistributions of prior years	- /: /- /-		
	Applied to 2015 distributable amount	95 13 - 1 to 13	· · · · · · · · · · · · · · · · · · ·	
С	Remainder. Subtract lines 4a and 4b from 4			
5	Subtract lines 3g and 4a from line 2 (if amount greater than			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3 ₁ and 4c.			4
8	Breakdown of line 7:	- 41-		
		-		
		Proceedings of the second	<u> </u>	
	Excess from 2013	4 4 12 12 14		
	Excess from 2014	4-7	~.	
	Excess from 2015	1 1 1 1 1 1 1 1		.,
		<u> </u>	مستاها السام	<u> </u>

86-0805268

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	SONORAN ARTS LEAGUE, INC		86-0805268
Par	rt Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or Ac	
	Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 6.	
	(a) Donor advise	ed funds (b)	Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that t are the organization's property, subject to the organization's exclusive leg		funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wifor charitable purposes and not for the benefit of the donor or donor advising permissible private benefit?	iting that grant funds can be used or, or for any other purpose co	sed only inferring Yes No
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 9	90, 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 education)	Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of last day of the tax year.	ontribution in the form of a conse	rvation easement on the
	ast day of the tax year.	V	Held at the End of the Tax Year
2	a Total number of conservation easements		Tiold at the Lind of the Tax Toda
-	b Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure include		
	d Number of conservation easements included in (c) acquired after 8/17/06,	and not on a historic	
	structure listed in the National Register	<u>[2d</u>	
3	Number of conservation easements modified, transferred, released, extinguished tax year ▶	d, or terminated by the organizati	on during the
4	Number of states where property subject to conservation easement is located	·	
5	Does the organization have a written policy regarding the periodic monito and enforcement of the conservation easements it holds?		lations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ns, and enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a \$	and enforcing conservation easem	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the and section 170(h)(4)(B)(ii)?	requirements of section 170(h)	(4)(B)(ı)
9	In Part XIII, describe how the organization reports conservation easements in it include, if applicable, the text of the footnote to the organization's financia conservation easements.	s revenue and expense statement al statements that describes the	, and balance sheet, and corganization's accounting for
Par	Complete if the organization answered 'Yes' on Form 9	al Treasures, or Other Sir	nilar Assets.
1 -	a If the organization elected, as permitted under SFAS 116 (ASC 958), not	· . · · · · · · · · · · · · · · · · · ·	nt and balance sheet works of
16	art, historical treasures, or other similar assets held for public exhibition, educa in Part XIII, the text of the footnote to its financial statements that describ	tion, or research in furtherance of	public service, provide,
ŧ	b If the organization elected, as permitted under SFAS 116 (ASC 958), to re historical treasures, or other similar assets held for public exhibition, education, following amounts relating to these items:	eport in its revenue statement a or research in furtherance of pub	nd balance sheet works of art, lic service, provide the
	(i) Revenue included on 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 si amounts required to be reported under SFAS 116 (ASC 958) relating to the	milar assets for financial gain, pro lese items:	
ā	a Revenue included on Form 990, Part VIII, line 1		
t	b Assets included in Form 990, Part X	<u> </u>	. ▶\$

Schedule D (Form 990) 2015 SONO	RAN ARTS 1	LEAGUE,	INC				86-080	05268		Page :
Part III Organizations Mainta				orica	l Treasures, c	r Other			ontin	
3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other rec	ords, check	any of t	the following that a	are a signit	icant use of its	collection	on	
a Public exhibition			d Loan	or exc	hange programs:					
b Scholarly research			e Othe	r						
c Preservation for future gener	rations		—							
4 Provide a description of the organiz Part XIII.		•		•	_	•				
5 During the year, did the organiza to be sold to raise funds rather th	ition solicit or r han to be main	eceive doi itained as	nations of a part of the	rt, histo organiz	orical treasures, zation's collectior	or other s 1?	ımılar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	l Arrangeme	ents. Co	mplete if	the o	rganızation ar		'Yes' on Fo	orm 99	0, Pa	rt IV,
							not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII an	d complet	e the follow	ing tab	ole:			Amous		
e Reginning halance						1 -		Amoun	<u> </u>	
c Beginning balance			•••] C	 -			
d Additions during the year						1 d	<u> </u>			
e Distributions during the year	• • • •			•		1 e				
f Ending balance						<u> 1f</u>			,	
2 a Did the organization include an a							-	Yes	į	No
b If 'Yes,' explain the arrangement	in Part XIII Cl	heck here	if the expla	nation	has been provide	ed on Parl	: XIII	• •	[
Part V Endowment Funds. C	omplete if th	ne organ	ization ar	iswer	ed 'Yes' on Fo	orm 990	, Part IV, li	ne 10.		
	(a) Current ye	ear	(b) Prior yea	ır	(c) Two years bac	k (d) 1	Three years back	(e) F	our year	rs back
1 a Beginning of year balance	123,3		124,0		109,70	7.	102,418			,083.
b Contributions			·							100.
c Net investment earnings, gains,	- ·									,
and losses	-1,4	438.	5,5	59.	20,52		13,707		-4	,981.
d Grants or scholarships	5,8	843.	5,6	500.	5,50	0.	5,500		10	<u>,925.</u>
e Other expenditures for facilities and programs				i		i	0			
f Administrative expenses	1.1	118.		50.	64	9	918			859.
g End of year balance	114,9		123,3	_	124,08		109,707		102	,418.
2 Provide the estimated percentage							103,707	• 1	102	, 110.
a Board designated or quasi-endowmi		.,	8							
b Permanent endowment ►	100.00%		- -							
c Temporarily restricted endowmen		%								
The percentages on lines 2a, 2b, ar										
-										
3 a Are there endowment funds not in the	he possession o	f the organ	ization that	are held	d and administered	for the		Г	Yes	No
organization by: (i) unrelated organizations								22(3)	X	140
-			• • • • • • • • • • • • • • • • • • • •	••		• • • •	• • • •	3a(i)		X
(ii) related organizations b If 'Yes' on line 3a(ii), are the rela		na lintad s		on Sah	odulo D2		• •	3a(ii)		 ^-
4 Describe in Part XIII the intended							•	3b		<u> </u>
		gariizatioi	15 endowin	ent run	us. SEE PAR	1 XIII				
Part VI Land, Buildings, and I Complete if the organi		ered 'Ye	s' on For	m 990) Part IV line	11a S	ee Form 99	0 Part	X li	ne 10
Description of property) Cost or	other basis	(b)	Cost or other	(c) Acc	cumulated		Book v	
3 - Lood		(invest	ment)	Ь	asis (other)	depr	eciation			
1 a Land										
b Buildings	-									400
c Leasehold improvements	·····				7,574.		4,166.		3	<u>,408.</u>
d Equipment	··									
e Other		-15- ^	00 5 18		12,413.		9,484.			<u>,929.</u>
Total. Add lines 1a through 1e. (Column	n (a) must equ	ai Form 9	yu, Part X,	column	(B), line lUc.)	· ·· ·		de D. C.		<u>, 337.</u>
BAA							Schedi	ıle D (Fo	rm 990	<i>J</i>) 2015

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial, derivatives			· - · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			_
(E)			
(A) (B) (C) (D) (E) (F) (G) (H)			
(G)	····		
~			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		l -	<u> </u>
Part VIII Investments – Program Related. Complete if the organization answered	'Vas' on Form 90	N/A	000 Dart V Iima 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	990, Part A, line 13
	(b) Dook Value	(c) Method of Valuation: Cost of er	id-or-year market value
(1)			
(3)			<u> </u>
(4)			
(5)			
(6)	 		
(7)			
(8)			
· · · · · · · · · · · · · · · · · · ·			
(9)			
(9)	_ 		
(10)			- ,
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered), Part IV, line 11d. See Form	990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Description), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Description (1) DEPOSITS	cription), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO	cription), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3)	cription	D, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4)	cription), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3)	cription), Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8)	cription	D, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9)	cription	D, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10)	NS	D, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910. 114, 990.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	NS	D, Part IV, line 11d. See Form	990, Part X, line 15 (b) Book value 910. 114, 990.
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE	o line 15.)	1e or 11f. See Form 990, Part X, line 2	990, Part X, line 15 (b) Book value 910. 114, 990.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X. Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes	o line 15.)	1e or 11f. See Form 990, Part X, line 2	990, Part X, line 15 (b) Book value 910. 114, 990.
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of hability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) SALES TAX PAYABLE (4) (5) (6)	o line 15.)	1e or 11f. See Form 990, Part X, line 2	990, Part X, line 15 (b) Book value 910. 114, 990.
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X. Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (4) (5) (6) (7) (8) (9) (10)	o line 15.)	1e or 11f. See Form 990, Part X, line 2	990, Part X, line 15 (b) Book value 910. 114, 990.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Desc. (1) DEPOSITS (2) ENDOWMENT FUND FOR FUTURE OPERATIO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X. Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9)	o line 15.)	1e or 11f. See Form 990, Part X, line 2	990, Part X, line 15 (b) Book value 910. 114, 990.

Schedule D (Form 990) 2015 SONORAN ARTS LEAGUE, INC	6-0805268 Page	je 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
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 XIII.)]	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments]	
c Other losses 2c]	
d Other (Describe in Part XIII.)] . [
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		

Part XIII Supplemental Information.

c Add lines 4a and 4b.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)...

a Investment expenses not included on Form 990, Part VIII, line 7b....

ENDOWMENT FUND IS USED TO MAINTAIN THE SONORAN ART LEAGUE'S OPERATIONS.

Schedule D (Form 990) 2015

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SONORAN ARTS LEAGUE, INC

Employer identification number

86-0805268

FORM 990, PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

STUDENT SCHOLARSHIPS - SCHOLARSHIPS ARE AWARDED TO PROMISING STUDENTS EACH YEAR.

THE AMOUNTS VARY AND CAN BE USED FOR COLLEGE TUITION.

VARIOUS PROGRAM EXPENSES

SONORAN ARTS LEAGUE EXHIBIT/WORKSHOPS - WORKSHOPS OFFERED TO BOTH ARTISTS AND THE GENERAL PUBLIC.

MEMBERSHIP DUES

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE ORGANIZATION HAS MEMBERS. PER THE ORGANIZATION'S ARTICLES OF INCORPORATION, THERE IS NO STOCK ISSUED.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

PER THE BYLAWS OF THE ORGANIZATION, MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE VOTING OF THE MEMBERS OF THE LEAGUE.

FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE FORM IS REVIEWED BY SUCH BOARD, AND SUBSEQUENTLY FILED UPON APPROVAL OF THE BOARD.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED, AND ANY CONFLICT CAN CAUSE

THE BOARD MEMBER TO RESIGN.

SONORAN ARTS LEAGUE, INC

Name of the organization

Employer identification number

86-0805268

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET CHANGE IN VALUE OF RESTRICTED ENDOWMENT FUND. .

... \$ -8,399. TOTAL \$ -8,399.