efile	e Public \	/isual Render	ObjectId: 2021031993493	22110 - Subi	mission: 2	2021-11	-15	TI	N: 86-0778917
	000	Re	turn of Organization	Exempt F	rom In	come	Тах	0	MB No. 1545-0047
Form	990		U	•					2020
83			n 501(c), 527, or 4947(a)(1) of the Do not enter social security numbe		-			5)	2020
	ent of the Treas	ury 🕨	Go to <u>www.irs.gov/Form990</u> for					C	Open to Public
Internal I	Revenue Servic	e							Inspection
A Fo	or the 202		or tax year beginning 01-01-2020	0 , and ending	12-31-202	20			
B Che	ck if applicat	INTERNATIONA	nization AL SONORAN DESERT				D Employer id	lentific	ation number
Addr	ess change	ALLIANCE					86-077891	7	
	j-	Doing business	s as						
Nam	e change	Number and st	treet (or P.O. box if mail is not delivered t	E Telephone n	umber				
Initia	l return	address)		o stieet	oom/suite		(520) 387-	3570	
		401 W ESPERA							
Final return/1	terminated	City or town, s AJO, AZ 8532	state or province, country, and ZIP or fore 1	eign postal code			<b>G</b> Gross receip	ts \$ 1,	334,440
Ame	nded return								
Appli	ication								
pendir		E Namo and a	address of principal officer:		1				
		AARON COOPE	ER		H	-	a group return	n for	<b>—</b> . <b>—</b> .
		401 W ESPERA AJO, AZ 8523	ANZA AVENUE		на		dinates? subordinates		Yes No
I Tax	k-exempt sta	itus:				include	ed?		Yes No
52	7	<b>5</b> 01(c)(3)	└── 501(c) ( ) ◀ (insert no.)	4947(a)(1) or	_		" attach a list. exemption nu	•	,
JW	ebsite: 🕨	WWW.ISDANET.OR	G				exemption nu		-
					L Vo	ar of forma	tion: 1002 M	Stata a	f legal domicile: AZ
<b>K</b> Forr	n of organiza	ation: 🗹 Corporatio	on 📙 Trust 📙 Association 📙 Ot	her 🕨	Lie		uon. 1995 M	State 0	riegar dorniche. Az
Pa	art I S	ummary							
Governance	BUSIN SONOI	ESS DEVELOPMENT	SONORAN DESERT ALLIANCE, WE D PROJECTS INTENDED TO PRESERV RE COMMITTED TO FOSTERING COM THE AREA.	E AND ENRICH T	HE ENVIRO	NMENT, C	ULTURE AND E	ĊONO	MY OF THE
ê									
NO.		_							
×		this box 🕨 🛄	ers of the governing body (Part VI, lir	12)				3	16
es		-	voting members of the governing bo		b)			4	10
Activities		-	als employed in calendar year 2020 (F					5	41
Ac	6 Total	number of voluntee	ers (estimate if necessary)					6	45
	7a Total	unrelated business	revenue from Part VIII, column (C), lir	ne 12				7a	0
_	-	nrelated business ta	axable income from Form 990-T, line	39				7b	
	b					Pric	or Year	(	Current Year
<u>a</u>			s (Part VIII, line 1h) . . . .		_		799,395		872,009
Revenue	-		(Part VIII, line 2g) • • • • •		_		802,406		888,839
Rev		-	VIII, column (A), lines 3, 4, and 7d )		_		19,048		2,302
			column (A), lines 5, 6d, 8c, 9c, 10c, a	-			80,211		71,290
			8 through 11 (must equal Part VIII, co		2)		1,701,000		
			nts paid (Part IX, column (A), lines 1- embers (Part IX, column (A), line 4)	,	_				0
		-	ation, employee benefits (Part IX, colu		-		643,673		663,833
Sex			fees (Part IX, column (A), line 11e)		· ·		010,070		0
Exp enses		-	(Part IX, column (D), line 25) 14,730		-				<u> </u>
ă			column (A), lines 11a-11d, 11f-24e	— F		877,595	899,747		
			s 13–17 (must equal Part IX, column		-		1,521,268		1,563,580
	19 Rever	nue less expenses.	Subtract line 18 from line 12 .		• [		179,792		270,860
ets or lances					E	Beginning o	of Current Year		End of Year
ets					_				

**20** Total assets (Part X, line 16) . . . . . 5,078,739 Ass Ba 4,867,723 21 Total liabilities (Part X, line 26) . 1,823,564 1,763,720 Fund . . . 22 Net assets or fund balances. Subtract line 21 from line 20 . 3,044,159 3,315,019 Signature Block Part II 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 2021-11-15 Signature of officer Date Sign Here ANCE BELL PRESIDENT Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature 2021-11-15 Check if P00450405 Paid Firm's name FESTER & CHAPMAN PLLC Firm's EIN . 82-1455657 Preparer Use Only Firm's address > 9019 E BAHIA DR STE 100 Phone no. (602) 264-3077 SCOTTSDALE, AZ 85260 Yes No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) Cat. No. 11282Y – Page 2 – Form 990 (2020) Page 2 **Statement of Program Service Accomplishments** Part III  $\checkmark$ Briefly describe the organization's mission: 1 AT THE INTERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT ENVIRONMENTAL, CULTURAL, REAL ESTATE AND BUSINESS DEVELOPMENT PROJECTS INTENDED TO PRESERVE AND ENRICH THE ENVIRONMENT, CULTURE AND ECONOMY OF THE SONORAN DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDERSTANDING AND COOPERATION AMONG THE DIVERSE CULTURES RESIDING IN THE AREA. Did the organization undertake any significant program services during the year which were not listed on 2 V No the prior Form 990 or 990-EZ? . . . . . . . . . Yes If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 3 services? . . . . . . . . . . . . . . . . . If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,407,195 including grants of \$ 4a (Code: ) (Expenses \$ ) (Revenue \$ 888,839) ISDA WORKS TO IMPROVE SONORAN DESERT COMMUNITIES THROUGH HOUSING AND COMMUNITY ECONOMIC DEVELOPMENT PROJECTS. ISDA RESTORED AND CONVERTED THE HISTORIC CURLEY SCHOOL IN AJO, AZ TO 30 AFFORDABLE LIVE/WORK APARTMENTS FOR ARTISTS AND ARTISANS AS A STRATEGY TO CREATE A NEW ARTS-BASED ECONOMIC NICHE IN AIO. THIS IS NOW CALLED "CREATIVE PLACEMAKING- AND ISDA HAS BECOME A LEADER IN IMPLEMENTING THIS APPROACH IN RURAL AMERICA. ISDA ALSO RENOVATED HISTORIC BUILDINGS ON THE CURLEY SCHOOL CAMPUS TO A CLAY STUDIO AND WOOD SHOP, A GALLERY, AND A COMMERCIAL KITCHEN BUSINESS INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED NEARLY HALF OF AJO'S HISTORIC TOWN PLAZA, RESTORING THE

AND A COMMERCIAL KITCHEN BUSINESS INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED BILDINGS ON THE CORLET SCHOOL CAMPOS TO A CLAY STOLIO AND WOOD SHOP, A GALLENT AND A COMMERCIAL KITCHEN BUSINESS INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED NEARLY HALF OF AJO'S HISTORIC TOWN PLAZA, RESTORING THE EXTRAORDINARY HISTORIC BUILDINGS IN THE HEART OF THE COMMUNITY TO PRODUCTIVE USE. ISDA OPERATES A BUSINESS SUPPORT SERVICE CENTER AND CO-WORKING SPACE. ISDA ALSO PRODUCES EXTENSIVE PROGRAMING IN COMMUNITY ARTS, SEEKING TO BRIDGE CULTURAL DIVISIONS THROUGH CREATIVE ACTIVITIES AND TO CREATE AND STRENGTHEN COMMUNITY. ISDA OPERATES A CONTINUUM OF PROGRAMS IN WORKFORCE DEVELOPMENT, INCLUDING ABE, ESL, GED, WORK-STUDY, INTERNSHIPS, AND A 4,000 HOUR APPRENTICESHIP PROGRAM IN BUILDING MAINTENANCE AND REPAIR WHICH USES ISDA'S OWN BUILDING RENOVATION SITES FOR ON-THE-JOB APPRENTICE TRAINING. ISDA PRODUCES ENVIRONMENTAL EDUCATION PROGRAMS INCLUDING A BI-ANNUAL TRI-NATIONAL SYMPOSIUM "CELEBRATING THE SONORAN DESERT" WORKING IN PARTNERSHIP WITH LAND MANAGEMENT AGENCIES IN THE SONORAN DESERT. ISDA ALSO ORGANIZES FIELD TRIPS TO SITES IN THE SONORAN DESERT INCLUDING THE PINACATE BIOSPHERE RESERVE IN SONORA, MEXICO AS WELL AS AND VOLUNTEER PROJECTS IN DESERT RESTORATION AND CONSERVATION. ISDA IS A LEADERSHIP MEMBER OF THE AJO REGIONAL FOOD PARTNERSHIP, WORKING WITH TEN OTHER LOCAL AND REGIONAL ORGANIZATIONS TO CREATE A HEALTHY LOCAL FOOD SYSTEM. FINALLY, ISDA SPONSORS REGIONAL TRI-NATIONAL FESTIVALS AND EVENTS, WORKING WITH MEMBERS OF THE TOHONO O'ODHAM NATION AND RESIDENTS OF SONORA, MEXICO TO BUILD COMMUNITY ACROSS BORDERS.

b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)

4

4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$		)	
4d	Other program se	rvices (Describe in Schedule O.)					
	(Expenses \$	including g	grants of \$	) (Revenue \$	)		
4e	Total program se	ervice expenses 🕨	1,407,195				
					F	orm <b>99</b>	<b>0</b> (2020)
			Page 3				
Form	000 (2020)						Da
	990 (2020) t N <b>Checklist</b>	t of Required Schedules					Page <b>3</b>
Pa		. of Required Schedules				Yes	No
1	Is the organization	described in section $501(c)(3)$	or 4947(a)(1) (other than a private f	oundation)? If "Yes " complete		Yes	
-	Schedule A 🗐 .			• • •	1	165	
2	Is the organizatior	required to complete Schedule	B, Schedule of Contributors (see ins	structions)? 🐒	2	Yes	<u> </u>
3			litical campaign activities on behalf o				No
		f "Yes," complete Schedule C, Pa			3		
4	Section 501(c)(3	3) organizations. Did the organ	ization engage in lobbying activities,	or have a section $501(h)$			
-			plete Schedule C, Part II		4		No
5	Is the organization	a = section 501(c)(4) - 501(c)(5)	or 501(c)(6) organization that receive	ves membershin dues			
3			enue Procedure 98-19? If "Yes," cor				
					5		No
6	Did the organization	on maintain any donor advised fu	inds or any similar funds or account	s for which donors have the right			
	Schedule D,Part I		of amounts in such funds or accounts	nts? If "Yes," complete	6		No
7			easement, including easements to p	preserve open space.			
			ructures? If "Yes," complete Schedu		7		No
8	Did the organization	on maintain collections of works (	of art, historical treasures, or other	similar assets? <i>If "Yes "</i>	8		No
Ū	complete Schedul				Ũ		No
9	Did the organization	on report an amount in Part X, lin	e 21 for escrow or custodial accoun	t liability; serve as a custodian for			
	amounts not listed	l in Part X; or provide cr <u>e</u> dit coun	nseling, debt management, credit rep		-		No
	If "Yes," complet	te Schedule D, Part IV 🗐  .			9		NO
10			organization, hold assets in tempora		10		No
	permanent endow	ments, or quasi endowments? If	"Yes," complete Schedule D, Part V	· 😼			
11			questions is "Yes," then complete S	Schedule D, Parts VI, VII, VIII, IX,			
-	or X as applicable.		ildings, and assimption Det V. Part	102 If "Vac " complete			<del> </del>
а	Schedule D, Part V		ildings, and equipment in Part X, line		11a	Yes	
b	,		ents—other securities in Part X, line		-		<u> </u>
-		Part X, line 16? If "Yes," comple			11b		No
с			ents—program related in Part X, line				No
_			omplete Schedule D, Part VIII 🧐 .		11c		110
d			ssets in Part X, line 15 that is 5% or Part IX 🗐		11d		No
е			ibilities in Part X, line 25? <i>If "Yes," co</i>				<u>+</u>
Ū					11e	Yes	<b></b>
f			ancial statements for the tax year in				NIE
17-			ns under FIN 48 (ASC 740)? If "Yes,		11f		No
ı∠a	Schedule D, Parts		audited financial statements for the	tax year? 11 Tres, COMPIETE	12a	Yes	
					-	-	·
b			ependent audited financial statement		12b	Yes	
			line 12a, then completing Schedule				<b> </b>
13	I <del>s</del> the organizatior	a school described in section 17	70(b)(1)(A)(ii)?	chedule E	13		No
14a	Did the organization	on maintain an office, employees,	, or agents outside of the United Sta	ates?	14a		No
b	Did the organization	on have aggregate revenues or e	expenses of more than \$10,000 from	n grantmaking, fundraising,			
	_				· · · ·		1

business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 No foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2020)

No

No

No

19

20a

20b

21

#### Page 4 -

Form	990 (2020)			Pag
Pa	rt N Checklist of Required Schedules (continued)			
			Yes	No
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		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	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? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No

A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," С 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections - 1933 34

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, 

#### Page 4

No

No

No

No

No

No

No

No

28c

29

30

31

32

33

34

Yes

Yes

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If '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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI $\mathfrak{B}$	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		-	orm <b>99</b>	<b>0</b> (2020)
		•		. (2020)
	Page 5			
_				
	990 (2020)			Page <b>5</b>
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
ou	solicit any contributions that were not tax deductible as charitable contributions?	ou		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		No
d	Form 8282?         . <th.< td=""><td>70</td><td></td><td>No</td></th.<>	70		No
~	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
е	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			

11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\cdot$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm <b>99</b>	<b>0</b> (2020)
	Page 6			
Form	990 (2020)			Page <b>6</b>
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to l	
	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	••••	•••	
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 16			
	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 <b>1b</b> 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? $\cdot$	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		Na
10-	Did the organization have local chanters, branches, or affiliatos?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	IVa		INU
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12	N- i	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	

											L	-	
13	Did the organization have a written whistle	blower policy?	· ·	•	•	•	• •	•		• •	13	Yes	
14	Did the organization have a written docum				•			•		• •	14	Yes	
15	Did the process for determining compensa persons, comparability data, and contempo									dependent			
а	The organization's CEO, Executive Director						-				15a	Yes	
b	Other officers or key employees of the org	, , ,									15b	-	
-	If "Yes" to line 15a or 15b, describe the pro-				stru	- ction	- 15).	-				100	
16a	Did the organization invest in, contribute a taxable entity during the year?	issets to, or pa	rticipate		join	t ve	,	or s	similar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writte	en policy or pro					orgar	nizat	tion to evaluate its i	participation			
	in joint venture arrangements under applic	able federal tax	law, ar	nd tal	ke st	teps	to sa	fegu					
	status with respect to such arrangements	· · · ·	•	• •	•	•	•	•	•		16b		
	ction C. Disclosure												
17	List the states with which a copy of this Fo	orm 990 is requ	ired to	be file	ed►		AZ						
18	Section 6104 requires an organization to r only) available for public inspection. Indicat									01(c)(3)s			
	🔲 Own website 🔲 Another's websit	e 🔽 Upon	request	: C	] c	)the	r (exp	lain	in Schedule O)				
19	Describe in Schedule O whether (and if so,					gov	vernin	g do	ocuments, conflict o	of interest			
20	policy, and financial statements available to	•	5				a tha		onization's hooks a	ad recorde			
20	State the name, address, and telephone n INT'L SONORAN DESERT ALLIANCE 401									na recoras:			
									,			Form <b>99</b>	<b>0</b> (2020)
				Page	7								
Form	990 (2020)												Page <b>7</b>
	t VII Compensation of Officers, D	irectors.Tru	stees.	Kev	/ Er	npl	ovee	s, I	Highest Compe	nsated Emp	olove	es,	Tuge 7
	and Independent Contracto					•			5	•			
	Check if Schedule O contains a resp	onse or note to	o any lir	ne in i	this	Part	IVII.						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	ligl	hest	Со	mpensated Emp	oloyees			
	omplete this table for all persons required to	be listed. Repo	ort com	pens	atio	n for	the c	caler	ndar year ending wit	ch or within th	ie org	anization	s tax
year.	List all of the organization's <b>current</b> officers	directors tru	stees ()	wheth	her i	ndiv	iduals	ord	organizations) rega	ardless of amo	unt		
	mpensation. Enter -0- in columns (D), (E), a							01 0			June		
• L	ist all of the organization's <b>current</b> key em	ployees, if any.	See ins	tructi	ions	for	defini	tion	of "key employee."				
	ist the organization's five <b>current</b> highest o												
	received reportable compensation (Box 5 of nization and any related organizations.	Form W-2 and,	or Box	/ OT	For	m 10	J99-№	IISC	) of more than \$10	0,000 from th	ie		
-	ist all of the organization's former officers,	key employees	, or hig	hest	com	pen	sated	emp	ployees who receive	d more than s	\$100,	000	
	portable compensation from the organization	,	-										
	ist all of the organization's <b>former directo</b> nization, more than \$10,000 of reportable of										the		
5	nstructions for the order in which to list the	•		o.gu.			una a	, .	elatea el gallization.				
	Check this box if neither the organization n	or any related o	raaniza	ation	com	nene	sated	anv	current officer dire	octor or trust	مم		
	-		gamze			· · · · ·	Juccu	uny				/5	<u> </u>
	<b>(A)</b> Name and title	(B) Average	Pos	ition	(C) (do		check	<b>‹</b>	(D) Reportable	(E) Reportable	e	<b>(F</b> Estim	
		hours per week (list	more				c, unle i office		compensation from the	compensati from relate		amount o	
		any hours					ustee		organization	organizatio	-	from	
		for related organizations	오코	=	ç	5	옥 프	T	(W-2/1099- MISC)	(W-2/1099 MISC)	)-	organizat relat	
		below dotted		Institutional	Officer	Key employee	Highest co employee	Former	MISC)	MISC)		organiz	
		line)	dividual t	utio	-	mp	yee	£,					
			řŧ	nal		loye	°m						
			lste	Tru		ě	per						
			õ	Trustee	1		compensated e						
				Ð			ted						
(1) CA	THY HUTTON	2.00	1		1						$\rightarrow$		
			х		х				0		0		0
PRESI		2.00			-								
(2) LC	PRAINE MARQUEZ EILER		х		x				0		0		0
1ST V	ICE PRE												
	UL VASQUEZ	2.00			~				0		0		•
	ICE PRE		X	1	х				0		U		0

2.00

(4) ROBERT DOOLEY

TREASURER		х	х		0	0	0
(5) LANCE BELL PRESIDENT	2.00	х	x		0	0	0
(6) ERIC ALEGRIA DIRECTOR	2.00	х			0	0	0
(7) LEE BAIZA DIRECTOR	2.00	х			0	0	0
(8) LEWIS DALLAS DIRECTOR	2.00	х			0	0	0
(9) TONI CUBILLAS DIRECTOR	2.00	х			0	0	0
(10) STANLEY CRUZ DIRECTOR	2.00	х			0	0	0
(11) HENRY MARLAKAY DIRECTOR	2.00	х			0	0	0
(12) JESUS SELINA DIRECTOR	2.00	х			0	0	0
(13) KEUPER ANNELISE DIRECTOR	2.00	х			0	0	0
(14) GENE OMEARA DIRECTOR	2.00	х			0	0	0
(15) BRIDGET RENDON DIRECTOR	2.00	х			0	0	0
(16) BERNARD SIQUIEROS DIRECTOR	2.00	х			0	0	0
(17) PAUL VASQUEZ DIRECTOR	2.00	х			0	0	0

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Form 990 (2020)

Page **8** 

Part VI Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	pers	an òn on is	e bo bot	ot ch ox,ι ch ar	eck ma unless n office rustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(18) MARI ZIMMERMANN DIRECTOR	2.00	Х						0	0	0
(19) CARLOS ZUBIATE DIRECTOR	2.00	х						0	0	0
(20) AARON COOPER EXECUTIVE DI	40.00			х				70,000	0	0

1b											
Sub-	Total				•						
с											
Total	from continuation sheets to Part VII, S	ection A			•						
d								70,000			
Tota	(add lines 1b and 1c)				•						
2	Total number of individuals (including but of reportable compensation from the org	not limited to t		bove	e) w	ho rec	eive	d more than :	\$100,	000	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>			
	individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 1

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who compensation from the organization	received more than \$100,000 of	

Form 990 (2020)

				Page 9 ———			
Form 990 (2	020)						Page <b>9</b>
Part VIII	Statement of Rev	venue					<u> </u>
	Check if Schedule O c	ontains a resp	onse or note to ar	ny line in this Part VIII			🔲
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Stungenderate Stungenderate	ed campaigns ship dues	1a					
5 C		1b					
is, Gifts, imilar A,	sing events organizations	1c					
Contributions, Paradio ther Sim 20	organizations ent grants (contributions)	1d					
	ent grants (contributions) 2,507 contributions, gifts, grants,	1e					
	contributions, gifts, grants, ar amounts not included	1f					
36	9,502	I.					

g	Noncash contributions included
-	lines 1a - 1f:\$



<b>h Total.</b> Add lines 1a-1f	f.						•	070.0
		-	•	•	· ·	•		872,0

<b>Total.</b> Add lines 1a-1f				Business Code			I	
	P			Dusiliess Code	595,590	595,590		
2a CONFERENCE CENTE	ĸ				000,000	555,555		
RENTAL INCOME					246,552	246,552		
RENTAL INCOME     OTHER PROGRAM REV	VENUE				46,697	46,697		
t								
<ul><li>f All other program</li><li>g Total. Add lines 2</li></ul>				888,839				
<b>3</b> Investment income								
similar amounts) .					2,302			2,
<b>4</b> Income from invest	ment	of tax-exer	npt bo	nd proceeds				
5 Royalties				<b>&gt;</b>				
		(i) Rea	al	(ii) Personal				
<b>6a</b> Gross rents	6a							
b Less: rental expenses	6b							
c Rental income	6c							
or (loss) <b>d</b> Net rental income		oss)		· · · •				
	<u> </u>	(i) Securi		(ii) Other				
<b>7a</b> Gross amount								
from sales of assets other	7a							
than inventory								
b Less: cost or other basis and sales expenses	7b							
	70							
c Gain or (loss)	7c							
<b>d</b> Net gain or (loss)			· ·	· · · 🕨				
<b>a</b> Gross income from fu (not including \$ contributions reporte	ed on	of line 1c).						
See Part IV, line 18			8a					
<b>b</b> Less: direct expen			8b					
<b>c</b> Net income or (los	s) fro	om rundraisii	ig eve	nts 🕨				
Gross income from	gamin	g activities.						
See Part IV, line 19	•		9a					
<b>b</b> Less: direct expen	ses		9b					
<b>c</b> Net income or (los	s) fro	om gaming a	ctivitie	s 🕨				
<b>.0a</b> Gross sales of inverse of inverse of inverse of the second s	entor Inces	y, less	10a					
<b>b</b> Less: cost of good			10a 10b					
<b>c</b> Net income or (los			nvento					
Miscellaneo				Business Code				
11a <sub>CONSULTING</sub>					63,686	63,686		
<b>b</b> MISCELLANEOUS					5,674	5,674		
C ENTERPRISE CEN					1,930	1,930		

d All other revenue				
e Total. Add lines 11a-11d	· · •	71,290		
12 Total revenue. See instructions	🕨	1,834,440	960,129	2,302
				E 000 (2020)

# ——— Page 10 —

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colur	mn (A).					
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses					
2 Grants and other assistance to domestic individuals. See Part IV, line 22									
<b>3</b> 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									
<b>5</b> Compensation of current officers, directors, trustees, and key employees	87,500	56,875	21,875	8,75					
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
<b>7</b> Other salaries and wages	454,967	405,216	48,270	1,48					
<ul> <li>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</li> </ul>		,							
<b>9</b> Other employee benefits	61,560	52,439	7,960	1,10					
<b>10</b> Payroll taxes	59,806	50,945	7,733	1,1					
<b>11</b> Fees for services (non-employees):									
a Management									
<b>b</b> Legal	16,095	250	15,845						
<b>c</b> Accounting	17,750		17,750						
<b>d</b> Lobbying									
e Professional fundraising services. See Part IV, line 17									
<b>f</b> Investment management fees									
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,449	80,779	3,510	1					
12 Advertising and promotion	2,867	2,867							
13 Office expenses	13,962	10,349	1,863	1,7					
<b>14</b> Information technology									
15 Royalties									
<b>16</b> Occupancy	71,838	65,012	6,826						
<b>17</b> Travel	3,880	3,880							
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .									
<b>19</b> Conferences, conventions, and meetings	5,499	5,499							
<b>20</b> Interest	59,297	59,297							
<b>21</b> Payments to affiliates									
<b>22</b> Depreciation, depletion, and amortization	117,603	117,603							
23 Insurance	50,614	50,614							
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
a MISCELLANEOUS	131,467	131,467							
b SUPPLIES AND MATERIALS	123,063	113,638	9,175	2					

c PROPERTY AND OTHER TAXES	112,871	112,871		
d REPAIRS AND MAINTENANCE	44,383	44,383		
e All other expenses	44,109	43,211	848	50
5 Total functional expenses. Add lines 1 through 24e	1,563,580	1,407,195	141,655	14,730
16 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).				

# ———— Page 11 —

Form 990 (2020) Part X **Bal**a

**Balance Sheet** 

Page **11** 

		Check if Schedule O contains a response or not	te to any line in this	Part IX			🔲
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			225,918	1	539,523
	2	Savings and temporary cash investments $\ .$		[		2	
	3	Pledges and grants receivable, net			229,779	3	203,767
	4	Accounts receivable, net	· · [	102,899	4	91,233	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s			6		
s	7	Notes and loans receivable, net			27,557	7	21,195
ssets	8	Inventories for sale or use	🗆		8		
Ass	9	Prepaid expenses and deferred charges			13,281	9	16,112
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,258,326			
	b	Less: accumulated depreciation	10b	1,247,108	4,073,167	10c	4,011,218
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line			12		
	13	Investments—program-related. See Part IV, line		300	13	300	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		194,822	15	195,391	
	16	Total assets. Add lines 1 through 15 (must eq		4,867,723	16	5,078,739	
	17	Accounts payable and accrued expenses			92,537	17	85,308
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D			21	
Liabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons		rolled entity		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		1,708,073	23	1,648,967
	24	Unsecured notes and loans payable to unrelated	d third parties .	. Г		24	
	25	Other liabilities (including federal income tax, par and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		rd parties,	22,954	25	29,445
	26	Total liabilities. Add lines 17 through 25 .			1,823,564	26	1,763,720
es		Organizations that follow FASB ASC 958, cl	neck here 🕨 🔽	and			
alanc	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			2,895,569	27	3,026,008
I B	28	Net assets with donor restrictions $\ .$ .		[	148,590	28	289,011
or Fund Balance		Organizations that do not follow FASB ASC complete lines 29 through 33.		and			
	29	Capital stock or trust principal, or current funds				29	
ts	30	Paid-in or capital surplus, or land, building or eq	uipment fund .	· ·		30	

ISSE	31	Retained earnings, endowment, accumulated income, or other funds		31	<u> </u>
Net A	32	Total net assets or fund balances	3,044,159	32	3,315,019
	33	Total liabilities and net assets/fund balances	4,867,723	33	5,078,739
					Earm <b>000</b> (2020)

**Return to Form** 

		~	н.	2
- P	ay	е	т	2

Form	990 (2020)				Page <b>12</b>
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,834,440
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,563,580
3	Revenue less expenses. Subtract line 2 from line 1	3			270,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4		3	,044,159
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10		10		3	,315,019
Pa	Int XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🗌 Cash 🔽 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Doth consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lired	Зb		
				- -orm <b>99</b>	<b>0</b> (2020)

Form 990 (2020)

**Additional Data** 

Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

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SCI	IED	ULE A		Dublia					OMB No. 1545-0047
		or 990EZ)	Co		Charity Statu				2020
(1 011)	1 000		Col	npiete ir the o	rganization is a secti 4947(a)(1) nonexe	empt charitable	trust.	a section	<b>2020</b>
	ent of the Revenue	Treasury Service	•	Go to <u>www.irs</u>	Attach to Form 9 a.gov/Form990 for i			ormation.	Open to Public Inspection
		e organizat						Employer identific	ation number
		AL SONORAN I	DESERI					86-0778917	
Pa	-				<b>us</b> (All organizations			See instructions.	
The o	rganiz		•		it is: (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3		A hospital c	or a cooperat	ive hospital serv	vice organization descr	ibed in <b>section</b> 1	L70(b)(1)(A)(	iii).	
4		A medical re name, city,		nization operate	d in conjunction with a	a hospital descrit	bed in <b>section 1</b>	.70(b)(1)(A)(iii). E	nter the hospital's
5				d for the benefi mplete Part II.)	t of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in <b>section</b>
6				. ,	governmental unit des	scribed in <b>sectio</b>	n 170(b)(1)(A	)(v).	
7				rmally receives a (vi). (Complete	a substantial part of its Part II.)	s support from a	governmental u	init or from the gener	al public described in
8					170(b)(1)(A)(vi).	(Complete Part II	I.)		
9					scribed in <b>170(b)(1)</b> ee instructions. Enter t				ege or university or a
10	<b>~</b>	from activit	ies related to income and	its exempt fun unrelated busine	(1) more than 331/3% ctions—subject to cert ess taxable income (les mplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its s	upport from gross
11					l exclusively to test for	r public safety. S	ee <b>section 509</b>	(a)(4).	
12		more public	ly supported	organizations of	l exclusively for the be lescribed in <b>section 5</b> the type of supporting	09(a)(1) or sec	tion 509(a)(2	). See section 509(a	
а		Type I. A so organization	supporting or n(s) the pow	ganization oper	ated, supervised, or c ppoint or elect a majo	ontrolled by its s	supported organ	ization(s), typically by	
b		managemer	nt of the sup		pervised or controlled i ation vested in the san <b>nd C.</b>				
с		Type III f	unctionally i	ntegrated. A s	upporting organizatior ions). <b>You must com</b> j				ted with, its
d		Type III n functionally	on-function integrated.	ally integrated The organization	I. A supporting organi generally must satisfit t IV, Sections A and	zation operated y a distribution r	in connection wi	th its supported orga	
е		Check this I	box if the org	anization receiv	ved a written determina	ation from the IR	S that it is a Ty	pe I, Type II, Type III	functionally
f	Enter		<i>,</i> ,	on-functionally d organizations	integrated supporting				
g					pported organization(				
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization	(iv) Is the organized in your governi		(v) Amount of monetary support	(vi) Amount of other support (see
					(described on lines 1- 10 above (see instructions))	e (see			instructions)
						Yes	No		

Total						
For Paperwork Reduction Act Not	tice, see the In	structions for	Cat. No. 11285	F S	Schedule A (Form 99	90 or 990-EZ) 2020
Form 990 or 990-EZ.						

Page 2 ------

Sch	edule A (Form 990 or 990-EZ) 2020						Page <b>2</b>
F	Part II Support Schedule for (	Organizations	Described ir	Sections 170	(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I or in	f the organizatio	n failed to quali	ify under Part III.
	If the organization failed	to qualify unde	er the tests list	ed below, pleas	se complete Part	: III.)	
	Section A. Public Support	1	1				
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
1	membership fees received. (Do not						
	include any "unusual grant.").						
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	<b>Public support.</b> Subtract line 5 from						
	line 4.						
	Section B. Total Support	1					
	lendar year r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.						
8	Gross income from interest,						
Ũ	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							
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11							
	10 Gross receipts from related activities, e	te (soo instructi	onc)				
						12	
13	First 5 years. If the Form 990 is for the						ganization, check
	this box and <b>stop here</b>					<u></u> ▶Ц	
5	Section C. Computation of Public		-			<u> </u>	
14	Public support percentage for 2020 (lin	,				14	
15	Public support percentage for 2019 Sc	hedule A, Part II,	line 14			15	
16	a 33 1/3% support test—2020. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, check th	nis box
	and <b>stop here.</b> The organization quali	fies as a publicly s	supported organ	ization			► 🗌 👘
I	33 1/3% support test-2019. If the	organization did	not check a box	on line 13 or 16	a, and line 15 is 33	1/3% or more, cl	neck this
	box and <b>stop here.</b> The organization	qualifies as a pu	blicly supported	organization			► 🗖
17	10%-facts-and-circumstances test-		, ,,	-			
170	is 10% or more, and if the organization in Part VI how the organization meets	n meets the "fact	s-and-circumsta	nces" test, check	this box and stop	here. Explain	
	organization			-			
ł	<ul> <li>10%-facts-and-circumstances test</li> <li>15 is 10% or more, and if the organiz</li> <li>Explain in Part VI how the organizatio</li> </ul>	t— <b>2019.</b> If the o	rganization did n "facts-and-circur	ot check a box o nstances" test, ch	neck this box and s	stop here.	
	supported organization						► 🗖
18	Private foundation. If the organization						
	instructions		, , , ,				► 🗆
							0 or 990-EZ) 2020

### Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.)

	ction A. Public Support							[
	endar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
	Gifts, grants, contributions, and							
_	membership fees received. (Do not	936,647	785,535	876,197	799,395		872,009	4,269,783
_	include any "unusual grants.") .							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in	319,791	641,483	971,539	882,617		960,129	3,775,559
	any activity that is related to the							
	organization's tax-exempt purpose							
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							
6	the organization without charge <b>Total.</b> Add lines 1 through 5	1,256,438	1,427,018	1,847,736	1,682,012	1.	832,138	8,045,342
	Amounts included on lines 1, 2, and	1,200,100	1,12,7010	2/01///00	1,002,012	-/	002/100	070107012
	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.							
	Add lines 7a and 7b.							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							8,045,342
Se	ction B. Total Support		1		I.			
Cale	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
•	fiscal year beginning in) 🕨	• •	• •		• •	• •		
9	Amounts from line 6.	1,256,438	1,427,018	1,847,736	1,682,012	1,	832,138	8,045,342
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and	233,977	209,724	18,286	19,048		2,302	483,337
	income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from							
	businesses acquired after June 30,							
	1975.							
С	Add lines 10a and 10b.	233,977	209,724	18,286	19,048		2,302	483,337
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on.							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c,	1,490,415	1,636,742	1,866,022	1,701,060	1	024 440	9 529 670
	11, and 12.).						834,440	8,528,679
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)	(3) orga	anization,
	check this box and <b>stop here</b>							►□
	ection C. Computation of Public Public support percentage for 2020 (I			column (f))				
15	Public support percentage for 2020 (i Public support percentage from 2019	, ()	, ,			15		94.330 %
16	ection D. Computation of Invest					16		91.280 %
17	Investment income percentage for 20			line 13. column (f)	)	17		6.000 %
	Investment income percentage from 2		., ,			18		9.000 %
18	<b>331/3% support tests—2020.</b> If the					_	and line	
	more than 33 $1/3\%$ , check this box and	-						-
b		2						
	not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a pub	licly supported org	janization		►□
20	Private foundation. If the organizat	ion did not check a	a box on line 14, I	19a, or 19b, check				_
					Schedul	e A (Form	990 o	r 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)
Section A. All Supporting Organizations

36			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a		
b	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 <b>Part VI</b> when and how the organization made the determination.			
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3b		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	3c		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a 4b		
с	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 <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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		
b	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		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	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		
9a	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 <b>Part VI</b> .	0-		
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 <b>Part VI.</b>	9a 9b		
с	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 <b>Part VI</b> .	9c		
10a	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 line 10b below.	10-		
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).	10a 10b		
	Schedule A (Form 990		)-EZ)	2020

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Schedule A (Form 990 or 990-EZ) 2020

Part IV

Page 5

No

11	Has the organization	accepted a gift o	r contribution from	any of the following	persons?
TT	has the organization	accepted a gift o		any of the following	persons

**a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?

11a 11b

Yes

**b** A family member of a person described in 11a above?

Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

VI

2

b

С

1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization	zation other than the supported organization(s) that
operated, supervised, or controlled the supporting organization? If "	Yes," explain in <b>Part VI</b> how providing such benefit
carried out the purposes of the supported organization(s) that operation	
organization.	,,,

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

**a** The organization satisfied the Activities Test. Complete **line 2** below.

The organization is the parent of each of its supported organizations. Complete **line 3** below.

The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

			Yes	NO
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	· · · · · · · · · · · · · · · · · · ·	2a		
	<b>b</b> Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's</i>			
	involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

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Зb

Yes

Yes

No

1

2

1

No

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Schedu	e A (Form 990 or 990-EZ) 2020			Page <b>6</b>
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza			
5	Section A - Adjusted Net Income		(A) Prior Year	
(В	) Current Year (optional)			
<b>1</b> N	let short-term capital gain	1		

2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
		1		
4	Add lines 1 through 3	4		
-		-		
			1	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross	6		
	income or for management, conservation, or maintenance of property held for			
	production of income (see instructions)			
		1 -	l	
/	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	
	Section B Finimum Asset Anount		(7.) 1 101 1041	
	(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):	1		
_				
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
		ι.	1	
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
		•		
3	Subtract line 2 from line 1d	3		
5				
		1		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see	4		
	instructions).			
-	Not volve of non-overnet use spects (without the 4.6 over the 2)	l -		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
		1		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
		1		
0	Minimum Accot Amount (add line 7 to line 6)	•		
8	Minimum Asset Amount (add line 7 to line 6)	8		
_	Section C - Distributable Amount			
	Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
-		· •		
-		I -	ſ	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
		-		

4 Enter greater of line 2 or line 3		4			
		I _	l		
5 Income tax imposed in prior year		5			
6 Distributable Amount. Subtract line 5 from line 4, un	less subject to emergency	6			
temporary reduction (see instructions)					
7 Check here if the current year is the organization	n's first as a non-functionally-in	tegrat	ed Type III sup	porting	organization (see
instructions)	· · · · · · · · · · · · · · · · · · ·	_	Schedu	ile A (	Form 990 or 990-EZ) 2020
			ouncut		
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Schedule A (Form 990 or 990-EZ) 2020					Page <b>7</b>
Part V Type III Non-Functionally Integrated Section D - Distributions	1 509(a)(3) Supporting 0	rgan	zations (co	ntinued	) Current Year
					current real
1 Amounts paid to supported organizations to accomplish				1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organi	zations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizatio	ns		3	
<b>4</b> Amounts paid to acquire exempt-use assets				4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )			5	
6 Other distributions ( <i>describe in Part VI</i> ). See instructio	ins			6	
7 Total annual distributions. Add lines 1 through 6.				7	
8 Distributions to attentive supported organizations to wi	hich the organization is respons	ive ( <i>pr</i>	ovide		
details in <b>Part VI</b> ). See instructions		- 4-		8	
<b>9</b> Distributable amount for 2020 from Section C, line 6				9	
<b>10</b> Line 8 amount divided by Line 9 amount				10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Une	(ii) lerdistributio Pre-2020		(iii) Distributable Amount for 2020
Section E - Distribution Allocations		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)		Und	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.       .         b From 2016.       .		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.		Und	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1       Distributable amount for 2020 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2020:         a       From 2015.         b       From 2016.         c       From 2017.         d       From 2018.         e       From 2019.         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2020 distributable amount		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         g Applied to underdistributions of prior years		Un	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)		Und	derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2020 from Section D, line 7:			derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2020 from Section D, line 7: \$			derdistributio		Distributable
Section E - Distribution Allocations (see instructions)1Distributable amount for 2020 from Section C, line 62Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i> ). See instructions.3Excess distributions carryover, if any, to 2020: a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions)jRemainder. Subtract lines 3g, 3h, and 3i from line 3f.4Distributions for 2020 from Section D, line 7: \$ a Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4.			derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         d From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2020 from Section D, line 7:         \$         a Applied to underdistributions of prior years			derdistributio		Distributable
Section E - Distribution Allocations (see instructions)         1 Distributable amount for 2020 from Section C, line 6         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2020:         a From 2015.         b From 2016.         c From 2017.         c From 2018.         e From 2019.         f Total of lines 3a through e         g Applied to underdistributions of prior years         h Applied to 2020 distributable amount         i Carryover from 2015 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2020 from Section D, line 7:         \$         a Applied to underdistributions of prior years         b Applied to 2020 distributable amount         c Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4 Distributions for 2020 from Section D, line 7:         \$         a Applied to underdistributions of prior years         b Applied to 2020 distributable amount         c Remainder. Subtract lines 4a and 4b from line 4.         5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.			derdistributio		Distributable
<ul> <li>Section E - Distribution Allocations (see instructions)</li> <li>1 Distributable amount for 2020 from Section C, line 6</li> <li>2 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> <li>3 Excess distributions carryover, if any, to 2020:</li> <li>a From 2015</li> <li>b From 2016</li> <li>c From 2017</li> <li>d From 2018</li> <li>e From 2019</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2020 distributable amount</li> <li>i Carryover from 2015 not applied (see instructions)</li> <li>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</li> <li>4 Distributions for 2020 from Section D, line 7:</li> <li>\$</li> <li>a Applied to underdistributions of prior years</li> <li>b Applied to 2020 distributable amount</li> <li>c Remainder. Subtract lines 4a and 4b from line 4.</li> <li>5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> <li>6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater</li> </ul>			derdistributio		Distributable

a Excess from 2016.						
<b>b</b> Excess from 2017.						
c Excess from 2018.						
d Excess from 2019.						
e Excess from 2020.						<b>2 200 53</b> (2020)
				Sci	hedule A (Form 99	<b>90 or 990-EZ)</b> (2020)
			—— Page 8 ———			
Schedule A (Form 990 or	990-EZ) 2020					Page <b>8</b>
Section A, li Part IV, Sect	nes 1, 2, 3b, 3c, 4b ion D, lines 2 and 3	, 4c, 5a, 6, 9a, 9b, ; Part IV, Section E,	ions required by Part II, li 9c, 11a, 11b, and 11c; P , lines 1c, 2a, 2b, 3a and 5, and 6. Also complete t	art IV, Section B, li 3b; Part V, line 1;	nes 1 and 2; Part IN Part V, Section B, lir	, line 12; Part IV, /, Section C, line 1; ne 1e; Part V Section
		Facts	And Circumstances Te	st		
		1 4013				
Return Referei	nce			Explanation		
				•	chedule A (Form 9	90 or 990-EZ) 2020
efile Public Visual Ren	der ObjectId: 2	202103199349322	110 - Submission: 2021	-11-15		TIN: 86-0778917
Schedule B (Form 990, 990-EZ,		Sche	dule of Contrib	utors		OMB No. 1545-0047
or 990-PF) Department of the Treasury			h to Form 990, 990-EZ, or <u>s.gov/Form990</u> for the lat			2020
Internal Revenue Service					· · · ·	
Name of the organization INTERNATIONAL SONORA					Employer in	lentification number
ALLIANCE	IN DESERT				86-0778917	
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	<b>5</b> 01(c)	( ) (enter numbe	er) organization			
	4947(a	a)(1) nonexempt c	charitable trust <b>not</b> trea	ed as a private fo	oundation	
	<b>527</b> pc	olitical organization	n			
Form 990-PF	<b>5</b> 01(c)	(3) exempt private	e foundation			
	4947(a	a)(1) nonexempt c	charitable trust treated a	as a private found	lation	
	<b>5</b> 01(c)	(3) taxable private	e foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations

under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 For Paperwork Reduction Act Notice, see the Instructions
 Cat. No. 30613X
 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

Page 2

Page 2

Employer identification number

86-0778917

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization INTERNATIONAL SONORAN DESERT ALLIANCE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		\$_	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-			Person

		\$_	Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization INTERNATIONAL SONORAN DESERT ALLIANCE Employer identification number 86-0778917 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (C) (d) (b) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (C) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) (C) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (C) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) (C) (d) (b) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

Page 3

_	 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

— Page 4 -

Schedule	B (Form 9	90, 990-EZ, or 990-PF) (2020)				Page
	rganization	IORAN DESERT			Employer ide	entification number
ALLIANCE					86-0778917	
Part III	than \$1,0 organiza the year.	ely religious, charitable, etc., cor 000 for the year from any one cor tions completing Part III, enter th (Enter this information once. Se icate copies of Part III if additional s	ntributor. Compl he total of <i>exclus</i> ee instructions.)	ete columns (a) throug sively religious, charita	gh (e) and the follow	ving line entry. For
(a) No. from Part I		(b) Purpose of gift	(	(c) Use of gift	(d) Desci	iption of how gift is held
-		Transferee's name, address, and		) Transfer of gift Relati	onship of transferor	to transferee
(a) No. from Part I	·	(b) Purpose of gift	(	(c) Use of gift	(d) Desci	iption of how gift is held
-		Transferee's name, address, and	· ·	) Transfer of gift Relati	onship of transferor	to transferee
(a) No. from Part I		(b) Purpose of gift	- (	c) Use of gift	(d) Desci	iption of how gift is held
efile Pu	blic Visua	l Render ObjectId: 20210	031993493221	10 - Submission: 20	21-11-15	TIN: 86-0778917
SCHED		Suppleme	ental Finar	ncial Statement	s	OMB No. 1545-0047
(Form 990) Department of th Internal Revenu	he Treasury	Complete if the	e organization an 9, 10, 11a, 11b, 1 Attach to Fo	swered "Yes," on Form 11c, 11d, 11e, 11f, 12a orm 990.	990, , or 12b.	<b>2020</b> Open to Public Inspection
	f <b>the organ</b> IONAL SONOF				Employer ident	ification number
		-stiene Maintaining Deney As	duiced Fundere		86-0778917	
Part I		zations Maintaining Donor Ac te if the organization answered '			is of Accounts.	
1 Tatal	number et	and of your	(a) D	onor advised funds	(b) Funds a	nd other accounts
		end of year				
	-	of grants from (during year)				
4 Aggr	egate value	at end of year				
		ation inform all donors and donor adv roperty, subject to the organization?				e Ves No
char	ritable purpo	ation inform all grantees, donors, and ises and not for the benefit of the do rivate benefit?	onor or donor advi	sor, or for any other purp	ose conferring	Yes No
Part II		vation Easements. te if the organization answered '	"Yes" on Form 9	90, Part IV. line 7.		
1 Purp		onservation easements held by the or		· · ·		
	Preservat	ion of land for public use (e.g., recrea	ation or education)	Preservation	of an historically import	ant land area
	1					

		Protection of natural habitat	L		a certinec	historic structure	
		Preservation of open space					
2	Comp	lete lines 2a through 2d if the organization h	eld a qualified conservation	contribution in the	form of a d	conservation	
	easen	nent on the last day of the tax year.				Held at the End of the Year	
a		number of conservation easements			2a		_
ь		acreage restricted by conservation easements			2b		_
C J		er of conservation easements on a certified h er of conservation easements included in (c)		.,	2c		_
d		ure listed in the National Register		not on a historic	2d		
3	Numb tax ye	er of conservation easements modified, tran- ear ►	sferred, released, extinguish	ed, or terminated	by the orga	nization during the	
ŀ	Numb	per of states where property subject to conse	ervation easement is located	►		_	
5	enfor	the organization have a written policy regard cement of the conservation easements it hole	ds?			Yes No	
5	Staff	and volunteer hours devoted to monitoring,	inspecting, handling of viola	tions, and enforcing	g conserva	tion easements during the year	
7	Amou ► \$	INT of expenses incurred in monitoring, inspe	cting, handling of violations,	and enforcing con	servation e	asements during the year	
8 9	and s	each conservation easement reported on line ection 170(h)(4)(B)(ii)?				Yes No	
	balan the o	t XIII, describe how the organization reports ce sheet, and include, if applicable, the text o rganization's accounting for conservation eas	of the footnote to the organisements.	ization's financial st	atements 1	hat describes	
Part		Organizations Maintaining Collect Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 8.			
1a	histor	organization elected, as permitted under FAS rical treasures, or other similar assets held fo (III, the text of the footnote to its financial s	r public exhibition, education	n, or research in fu			
b	If the histor	organization elected, as permitted under FAS ical treasures, or other similar assets held fo ing amounts relating to these items:	SB ASC 958, to report in its	revenue statemen			
(	i) Reve	enue included on Form 990, Part VIII, line 1 .				▶ \$	
		ts included in Form 990, Part X					
•							
2	II UIE	organization received or held works of art, h	ilstorical treasures, or other	similar assets for f	inancial gai	i, provide the	
2	follow	organization received or held works of art, h ing amounts required to be reported under f	ASB ASC 958 relating to th	ese items:	-		
2 a	follow		ASB ASC 958 relating to th	ese items:	-		
a b	follow Rever Asset	ring amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . s included in Form 990, Part X	FASB ASC 958 relating to th	ese items: 		▶\$ ▶\$	
a b	follow Rever Asset	ring amounts required to be reported under f nue included on Form 990, Part VIII, line 1 .	FASB ASC 958 relating to th	ese items: 		►\$	020
a b	follow Rever Asset	ring amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . s included in Form 990, Part X	-ASB ASC 958 relating to th	ese items: 		▶\$ ▶\$	020
a b	follow Rever Asset	ring amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . s included in Form 990, Part X	FASB ASC 958 relating to th	ese items: 		▶\$ ▶\$	020
a b or P	follow Rever Asset	ring amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020	FASB ASC 958 relating to th	ese items: 	No. 52283I	▶ \$ ▶ \$ Э Schedule D (Form 990) 2 Pa	<b>020</b> ge <b>2</b>
a b or P chec	follow Rever Asset Paperv	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect</pre>	-ASB ASC 958 relating to th	ese items: 	No. 522831	\$ \$ Schedule D (Form 990) 2 Particular Assets (continued)	
a b or F	follow Rever Asset <b>aperv</b> dule D : <b>III</b> Using	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an</pre>	-ASB ASC 958 relating to th	ese items: 	No. 522831	\$ \$ Schedule D (Form 990) 2 Particular Assets (continued)	
a b or P	follow Rever Asset <b>aperv</b> dule D : <b>III</b> Using	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect</pre>	-ASB ASC 958 relating to th	ese items: 	No. 52283I	\$	
a b pr F	follow Rever Asset <b>aperv</b> dule D : <b>III</b> Using	<pre>ing amounts required to be reported under F nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply):</pre>	FASB ASC 958 relating to th	ese items: Cat. I Cat. I Treasures, or C of the following tha	No. 52283I	\$	
a b or F chec Part 3 a	follow Rever Asset <b>aperv</b> dule D : <b>III</b> Using	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply): Public exhibition</pre>	ASB ASC 958 relating to th Inctions for Form 990. Page 2 ions of Art, Historical d other records, check any o	ese items: 	No. 52283I	\$	
a b or F cchec 2art 3 a b c	follow Rever Asset Paperv Jule D IIII Using items	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's collection </pre>	ASB ASC 958 relating to th	ese items: Cat. I Cat. I Treasures, or C of the following tha Loan or exchar Other	No. 52283[ T <b>ther Sin</b> t are a sigr	Schedule D (Form 990) 2  Partian Assets (continued)  ificant use of its collection  ms	
b For F Gcheart 3 a b	follow Rever Asset Paperve Using items	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's collection </pre>	ASB ASC 958 relating to th 	ese items: 	No. 52283[ Ther Sim t are a sigr ge program on's exem her similar		
a b for F c c a b c 4 5	follow Rever Asset Paperv Using items Cart Provic Part > Durin asset	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru- (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's collection (III. g the year, did the organization solicit or rece s to be sold to raise funds rather than to be</pre>	ASB ASC 958 relating to th	ese items: 	No. 52283[ Ther Sim t are a sigr ge program on's exem her similar	Schedule D (Form 990) 2  Partian Assets (continued)  ificant use of its collection  ms	
a b for F c c a b c 4 5	follow Rever Asset Paperve Using items	<pre>ing amounts required to be reported under f nue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X vork Reduction Act Notice, see the Instru (Form 990) 2020 Organizations Maintaining Collect the organization's acquisition, accession, an (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's collectic (III. g the year, did the organization solicit or rece </pre>	ASB ASC 958 relating to th 	ese items: Cat. I Cat. I Treasures, or C of the following tha Loan or exchar Other Other Cat the organization's collect	vther Sim t are a sigr ge program on's exemption		ge <b>2</b>
a bor F Part 3 a b c 4 5 Par	follow Rever Asset Paperv Jule D III Using items Provic Part > Durin- asset t IV	ing amounts required to be reported under finue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X	ASB ASC 958 relating to th 	ese items: Cat. 1 Cat. 1 Treasures, or C of the following tha Loan or exchar Other ther the organization ther the organization tripanization's collect tributions or other	vther Sim t are a sigr ge prograr on's exem er similar ion? ported ar assets not	Schedule D (Form 990) 2  Pa  Pa  illar Assets (continued)  ificant use of its collection  ns  typurpose in  Yes No  n amount on Form 990, Part	ge <b>2</b>
a b or F chec Part 3 a b c 4	follow Rever Asset Paperv Using items Durin asset t IV	Ining amounts required to be reported under finue included on Form 990, Part VIII, line 1. Its included in Form 990, Part X Vork Reduction Act Notice, see the Instruction Part Reduction Act Notice, see the Instruction Part Part Part Part Part Part Part Part	ASB ASC 958 relating to the intermediary for contract of the inter	ese items: Cat. I Cat. I Treasures, or C of the following tha Loan or exchar Other ther the organizati cal treasures or other rganization's collect tributions or other 	vther Sim t are a sigr ge prograr on's exem er similar ion? ported ar assets not		ge <b>2</b>
a b or F Part 3 a b c 4 5 Par	follow Rever Asset aperv Using items Provic Part > Durin- asset t IV Is the includ	ing amounts required to be reported under finue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X	ASB ASC 958 relating to the second se	ese items: Cat. I Cat. I Treasures, or C of the following tha Loan or exchar Other ther the organizati cal treasures or oth rganization's collect tributions or other Cat. I	vther Sim t are a sigr ge prograr on's exem er similar ion? ported ar assets not	\$	ge <b>2</b>
a b or F C Part 3 a b c 4 5 Par La b	follow Rever Asset aperv dule D III Using items Dusing Provic Part > Durin- asset t IV Is the includ If "Ye Begin	ing amounts required to be reported under finue included on Form 990, Part VIII, line 1 . is included in Form 990, Part X	ASB ASC 958 relating to the cons for Form 990. Page 2	ese items: Cat. 1 Cat. 1 Treasures, or C of the following tha Loan or exchar Other ther the organization ther the organization tributions or other Cat. 1 Treasures or C ther the organization tributions or other Cat. 1 Cat.	on's exemported ar assets not	\$	ge <b>2</b>

f	Ending balance				<b>1</b> f		
2a	Did the organization include a	an amount on Form 9	990, Part X, line	21, for escrow or	custodial account lia	bility?	Yes 🗌 No
b	If "Yes," explain the arrangen	ment in Part XIII. Che	ck here if the e>	planation has beer	n provided in Part XI	m 🔲	_
Pa	art V Endowment Fund						
	Complete if the org	ganization answere	ed "Yes" on Fo	rm 990, Part IV,	line 10.	(4)	Γ
		(1	a) Current year	(b) Prior year	(c) Two years back	<b>(d)</b> Three years back	(e) Four years back
1a	Beginning of year balance .						
b	Contributions						
с	Net investment earnings, gains	s, and losses					
d	Grants or scholarships	•					
e	Other expenditures for facilitie and programs	95					
f	Administrative expenses .	🗌					
g	End of year balance	🔽					
2	Provide the estimated percen	ntage of the current y	ear end balance	e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-e	ndowment 🕨					
b	Permanent endowment 🕨						
с	Term endowment 🕨						
	The percentages on lines 2a,	2b, and 2c should e	qual 100%.				
3a	Are there endowment funds organization by:	not in the possession	n of the organiz	ation that are held	and administered fo	or the	Yes No
	(i) Unrelated organizations					· · · · [3	3a(i)
	(ii) Related organizations .						Ba(ii)
b	If "Yes" on 3a(ii), are the rela	•	•			· · · [	3b
4	Describe in Part XIII the inter	<u> </u>	anization's endo	wment funds.			
Pa	rt VI Land, Buildings, a Complete if the org		d "Vac" on Ea	rm 000 Dart IV	ling 112 Foo For	m 000 Bart V li	no 10
	Description of property	(a) Cost or other b			r) (c) Accumulated d		ne 10.
	,	(investment)					
	-	(d) Book value					
1a	Land			486,13	34		
	486,134						
h	Buildings		1	4,344,34	13	1,090,600	
	3,253,743			.,			
<u> </u>	Leasehold improvements		1		1		
C	Leasenoid improvements						
Ь	Equipment		1	202,08	36	156,508	
u	45,578			202,00		100,000	
~	011		I	225,76	3		
е	225,763			223,70			
Tota	al. Add lines 1a through 1e. (Co	olumn (d) must eau	al Form 990 Pa	rt X. column (B) I	ine $10(c)$ .	•	
	4,011,218						
						Schedule	D (Form 990) 2020
							-
				Page 3 ———			
- cl.	dula D (Farm 000) 2020						
	edule D (Form 990) 2020	hor Securities					Page 3
Pai	Complete if the org		d "Yes" on Fo	rm 990, Part IV,	line 11b.See Forr	n 990, Part X, lir	ie 12.
	(a) Descripti	on of security or cate		(b)	(	c) Method of valua	ation:
	(includir	ng name of security)		Book value		or end-of-year ma	rket value
(1)	Financial derivatives			value			
	Closely-held equity interests						
	Other		-				
(D)							
(B)							
(C)							
(D)							
(E)				ľ			
				1	1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	*	
(I)		
(H)		
(G)		
(F)		

#### Part VIII

# Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV,	line 11d. See Form 990, Pa	rt X, line 15.
	(a) Description		(b) Book value
(2)			

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	к к

# Part X Other Liabilities.

Cor	nplete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 1	1f.See Form 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value
(1) Federal incom	ne taxes	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) n	nust equal Form 990, Part X, col.(B) line 25.)	29,44

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

			——————————————————————————————————————				
Schedule D (For	rm 990) 2020						Page <b>4</b>
•	,	of Revenue pe	r Audited Financial Stat	ements With Reven	ue per Ret	urn.	ruge -
			swered 'Yes' on Form 990,		-		
			audited financial statements		-	1	1,834,440
			990, Part VIII, line 12:				
	<b>-</b> (	es) on investments		2a			
		of facilities		2b			
		rants		2c			
	escribe in Part XI			2d			
	2a through 2d				• •	2e	
	line <b>2e</b> from line				-	3	1,834,440
			e 12, but not on line <b>1</b> :	1 1			
	·		990, Part VIII, line 7b 🔒	4a			
		Ш.)		4b			
	4a and 4b .				_	4c	
			t equal Form 990, Part I, line 1			5	1,834,440
			er Audited Financial Stat wered 'Yes' on Form 990,		nses per R	eturn.	
		s per audited financi	1	· · · · · · ·		1	1,563,580
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						-	OMB No. 1545-0047
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(Form 990 or 9	990-EZ)		provide information for r			n	2020
Department of the Trea	asurv	Form 9	90 or 990-EZ or to provid Attach to Form 9		rmation.		Open to Public
Internal Revenue Serv		Þ Go	to www.irs.gov/Form990		nation.		Inspection
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PART VI, LINE 7A															
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS ARE ABLE TO VOTE ON MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.														
FORM 990, PAGE 6, PART VI, LINE 11B		BOARD OF DIRECTORS T FORM PRIOR TO SU			IE PRESI	DENT, TREA	SUREI	r, and se	ECRE	TARY RE	VIEWE	D THE	990 IN	l	
FORM 990,	THE C	CONFLICT OF INTERES	T POLICY	IS RE	VIEWED	AND UPDATI	ED AN	NUALLY.							
efile Public Visua		r ObjectId: 202103199	349322110	- Subm	nission: 20	21-11-15								<b>-0778917</b>	
SCHEDULE I (Form 990)	ion ansv	wered "Yes' Attach to F	on Form 990, P orm 990. instructions and	art IV, li	ine 33, 34, 3	5b, 36,	or 37.			202	20				
Department of the Treasury Internal Revenue Service Name of the organizat INTERNATIONAL SONORA ALLIANCE		<u>s.gov/re</u>	101			scinormatio	E	<b>mployer ide</b>	Open to Public Inspection						
Part I Identi	fication	of Disregarded Entities. C	omplete if the	organiz	zation answ	ered "Yes" on F	orm 990	), Part IV, lin							
Name, addre	ss, and EIN	(a) I (if applicable) of disregarded entity		Pr	(b) imary activity	(c) Legal domicil or foreign co	e (state ountry)	(d) Total income	End	(e) (f) End-of-year assets Direct controll entity					
(1) AJO PLAZA LLC 401 W ESPERANZA STRE AJO, AZ 85321 26-2826756 (2) CURLEY SCHOOL AR				RENTA		AZ						N/A			
401 W ESPERANZA STRE AJO, AZ 85321 16-1736581				HUUSI	ing	AZ					N/A				
(3) AJO MANAGEMENT C 401 W ESPERANZA STRE AJO, AZ 85321		c		MGT CO AZ							N/A				
		of Related Tax-Exempt Org pt organizations during the t					red "Yes		90, Pa		4 because		ne or n		
Name, add	dress, and	(a) EIN of related organization			(b) (c) (d) Primary activity Legal domicile (state or foreign country)			(e) Public charity status Dir (if section 501(c)(3))			(f) irect controlling entity		(g) Section 512(b)(13) controlled entity?		
(1)CURLEY SCHOOL HO 401 W ESPERANZA STRE		TNERS LLC	но	JSING	SING AZ				7 N/A				Yes No No		
AJO, AZ 85321 16-1736582 (2)SONORAN DESERT C	ONFERENCI	F CENTER	COL	NF CTR		AZ	3		12A					No	
401 W ESPERANZA STRE AJO, AZ 85321 47-5559774							5		12/1		N/A				
47 555774															
For Paperwork Redu	uction Act	Notice, see the Instructions f				Cat. No. 5	0135Y				Sch	edule R (	Form 9	90) 2020	
Schedule R (Form 990	·		— Page 2						<i>,</i> "	5 000	D	24.1		Page 2	
	nore rela	of Related Organizations Taken ted organizations treated as	a partnership	during t	the tax yea	r									
(a) (b) Name, address, and EIN of Primary related organization activity			Primary activity (:	(c) Legal domicile state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form 1065)	de V-UBI General o nount in managing ox 20 of partner? edule K-1		(k) Percentage ownership	
						512 514)			Yes	No		Yes	No		

Part IV Identification of Related Org because it had one or more rela					ation answere	ed "Yes" on F	orm 990, Part I	V, line 34	
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e)	(f) Share of total	(g) Share of end-	(h) Percentage	Section	(i) 512(b)(13)
related organization	Thinki y decivity	domicile (state or foreign	entity	(C corp, S corp,	income	of-year assets	ownership	controlle	ed entity?
		country)		or trust)				Yes	No
									+
									_
								-	
							Schedule F	R (Form 99	90) 2020
	Pag	ge 3				-			
Schedule R (Form 990) 2020									Page <b>3</b>
Part V Transactions With Related O	rganizations. Comple	te if the organization an	iswered "Yes" or	n Form 990, I	Part IV, line 3	4, 35b, or 36	5.		
<b>Note.</b> Complete line 1 if any entity is listed			more related organ	vizations listed	in Parte II 1\/2			, i	Yes No
<ol> <li>During the tax year, did the orgranization eng</li> <li>a Receipt of (i) interest, (ii)annuities, (iii) r</li> </ol>			· · · · · ·	· · · · ·	· · · · ·			1a )	Yes
<b>b</b> Gift, grant, or capital contribution to relate								1b	No
<ul><li>c Gift, grant, or capital contribution from related</li><li>d Loans or loan guarantees to or for related</li></ul>						• • •		1c 1d \	No Yes
<ul> <li>Loans or loan guarantees by related organ</li> </ul>								1e	No
<b>f</b> Dividends from related organization(s) .								1f	No
g Sale of assets to related organization(s) .								1g	No
<ul> <li>h Purchase of assets from related organizati</li> <li>i Exchange of assets with related organization</li> </ul>								1h 1i	No
<ul> <li>i Exchange of assets with related organization</li> <li>j Lease of facilities, equipment, or other asset</li> </ul>		n(s)	 						Yes
								1k	No
<ul><li>k Lease of facilities, equipment, or other ass</li><li>I Performance of services or membership or the services of the</li></ul>				· · · ·				11	No
${\boldsymbol{m}}$ Performance of services or membership or	-						•	1m	No
<ul> <li>n Sharing of facilities, equipment, mailing lists</li> <li>o Sharing of paid employees with related org</li> </ul>		ated organization(s)	· · · · · ·		· · · · ·		· .	1n 10	No No
<ul> <li>p Reimbursement paid to related organizatio</li> <li>q Reimbursement paid by related organizatio</li> </ul>					· · · ·			1p 1q	No No
	(,, , , , , , , , , , , , , , , , , , ,								
<ul> <li>r Other transfer of cash or property to relate</li> <li>s Other transfer of cash or property from re</li> </ul>						· · · ·		1r 1s	No No
2 If the answer to any of the above is "Yes,"		formation on who must cor	mplete this line, in			and transactio	n thresholds.		
Name of	(a) related organization			(b) Transaction	(c) Amount inve	olved M	(d) Method of determinin	) ng amount inv	volved
(1)SONORAN DESERT CONFERENCE CENTER			D	type (a-s)		BALANO	CE OWED		
(2)SONORAN DESERT CONFERENCE CENTER			J		24,00	0 NEGOT	TATED BY BOARD		
							0-h- 1 h -	D /E **	0) 2022
	Par	je 4				_	Schedule F	R (Form 99	0) 2020
		-							
Schedule R (Form 990) 2020									Page <b>4</b>
Part VI Unrelated Organizations Ta Provide the following information for each entity t								r aross reve	enue) that
was not a related organization. See instructions r	egarding exclusion for cer	tain investment partnership	S.	chan nye peru		(measured	5, 10101 055615 01	. 91033 ieve	acj that

	,	(state or foreign country)	(related, unrelated, excluded from tax under sections 512-514)	501(c)(3) organizations? n		income	assets			box 20 of Schedule K-1 (Form 1065)			· · · · ·
			512-514)	Yes	No			Yes	No		Yes	No	
		I	1	I		I	1	I	L	Sch	edule R	(Form 9	90) 2020
Schedule R (Form 990) 2020		Page 5											Page <b>5</b>
Part VII Supplemental Information Provide additional information for		tions on Co	hedule P. Sco	netruction	6								rage <b>J</b>
Return Reference	or responses to ques	10115 011 50	neutie K. See	natruction		xplanatio	n						
											Schedu	le R (For	m 990) 2020

Additional Data

**Return to Form** 

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