Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or th	ne 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-	31-2018				
B Che	ck if	applicable: C Name of organization INTERNATIONAL SONORAN DESERT		D Emp	loyer ide	ntifi	cation number
ال مامار		ALLIANCE		86-0	778917		
Addi	E55 (Doing business as					
Nam	e cha	ange		E Tolor	hone nu	mb a i	
		Number and street (or P.O. box if mail is not delivered to street address)	/suite	E lelep	hone nur	nbei	
Initia	al ret	urn 401 W ESPERANZA AVENUE		(520) 387-6	823	
		City or town, state or province, country, and ZIP or foreign postal code					
Final return/	termir			G Gros	s receipts	\$ \$ 1	,866,022
Ame	nded	return					
Appl	icatio	n					
pendi			ī				
		F Name and address of principal officer: CATHY HUTTON	H(a)	Is this a group	return	for	
		CATHI HOTTON		subordinates?			Yes 🗸 No
				Are all subord	inates		Ves No
I Ta	x-exe	mpt status: 501(c)(3)		included? If "No," attach	a list (d	200	instructions)
52	7	301(c)(c) = 301(c)() 4(mocre no.)		Group exempt	•		,
J W	ebsi	te: WWW.ISDANET.ORG		Group exemp	.ioii iiuiii	DCI	
K For	n of c	organization: 🗸 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨	L Year o	of formation: 199	3 M St	ate	of legal domicile: AZ
P	art I	Summary Briefly describe the organization's mission or most significant activities:					
Governance		SONORAN DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDER CULTURES RESIDING IN THE AREA.					
	2	Check this box Number of voting members of the governing body (Part VI, line 1a)			1	3	17
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)				4	17
Z	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			_	5	51
Act		Total number of volunteers (estimate if necessary)			_	6	45
		Total unrelated business revenue from Part VIII, column (C), line 12			_	 7а	0
	7 4	Net unrelated business taxable income from Form 990-T, line 34			<u> </u>	7 a 7 b	
	b	Net unrelated business taxable intome nonn offin 950-1, line 34	· · · ·	Prior Year		,,,	Current Year
		Contributions and grants (Part VIII line 1h)			35,535		876,197
9	8	Contributions and grants (Part VIII, line 1h)			45,713		
Revenue	9	Program service revenue (Part VIII, line 2g)					824,254
å		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			17,962		18,286
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			52,203		147,285
	+	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,5.	11,413		1,866,022
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0
		Benefits paid to or for members (Part IX, column (A), line 4)) 602,074 67				
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	602,074				
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)					0
œ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,295					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7:	32,619		983,864
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,33	34,693	1,655,517	
	19	Revenue less expenses. Subtract line 18 from line 12		-:	23,280		210,505
ets or lances			Begi	inning of Currer	t Year		End of Year
ets					24 000		

*2 CD	utai assets	(rait A, iiile 10) • •		· · ·	4,471,070	4,007,72
	otal liabilitie	es (Part X, line 26)			2,465,581	1,805,55
22 N	let assets o	or fund balances. Subtract	t line 21 from line 20		2,026,317	2,864,36
Part II		ure Block			·	
			examined this return, including			
iowieuge ai iy knowled:		is true, correct, and com	plete. Declaration of preparer (other than officer) is base	ed on all linormation of v	which preparer has
,	<u> </u>	-			2019-11-14	
ign	Signature	of officer			Date	
ere	CATHY HII	TTON PRESIDENT				
		rint name and title				
	Print	:/Type preparer's name	Preparer's signature	Date	PTIN	
aid		, , , , , , , , , , , , , , , , , , , ,	The state of the s	2019-11-14		05
	Firm	's name FESTER & CHAP	MAN PLLC		self employed Firm's EIN 82-145565	7
reparer	ſ					
se Only	y Firm	's address ▶9019 E BAHIA D	OR STE 100		Phone no. (602) 264-307	77
		SCOTTSDALE, A	Z 85260			
av the IDS	discuss th	ic roturn with the propare	r shown above? (see instructio	nc)		Yes No
<u> </u>		<u> </u>		<u>, </u>		
or Paperw	ork keau	ction Act Notice, see the	e separate instructions.	Cat. I	No. 11282Y	Form 990 (201
			Page 2			
rm 990 (2	018)					Page
Part III		ant of Brogram Sarv	ice Accomplishments			Page
raitiii		_	-			
	Check if S	chedule O contains a resp	ponse or note to any line in this	s Part III		🗸
Briefly	describe t	he organization's mission	:			
THE INTE	RNATIONA	L SONORAN DESERT ALL	IANCE, WE DESIGN AND IMPLE	MENT ENVIRONMENTAL.	CULTURAL, REAL ESTAT	E AND BUSINESS
			RVE AND ENRICH THE ENVIRON			
			JNDERSTANDING AND COOPER			
5:1:1						
2 Did th	ie organiza	ion undertake any signific	cant program services during th	ne year which were not lis	ted on	
the pr	ior Form 9	90 or 990-EZ?				Yes Vo
If "Yes	s," describe	these new services on So	chedule O.			
B Did th	ie organiza	tion cease conducting, or	make significant changes in ho	w it conducts, any progra	m	
service	es?					Yes Vo
If "Yes	" describe	these changes on Sched	ule O			
_	•	3		ita thuas lavasat nusaran		hy ovnences
2 00 0			ce accomplishments for each of ions are required to report the			
		evenue, if any, for each pr		amount of grants and an	ocations to others, the	cocai
la (Code:	:) (Expenses \$	1,508,472 including gra	nts of \$) (Revenue \$	824,254)
			OMMUNITIES THROUGH HOUSING A			
			AJO, AZ TO 30 AFFORDABLE LIVE/\ IIS IS NOW CALLED "CREATIVE PLA			
			OVATED HISTORIC BUILDINGS ON T			
			ATOR. ADDITIONALLY, ISDA HAS REI			
			HEART OF THE COMMUNITY TO PROP KTENSIVE PROGRAMMING IN COMM			
			COMMUNITY. ISDA OPERATES A CON			
GED, W	VORK-STUDY	, INTERNSHIPS, AND A 4,000 H	HOUR APPRENTICESHIP PROGRAM I	N BUILDING MAINTENANCE A	AND REPAIR WHICH USES IS	SDA'S OWN BUILDING
			CE TRAINING. ISDA PRODUCES ENV ERT" WORKING IN PARTNERSHIP W			
			DRAN DESERT INCLUDING THE PINA			
			ERVATION. ISDA IS A LEADERSHIP N			
			TO CREATE A HEALTHY LOCAL FOOL HONO O'ODHAM NATION AND RESID			
	0, 11 01111111				0 20122 00111101111111111	
b (Code:) (Expenses \$	including gra	nts of \$) (Revenue \$)
(Cone:	•) (Exhelises à	including gra	inco Or p	, (nevenue p	,

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,	
4d	Other program services (Describe in Schedule O.)			
ти	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 1,508,472			• (2010
		F	orm 99	0 (2018
	Page 3 ————			
Form	990 (2018)			Page :
	TN Checklist of Required Schedules			ruge
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.			
	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		140
Ū	If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			

business, investment, and program service activities outside the United States, or aggregate foreign investments	i i	i
valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	No
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
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
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

______ Page 4 ____

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Pai	t N Checklist of Required Schedules (continued)			
			Yes	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?	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? If "Yes," complete Schedule L, 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	· · · · · · · · · · · · · · · · · · ·			

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		•	
		r	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2018)
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Form	990 (2018)			Page 5
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?	2b	Yes	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	22		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	-Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
٠	2.a and organization receive any rando, aneces, or maneces, 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?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			

		1 1		i
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.			
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? Note. See the instructions for additional information the organization must report on Schedule O.	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			
c	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	14b		
	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? If "Yes," see instructions and file Form 4720, Schedule N	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 99	0 (2018)
	Page 6 ———————————————————————————————————			
Form	990 (2018)			Page 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	o" respo	nse to I	
	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 17			
	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 1b 17			
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? .	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	$ \label{lem:poisson} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $			
а	The governing body?	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 Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	125	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	162	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	

14	Did the organization have a written docum	ent retention a	nd dest	ructio	on p	olicy	?.				14	Yes	
15	Did the process for determining compensa persons, comparability data, and contemporate persons are contemporated by the process of the process for determining compensations.									dependent			
а	The organization's CEO, Executive Director	, or top manag	ement o	officia	al .						15a	Yes	
b	Other officers or key employees of the org	anization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the pro-	ocess in Schedu	ıle O (s	ee ins	stru	ctior	ıs).						
16a	Did the organization invest in, contribute a taxable entity during the year?		rticipate			it ve	nture •	ors	similar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writte in joint venture arrangements under applic status with respect to such arrangements	able federal tax	law, ar	nd tal	ke st	teps	to sa	ıfegı	ard the organization		16b		
Se	ction C. Disclosure											Ц	
17	List the States with which a copy of this Fo	orm 990 is requ	ired to	be fil	ed▶	,	AZ						
18	Section 6104 requires an organization to ronly) available for public inspection. Indicat					if ap	plicab			01(c)(3)s			
	Own website Another's websit	e V Upon	request] c	Othe	r (exp	lain	in Schedule O)				
19	Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga	nization	mad		go'	vernin	g do	ocuments, conflict o	f interest			
20	State the name, address, and telephone n INT'L SONORAN DESERT ALLIANCE 401								anization's books ar 20) 387-6823	nd records:			
												Form 99	O (2018)
				Page	- 7								
				ruge	- /								
Form	990 (2018)												Page 7
Pai	Compensation of Officers, D and Independent Contracto		stees,	Key	y Er	npl	oyee	s, I	Highest Comper	nsated Emp	ploye	es,	
	Check if Schedule O contains a resp												
	ction A. Officers, Directors, Truste					_							
1a Coyear.	omplete this table for all persons required to	be listed. Rep	ort com	pens	atio	n foi	the o	caler	idar year ending wit	h or within th	ne org	anization	's tax
	List all of the organization's current officers							or	organizations), rega	ardless of amo	ount		
	mpensation. Enter -0- in columns (D), (E), a		-					L:	-£				
	ist all of the organization's current key em ist the organization's five current highest o									or key employ	(aa)		
who i	received reportable compensation (Box 5 of sization and any related organizations.												
	ist all of the organization's former officers,						sated	emp	oloyees who receive	d more than	\$100,	000	
	portable compensation from the organization ist all of the organization's former directo	•	_				canac	rity :	as a former director	or trustee of	f tha		
	ization, more than \$10,000 of reportable co										i tile		
	ersons in the following order: individual trus		rs; inst	itutio	nal t	trus	tees;	offic	ers; key employees	; highest			
comp	ensated employees; and former such perso												
	Check this box if neither the organization n	or any related o	organiza	tion	com	pen	sated	any	current officer, dire	ctor, or trust	ee.		
	(A) Name and Title	(B) Average	Pos	ition	(do		check	,	(D) Reportable	(E) Reportabl	lo	(F Estim	
	Name and Title	hours per	more	than	one	box	c, unle	ess	compensation	compensat	ion	amount	
		week (list any hours					office ustee		from the organization	from relate organizatio		comper from	
		for related			-				(W- 2/1099-	(W- 2/109		organiza	tion and
		organizations below dotted	₫₩	nst	Officer	ey e	콩	Former	MISC)	MISC)		relai organiz	
		line)	dividual t	tu:	æ	me	est oye	ĕ				- · · · · · · · · · · ·	
			Individual trustee or director	Institutional		Key employee	Highest compensated employee						
			age u			0	- Fe						
			Ď	Trustee			TS SE						
							be						
(1) CA	THY HUTTON	2.00											
PRESI	DENT		X		Х				0		0		0
	UL VASQUEZ	2.00											
	ER PRESI		Х		х				0		0		0
		2.00											
	BERT DOOLEY		х		x				0		0		0
1ST V	ICE PRE												
. ,	RRAINE MARQUEZ EILER	2.00	X		x				0		0		0

2ND VICE PRE							
(5) BRIDGET RENDON TREASURER	2.00	X	х		0	0	0
(6) ERIC ALEGRIA DIRECTOR	2.00	x			0	0	0
(7) LEE BAIZA DIRECTOR	2.00	Х			0	0	0
(8) LANCE BELL DIRECTOR	2.00	Х			0	0	0
(9) CHARLES BUKI DIRECTOR	2.00	Х			0	0	0
(10) TONI CUBILLAS DIRECTOR	2.00	Х			0	0	0
(11) STANLEY CRUZ DIRECTOR	2.00	Х			0	0	0
(12) JOE JOAQUIN DIRECTOR	2.00	х			0	0	0
(13) FRANCES MIGUEL DIRECTOR	2.00	х			0	0	0
(14) GENE OMEARA DIRECTOR	2.00	х			0	0	0
(15) BERNARD SIQUIEROS DIRECTOR	2.00	х			0	0	0
(16) MARI ZIMMERMANN DIRECTOR	2.00	Х			0	0	0
(17) CARLOS ZUBIATE DIRECTOR	2.00	Х			0	0	0

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Page 8

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

(A) Name and Title	(B) Average hours per week (list any hours	Position (do not than one box person is both and a director,			t ch οχ, ι h ar	inless office	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) AARON COOPER EXECUTIVE DI	40.00			х				66,154	0	0
	1			l						

		+		+	1	-			-			-		_		
c ·	Sub-Total	to Part VII,	Section A .		٠.	•	¥ ¥ 1			66.1	E4					
<u>u</u> 2	Total (add lines 1b and 1c) . Total number of individuals (inc of reportable compensation fro	luding but n	ot limited to t		ted a	<u>.</u> above	e) who	o rec	eived			0,000		<u> </u>		
	· ·														Yes	No
3	Did the organization list any fo	rmar officer	director or t	ructoo	kov	amala	21/00	or hi	aboci	t compon	cated .	ampleyee.	اممالمه		165	NO
•	Did the organization list any fo 1a? If "Yes," complete Schedul				-				gnes	. compen	sateu i	• • • • • • • • • • • • • • • • • • •	on mie	3		No
	•										6	Ala a	-			No
4	For any individual listed on line organization and related organi											tne				
	individual	_												4		No
5	Did any person listed on line 1a	receive or a	accrue compe	nsation	from	anv	unrel	lated	orna	nization o	or indiv	idual for	F			
-	services rendered to the organi												.	5		No
6.	ection B. Independent Con	tractors	*											_	1	140
<u>5</u> (Complete this table for your fiv		mnensated in	ndenend	ent c	ontr	actor	s tha	t rece	eived mor	e than	\$100 000	of com	nene	ation	
•	from the organization. Report													рспо	delon	
			A)								D	(B)			((
	!	vame and bus	siness address								Descr	iption of se	rvices		Compe	nsation
					Pac	ae 9									Form 99	0 (2018
	. 000 (2010)					, ,										
	n 990 (2018) art VIII Statement of Rev	onuo														Page
P																
	Check if Schedule O co	intains a res	ponse or not	e to any	/ line			rt VIII	•		•			•		
					To		A) evenu	ie		(B) Related o exempt function		Unrel busir reve	ated ness	ta	Rever excluded ax under	nue d from sections
	erated campaigns	1a								revenue					512 -	J14
ş	st															
ā	nbership dues	1b														
5	E inscrainip dues															
eills,	nbership dues draising events	1c														
Contributions, Gifts, Grants	ited organizations	1d														
ıtribu	ernment grants (contributions) 430,881	1e														
_	ther contributions, gifts, grants, and similar amounts not included above	1f														
	445,316															
g																
	cash contributions included	04E 000														
	nes 1a - 1f:\$	245,000														
 -				876,197							1					
- 1			Business	coue					1					1		

	e.			466,253	466,253	
ē	NFERENCE CENTER					
Revenue	NTAL INCOME			237,904	237,904	
Service	3			120,097	120,097	
ē	HER PROGRAM REVENUE					
odram	1					
Pro P		rvice revenue				
Ī	7 Gener program se		824,254	l .		
	9 Total. Add lines 2a–2	f	>			
	3 Investment income (in		terest, and other	18,286		18,286
	similar amounts) . 4 Income from investment		and proceeds			,
		•	· · · · · · · · · · · · · · · · · · ·			
	5 Royalties	(i) Real	(ii) Personal			
	6a Gross rents	(I) Real	(ii) Personal	-		
	ou dross rents					
	b Less: rental					
	expenses					
	c Rental income or (loss)					
	d Net rental income or	(loss)		<u> </u> 		
	• Net rental income of	(i) Securities	(ii) Other			
	7a Gross amount	(i) Securities	(II) Other			
	from sales of					
	assets other than inventory					
	b Less: cost or		1	<u> </u> 		
	other basis					
	and sales expenses			_		
	C Gain or (loss)					
	d Net gain or (loss) .		>			
a)	Gross income from f					
evenue	(not including \$ contributions reporte	of				
Š	See Part IV, line 18		1			
æ	b Less: direct expense					
ē	c Net income or (loss)	I	ents 🔈	<u></u>		
ŧ	a Gross income from g	aming activities.				
~	See Part IV, line 19					
		а				
	b Less: direct expense	s b				
	c Net income or (loss)		es .			
1	LOa Gross sales of invent					
	returns and allowanc	es a	1			
	b Less: cost of goods			-		
	-	I		J		
F	c Net income or (loss) Miscellaneous		Business Code			
	11a _{CONSULTING}	Revenue	Business code	99,280	99,280	
	CONSOLI ING			33/200	33,200	
	b MISCELLANEOUS			42,367	42,367	
	c ENTERPRISE CENTE	R SALES		5,638	5,638	
	d All other revenue .					
	e Total. Add lines 11a	l				
				147,285		
	12 Total revenue. See	Instructions	•	1,866,022	971,539	18,286

Form 990 (2018) Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . (B) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 4 Benefits paid to or for members 66,154 16,539 4,961 5 Compensation of current officers, directors, trustees, and 44,654 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 479,466 423,924 7 Other salaries and wages 51,449 4.093 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . **9** Other employee benefits 75,550 64.880 9.416 1.254 50,483 43,356 6,290 837 **10** Payroll taxes 11 Fees for services (non-employees): a Management 42 **b** Legal . . 17,900 17,900 c Accounting . . . ${f d}$ Lobbying e Professional fundraising services. See Part IV, line 17 **f** Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 126,959 124,359 2,500 100 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . 5,784 5,784 7.093 4.585 758 1,750 **13** Office expenses . 14 Information technology . . 15 Royalties . **16** Occupancy . 40,199 39,003 1,196 10,205 10,205 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials **19** Conferences, conventions, and meetings . 73,700 73,700 20 Interest 21 Payments to affiliates 114,967 114,967 **22** Depreciation, depletion, and amortization . 23 Insurance . . . 44,520 44,520 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 O.) 182,302 182,302 a BAD DEBT **b** SUPPLIES AND MATERIALS 105,434 100,467 4,717 250 c PROPERTY AND OTHER TAXES 94,697 94,697 d MISCELLANEOUS 66,585 21,952 44.633 93,477 92,436 991 50 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,655,517 1,508,472 133,750 13,295 26 Inint costs Complete this line only if the organization

	ropor	ted in column (B) joint costs from a combined		1	ĺ		ĺ
	educa	ational campaign and fundraising solicitation.	20)				
	Cneci	k here 🕨 🔲 if following SOP 98-2 (ASC 958-72	20).				Form 990 (2018)
				— Page 11 ———			
Eorn	. 000	(2018)					D 4 4
	art X	Balance Sheet					Page 11
г	aitA						
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			· · · · <u>U</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			163,161	1	216,466
	2	Savings and temporary cash investments .			,	2	,
	3	Pledges and grants receivable, net			189,505	3	231,947
	4	Accounts receivable, net			68,406	4	70,671
	5	Loans and other receivables from current and fo	rmer o	officers, directors,			
		trustees, key employees, and highest compensation of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations.					
		voluntary employees' beneficiary organizations (see in	structions) Complete		6	
\$	7	Part II of Schedule L				7	
Assets	8	Inventories for sale or use			6,675	8	
Ä	9	Prepaid expenses and deferred charges		·	12,490	9	18,794
	10a	Land, buildings, and equipment: cost or other	[<u> </u>		,
		basis. Complete Part VI of Schedule D	10a	4,919,824			
	b	Less: accumulated depreciation	10b	1,022,094	3,656,438	10c	3,897,730
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line 1	l1 .			12	
	13	Investments—program-related. See Part IV, line	11 .		300	13	300
	14	Intangible assets	•			14	
	15	Other assets. See Part IV, line 11		<u> </u>	394,923		234,018
	16	Total assets. Add lines 1 through 15 (must equ		34)	4,491,898	16	4,669,926
	17	Accounts payable and accrued expenses	•		200,590	17	194,683
	18	Grants payable		_		18	
	19	Deferred revenue	•	_		19	
	20	Tax-exempt bond liabilities	• •			20	
Liabilities	21 22	Escrow or custodial account liability. Complete P		_		21	
Ξ	22	Loans and other payables to current and former key employees, highest compensated employees					
ap		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties	2,004,855	23	1,594,859
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pay and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	260,136	25	16,017
	26	Total liabilities. Add lines 17 through 25			2,465,581	26	1,805,559
S		0	50 \ -1				
Balances	27	Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33 Unrestricted net assets			2,001,702	27	2,771,999
Bal	28	Temporarily restricted net assets		[24,615	28	92,368
pu	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117	(ASC	958),			
or		check here ▶ ☐ and complete lines 30 th					
ste	30	Capital stock or trust principal, or current funds		<u> </u>		30	
Assets	31 32	Paid-in or capital surplus, or land, building or eq Retained earnings, endowment, accumulated inc	•	<u> </u>		31 32	
	32 33	Total net assets or fund balances	onie, C	or other fullus	2,026,317	33	2,864,367
Net	24	Total liabilities and not assets/fund balances	• •		4 404 909	24	4 660 026

Total liabilities and net assets/fund balances

34

Form **990** (2018)

4,669,926

4,491,898

Form	990 (2018)				Page 12
Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
		_		_	066.005
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,866,022
2	Total expenses (must equal Part IX, column (A), line 25)	3		1	,655,517
3 4	Revenue less expenses. Subtract line 2 from line 1	4		2	210,505 ,026,317
5	Net unrealized gains (losses) on investments	5			,020,317
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			627,545
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,864,367
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Association with a decided a second to Fermi 200.				
1	Accounting method used to prepare the Form 990:	_			
	Schedule O.				ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of 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: $\frac{1}{2}$	basis,			
	☐ 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.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	inale			
-	Audit Act and OMB Circular A-133?	9.0	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b	Voc	
	addit of addits, explain with in scredule of and describe any steps taken to undergo such addits.			Yes orm 99	0 (2018)
			·	····· • •	(2020)
Form	990 (2018)				
	Iditional Data		Returi	n to Fo	orm
	Software ID:				
- -	Software Version:				
rorn	n 990, Special Condition Description:				
	Special Condition Description				

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TIN: 86-0778917

OMB No. 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1	ection
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hame, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ivi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: An organization that normally receives: (1) more than 33;1/3% of its support from contributions, membership fees, and gross from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33;1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33;1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33;1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33;1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33;1/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	ection
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the homeous city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	ection
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the home, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or union-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from contributions organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpos more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the organization of the supporting organization organization. Support	ection
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must complete Part IV, Sections A and C.	
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	its
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functional integrated, or Type III non-functionally integrated supporting organization.	ally
f Enter the number of supported organizations	
g Provide the following information about the supported organization(s).	
organization organization in your governing document? monetary support other s	Amount of support (see ructions)
Yes No	
Total	
Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990 or 99)	0-EZ) 2018
Form 990 or 990-EZ. Page 2	, 2010

Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 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). Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year **(b)**2015 (c)2016 (d)2017 (f)Total (a)2014 (e)2018 (or fiscal year beginning in) Amounts from line 4. . Gross income from interest, 8 dividends, payments received on securities loans, rents, royalties and income from similar sources. . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and ${f stop}$ here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2018 Page 3 Schedule A (Form 990 or 990-EZ) 2018 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 1,151,769 1,033,219 936,647 785,535 876,197 4,783,367

210 701

120 565

071 520

2 145 541

include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services

3	performed, or racilities runnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	93,103	נטנ,דנו	217,721	041,403	7/1,	۷ ودد,	,103,301
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
7a b	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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.	1,244,952	1,172,784	1,256,438	1,427,018	1,847,	736 6	,948,928
	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						6	,948,928
Se	ction B. Total Support				•			
	ndar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
(or 1	fiscal year beginning in) Amounts from line 6	1,244,952	1,172,784	1,256,438	` '	1,847,		,948,928
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	230.099	224,405		209,724			916,491
b	income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
c 11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	230,099	224,405	233,977	209,724	18,	,286	916,491
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.).	1,475,051	1,397,189			1,866,		,865,419
14	First five years. If the Form 990 is for	-			•	. , ,	, -	n,
	check this box and stop here							
<u>5e</u> 15	ction C. Computation of Public Public support percentage for 2018 (I	ine 8. column (f) d	livided by line 13.	column (f))		15	88	3.350 %
16	Public support percentage from 2017					16		5.600 %
	ction D. Computation of Inves					10	0.	7.000 70
17	Investment income percentage for 20			line 13, column (f)))	17	12	2.000 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17 .			18	14	1.000 %
19a	33 1/3 % support tests—2018. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 _{1/3} %, and	line 17 is not	
	nore than 33 1/3%, check this box and 33 1/3% support tests—2017. If the	ne organization did	not check a box	on line 14 or line 1	19a, and line 16 is	more than 33	1/3% and line	18 is
20	not more than 33 1/3%, check this bo	•	3		, ,,			1
	Private foundation. If the organizat	ion did not check a	box on line 14, 1	19a, or 19b, check				J
					Schedule	A (Form 99	0 or 990-EZ	2018
			D=== 4					
			Page 4					
Sched	lule A (Form 990 or 990-EZ) 2018							Page 4
Par	t IV Supporting Organization (Complete only if you checked Part I, complete Sections A an Sections A and D, and comple	a box on line 12 o						
Se	ction A. All Supporting Organiz							
	1. 3						Yes	No
1	Are all of the organization's supporte If "No," describe in Part VI how the describe the designation. If historic a	supported organiz	ations are designa	ated. If designated			1	
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in							

			_	
	described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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 Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 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		
c	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 Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A (Form 990 Page 5	or 99	0-EZ)	2018
Sche	dule A (Form 990 or 990-EZ) 2018		F	Page 5
Par	t IV Supporting Organizations (continued)			
		1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated supervised or controlled the supporting organization? If "Yes" explain in Part VI how providing such benefit	1		

	carried out the purposes of the supported organization(s) that operated, supervised organization.			2		_
S	ection C. Type II Supporting Organizations					
					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a of each of the organization's supported organization(s)? If "No," describe in Part VI supporting organization was vested in the same persons that controlled or managed	how co	ontrol or management of the	1		
S	ection D. All Type III Supporting Organizations		pported organization(o).			<u> </u>
	<u> </u>				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided dur Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided	ing the f the or	prior tax year, (ii) a copy of the			
				1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the suppo	"No," e	xplain in Part VI how the	2		
3	By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's incomyear? If "Yes," describe in Part VI the role the organization's supported organization	ne or as	sets at all times during the tax	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations				Į.	
1	Check the box next to the method that the organization used to satisfy the Integral	Part Te	st during the year (see instruc	tions)	:	
	The organization satisfied the Activities Test. Complete line 2 below.					
	b	to line	3 helow			
	The organization is the parent of each of its supported organizations. Comple	te iiie	J below.			
	The organization supported a governmental entity. Describe in Part VI how y	ou sup	ported a government entity (see	instru	ictions)	1
2	Activities Test. Answer (a) and (b) below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then is organizations and explain how these activities directly furthered their exempt pur responsive to those supported organizations, and how the organization determined substantially all of its activities.	n Part poses,	VI identify those supported how the organization was	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's organization's supported organization(s) would have been engaged in? If "Yes," explaorganization's position that its supported organization(s) would have engaged in the involvement.	ain in F	Part VI the reasons for the	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? Provide details in Part VI.	ficers, o	lirectors, or trustees of each of	За		
	b Did the organization exercise a substantial degree of direction over the policies, programported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A (Form 990	or 99	0-EZ)	2018
	Page 6					
Sche	edule A (Form 990 or 990-EZ) 2018				ı	Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
	Section A - Adjusted Net Income			(B) Curi	rent Yea onal)	ır
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	. ,	rent Yea onal)	ır

1 Aggregate fair market value of all non-exempt-use a tax year or assets held for part of year):	assets (see instructions for short	1		
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-use assets		1c		
d Total (add lines 1a, 1b, and 1c)		1d		
Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt	use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 1-1/2% o instructions).	f line 3 (for greater amount, see	4		
5 Net value of non-exempt-use assets (subtract line	4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6)		8		-
Section C - Distributable Amount				Current Year
	line O. Calvinor A.			Guirent real
1 Adjusted net income for prior year (from Section A,	line 8, Column A)	1		
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		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from line 4, temporary reduction (see instructions)	unless subject to emergency	6		
7 Check here if the current year is the organizationstructions)	tion's first as a non-functionally-ir	ntegrate	ed Type III supportin	g organization (see
			Schedule A	(Form 990 or 990-EZ) 2018
Schedule A (Form 990 or 990-EZ) 2018	———— Page 7 ————			Page 7
Part V Type III Non-Functionally Integrat		Organi	zations (continu	
<u> </u>		Organi	zations (continu	
Part V Type III Non-Functionally Integrat	ed 509(a)(3) Supporting C)rgani	zations (continu	ied)
Part V Type III Non-Functionally Integrat Section D - Distributions	ted 509(a)(3) Supporting C			ied)
Part V Type III Non-Functionally Integrat Section D - Distributions 1 Amounts paid to supported organizations to accomp 2 Amounts paid to perform activity that directly further	ted 509(a)(3) Supporting Collish exempt purposes rs exempt purposes of supported	organiz		ied)
Part V Type III Non-Functionally Integrat Section D - Distributions 1 Amounts paid to supported organizations to accomp 2 Amounts paid to perform activity that directly further excess of income from activity	ted 509(a)(3) Supporting Collish exempt purposes rs exempt purposes of supported	organiz		ied)
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	applied (see				
instructions) j Remainder. Subtract lines	3g, 3h, and 3i from 3f.				
4 Distributions for 2018 from					
\$					
a Applied to underdistributi					
b Applied to 2018 distribute					
c Remainder. Subtract lines					
Remaining underdistribution 2018, if any. Subtract line If the amount is greater the See instructions.					
Remaining underdistribution lines 3h and 4b from line than zero, explain in Part	1. If the amount is greater				
Excess distributions carr 3j and 4c.	ryover to 2019. Add lines				
Breakdown of line 7:					
b Excess from 2014 b Excess from 2015					
Excess from 2016					
d Excess from 2017					
e Excess from 2018					
			Sched	lule A (For	m 990 or 990-EZ) (2018)
		D 0			
		Page 8			
hedule A (Form 990 or 990- Part VI Supplemental I	-EZ) 2018 I nformation. Provide the expl				Page 8
	D, lines 2 and 3; Part IV, Section 5, lines 5 and Part V, Section E, lines				
	F	acts And Circumstances Te	et		
		acts And Oncumstances Te	, , , , , , , , , , , , , , , , , , ,		
Peturn Peference			Evolanation		
Return Reference			Explanation Sche	edule A (Fo	rm 990 or 990-EZ) 2018
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Return Reference Additional Data Additional Data Additional Data Chedule B Orm 990, 990-EZ, 990-PF) Penal Revenue Service TERNATIONAL SONORAN DELIANCE Tganization type (check of the solid service) Transport of the organization of the organiz	ObjectId: 2019431893493 Sch ▶ Att ▶ Go to www	Software ID: ftware Version: 13704 - Submission: 2019-1 nedule of Contribut ach to Form 990, 990-EZ, or 99	I-14 Ors	Employer	TIN: 86-0778917 OMB No. 1545-0047 2018 identification number
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	527 political organization			
Form 990-PF	501(c)(3) exempt private for	undation		
	4947(a)(1) nonexempt char	itable trust treated as a	a private foundation	
	501(c)(3) taxable private for	undation		
	zation is covered by the General Rule or a 501(c)(7), (8), or (10) organization can che		General Rule and a Specia	al Rule. See instructions.
General Rule				
	anization filing Form 990, 990-EZ, or 990-Plother property) from any one contributor. Cons.			
Special Rules				
under section received from	nization described in section 501(c)(3) filing ns 509(a)(1) and 170(b)(1)(A)(vi), that chec m any one contributor, during the year, total I, line 1h, or (ii) Form 990-EZ, line 1. Comp	ked Schedule A (Form contributions of the gr	n 990 or 990-EZ), Part II, Ii	ne 13, 16a, or 16b, and that
during the ye	nization described in section 501(c)(7), (8), ear, total contributions of more than \$1,000 for the prevention of cruelty to children or a	exclusively for religiou	s, charitable, scientific, lite	
during the ye If this box is purpose. Do	nization described in section 501(c)(7), (8), ear, contributions exclusively for religious, checked, enter here the total contributions n't complete any of the parts unless the Ge aritable, etc., contributions totaling \$5,000 contributions totaling \$5,000 contributions.	haritable, etc., purpose that were received dur neral Rule applies to t	es, but no such contribution ing the year for an <i>exclusi</i> this organization because i	ns totaled more than \$1,000. vely religious, charitable, etc.,
990-EZ, or 990-PF),	zation that isn't covered by the General Rule but it must answer "No" on Part IV, line 2, its Form 990PF, Part I, line 2, to certify that	of its Form 990; or che	eck the box on line H of its	•
For Paperwork Reduction Form 990, 990-EZ,	tion Act Notice, see the Instructions or 990-PF.	Cat. No. 30613X	Schedule B (For	rm 990, 990-EZ, or 990-PF) (2018)
		— Page 2 ———		
	90, 990-EZ, or 990-PF) (2018)			Page 2
Name of organization INTERNATIONAL SON ALLIANCE			Employer ide 86-0778917	ntification number
Part I	Contributors (See instructions). Use duplicate co	opies of Part I if additional spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP	+ 4	(c) Total contributions	(d) 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
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ramo, address, and En 1	Total continuations	Person
-			Payroll
		\$	Noncash
			Noncasii
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
<u>-</u>			
			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			
		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + 4	Total Contributions	Person
-			Payroll
		\$	
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2018)
	Page 2		
	Page 3		
Schedule B (For	m 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of organiz	ation	Employer identif	-
INTERNATIONAL S ALLIANCE	SONORAN DESERT	86-0778917	
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is ne		r
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima	Date received
		(See instruction	10)
_		_	\$
1-1		(c)	1.15
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate	Date received
		(See instruction	15)
		_	\$
		(c)	
(a)	(b)	(C)	(d)

No. from Part I	Description of nonca	ash property given	(See instructions	. Date received
-			-	<u> </u>
(a) No. from Part I	(b) Description of nonce		(c) FMV (or estimate (See instructions	' Date received
				\$
(a) No. from Part I	(b) Description of nonca		(c) FMV (or estimat	' Date received
(a) No. from Part I	(b) Description of nonca		(c) FMV (or estimat	bate received
		Page 4	Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)
		r ago r		
Schedule B (Form	990, 990-EZ, or 990-PF) (2018)			Page 4
Name of organiza INTERNATIONAL SO ALLIANCE			Employer ider 86-0778917	ntification number
	vely religious, charitable, etc., contrib	outions to organizations described		B), or (10) that total more
efile Public Vis	al Render ObjectId: 201943	189349313704 - Submission:	2019-11-14	TIN: 86-0778917
SCHEDULE D		ntal Financial Stateme		OMB No. 1545-0047
(Form 990) Department of the Treasury	Complete if the o	rganization answered "Yes," on Fo 10, 11a, 11b, 11c, 11d, 11e, 11f, 1 Attach to Form 990.	rm 990,	2018 Open to Public
Internal Revenue Service		gov/Form990 for the latest inform		Inspection
Name of the organizers of the				ntification number
	nizations Maintaining Donor Adv	ised Funds or Other Similar Fu	86-0778917 inds or Accounts.	
Comp	ete if the organization answered "Ye	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(h)Eundo	and other accounts
1 Total number	t end of year	(a) Donor advised funds	(b)Fullus	and other accounts
2 Aggregate val	e of contributions to (during year)			
3 Aggregate val	e of grants from (during year)			
4 Aggregate val	e at end of year			
	zation inform all donors and donor advis- property, subject to the organization's e			the Yes No
charitable pur	zation inform all grantees, donors, and d poses and not for the benefit of the dono private benefit?	r or donor advisor, or for any other p	urpose conferring ´	
Part II Cons	ervation Easements. Complete if t	he organization answered "Yes" o	n Form 990 Part IV	☐ Yes ☐ No
-	conservation easements held by the orga			
Preserv	ation of land for public use (e.g., recreation	on or education) Preservation	on of an historically impo	rtant land area
Protect	on of natural habitat	Preservation	on of a certified historic	structure
Preserv	ation of open space			
	2a through 2d if the organization held a he last day of the tax year.	qualified conservation contribution in		ion the End of the Year
a Total number	of conservation easements		2a	
b Total acreage	estricted by conservation easements		2b	
c Number of co	servation easements on a certified histor	, ,	2c	
		ired after 7/25/06, and not on a histo	ric 2d	1

	structure listed in the National Register			L			
3	Number of conservation easements modified, tr	ansferred, released	d, extinguished, or	terminated by t	he organization du	ırina the	
	tax year 🕨	,	, , ,	,	5	3	
1	Number of states where property subject to con	nservation easeme	ent is located 🕨				
5	Does the organization have a written policy regardenforcement of the conservation easements it has been supported by the conservation of the conservation easements at his conservation can be supported by the conservation of the conservation of the conservation of the conservation can be supported by the conservation of the c			ction, handling o	f violations, and	Yes	No
5	Staff and volunteer hours devoted to monitorin	g, inspecting, hand	dling of violations,	and enforcing co	nservation easeme	ents during t	he year
7	Amount of expenses incurred in monitoring, ins	pecting, handling o	of violations, and e	nforcing conserv	ration easements o	luring the yea	ar
3	Does each conservation easement reported on and section $170(h)(4)(B)(ii)$?	` '	, ,		70(h)(4)(B)(i)	Yes	No
•	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation of	t of the footnote t					
Part	t III Organizations Maintaining Colle Complete if the organization answe				er Similar Asse	ts.	
La	If the organization elected, as permitted under sart, historical treasures, or other similar assets	SFAS 116 (ASC 95 held for public exh	8), not to report in the state of the state	n its revenue sta or research in fu			ks of
b	provide, in Part XIII, the text of the footnote to If the organization elected, as permitted under historical treasures, or other similar assets held	SFAS 116 (ASC 95	8), to report in its	revenue statem			
	following amounts relating to these items:	1			. .		
	(i) Revenue included on Form 990, Part VIII, line 1 ii) Assets included in Form 990, Part X						
(11	(n) Assets included in Form 990, Part X				-	·he	
а	following amounts required to be reported under Revenue included on Form 990, Part VIII, line 1	er SFAS 116 (ASC	958) relating to th	ese items:		ine	
	Assets included in Form 990, Part X				· -		
	Paperwork Reduction Act Notice, see the Inst				52283D Sched u	ule D (Form	990) 2018
		I	Page 2 ———				
L		I	Page 2 ———				_
	edule D (Form 990) 2018						Page 2
		ctions of Art, I	listorical Treas	sures, or Oth	er Similar Asse	e ts (continue	Page 2
art	title D (Form 990) 2018 till Organizations Maintaining Colle Using the organization's acquisition, accession, items (check all that apply):	ctions of Art, I	d	sures, or Oth following that ar	e r Similar Asse e a significant use	e ts (continue	Page 2
art a	t III Organizations Maintaining Colle Using the organization's acquisition, accession,	ctions of Art, I	d Lo	sures, or Other following that ar an or exchange	er Similar Asse e a significant use programs	e ts (continue of its collection	Page 2
art a b	title D (Form 990) 2018 till Organizations Maintaining Colle Using the organization's acquisition, accession, items (check all that apply):	ctions of Art, I	d Lo	sures, or Other following that ar an or exchange	e r Similar Asse e a significant use	e ts (continue of its collection	Page 2
art a b	title D (Form 990) 2018 till Organizations Maintaining Colle Using the organization's acquisition, accession, items (check all that apply): Public exhibition	ctions of Art, I	d Lo	sures, or Other following that ar an or exchange	er Similar Asse e a significant use programs	e ts (continue of its collection	Page 2
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art a b	dule D (Form 990) 2018 t III Organizations Maintaining Colle Using the organization's acquisition, accession, items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collect	and other records,	d Lo e Ot how they further t	sures, or Other following that are an or exchange ther the organization's asures or other secures.	er Similar Asse e a significant use programs s exempt purpose similar	ets (continue of its collection	Page 2
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a b c b c d e f c a b	t III Organizations Maintaining Colle Using the organization's acquisition, accession, items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collect Part XIII. During the year, did the organization solicit or massets to be sold to raise funds rather than to reassets to be sold to raise funds rather than to research Is the organization an agent, trustee, custodian included on Form 990, Part X?	ctions of Art, Fand other records, and other records, ctions and explain leceive donations of the maintained as present as a complete the following of the complete the following page 1. The complete the following page 1. The page 1. The complete the expression of the expression of the complete the expression of the expression of the complete the complete the expression of the complete the comp	d Lo e Ot how they further t f art, historical treation of the organization has been answered "Yes" (a)	sures, or Other following that are an or exchange ther the organization's essures or other station's collection line 9, or report ons or other assistance or other ass	er Similar Asse e a significant use programs s exempt purpose similar cted an amount of ets not Amo Amo Axiii	in Yes Yes Yes Yes Yes	Page 2 ed) on No O, Part X, No No No

			1						ı
d	Grants or scholarships								
е	Other expenditures for facilities and programs	es							
f	Administrative expenses .								
g	End of year balance								
2 a	Provide the estimated percei Board designated or quasi-e	- ·	ent year end	d balance	(line 1g, co	lumn (a))	held as:		
b	Permanent endowment								
С	Temporarily restricted endov	vment 🕨							
	The percentages on lines 2a								
3a	Are there endowment funds organization by: (i) unrelated organizations	·		3			nd administere	d for the	Yes No
b		ated organizations	s listed as r	equired o	n Schedule	R? .			3a(ii) 3b
4	Describe in Part XIII the inte			n's endo	wment fund	ls.			
Pa	rt VI Land, Buildings, Complete if the or			" on For	m 990. Pa	ırt IV, lir	ne 11a. See F	Form 990, Part	X, line 10.
-	Description of property	(a) Cost or oth (investme	er basis				(c) Accumulate		(d) Book value
1a	Land					486,134			486,134
b	Buildings					,074,792		841,922	3,232,870
c	Leasehold improvements								
d	Equipment					215,186		180,172	35,014
	Other					143,712		_	143,712
Tot	al. Add lines 1a through 1e.(Co	olumn (d) must e	qual Form	990, Part	X, column	(B), line	10(c).)	Caba	3,897,730 dule D (Form 990) 2018
	edule D (Form 990) 2018 rt VII InvestmentsOthe								Page 3
			Complete	if the or	ganizatio	n answe	red "Yes" on	Form 990, Part	IV, line 11b.
	See Form 990, Par (a) Descript		category	if the or	ganizatio	(b) Book value		(c) Method of ost or end-of-year	valuation:
(2)	See Form 990, Par (a) Descript	t X, line 12. tion of security or ing name of secur	category	if the or	ganizatio	(b) Book		(c) Method of	valuation:
(2)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	if the or	ganization	(b) Book		(c) Method of	valuation:
(2) (3)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	ganization	(b) Book		(c) Method of	valuation:
(2) (3) (A)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	if the or	ganization	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	ganization	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	· ·	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D) (E)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	· ·	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D) (E) (F)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	· ·	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D) (E)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests	t X, line 12. tion of security or ing name of secur	category	· · ·	ganizatio	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Tota Par	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990)	t X, line 12. tion of security or ing name of secur	category ity)	· · ·	ganization	(b) Book		(c) Method of	valuation:
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Tota Pai	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990 T VIII InvestmentsProgram Reliant Complete if the organization	t X, line 12. tion of security or ing name of secur	category ity)		t IV, line	(b) Book value	Form 990,	(c) Method of ost or end-of-year	valuation: ar market value
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Total Pair (C)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990 T VIII InvestmentsProgram Reliant Complete if the organization	t X, line 12. tion of security or ing name of secur	category ity)		t IV, line	(b) Book value	Form 990, I	(c) Method of ost or end-of-year	valuation: ar market value
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Tota Pai	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990 T VIII InvestmentsProgram Reliant Complete if the organization	t X, line 12. tion of security or ing name of secur	category ity)		t IV, line	(b) Book value	Form 990, I	(c) Method of ost or end-of-year or	valuation: ar market value
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Total Pair (1) (C) (2)	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990 T VIII InvestmentsProgram Reliant Complete if the organization	t X, line 12. tion of security or ing name of secur	category ity)		t IV, line	(b) Book value	Form 990, I	(c) Method of ost or end-of-year or	valuation: ar market value
(2) (3) (A) (B) (C) (D) (E) (F) (G) (H) Tota Pai	See Form 990, Par (a) Descript (includ) Financial derivatives Closely-held equity interests Other I. (Column (b) must equal Form 990 T VIII InvestmentsProgram Reliant Complete if the organization	t X, line 12. tion of security or ing name of secur	category ity)		t IV, line	(b) Book value	Form 990, I	(c) Method of ost or end-of-year or	valuation: ar market value

(5)					
(6)					
(7)					
(8)					
(9)					_
	(Colores (h) much and Ferri 000 But V and (B) for 12)	<u> </u>			
	. (Column (b) must equal Form 990, Part X, col.(B) line 13.) t IX Other Assets. Complete if the organization answered 'Yes' o	n Form 99	0, Part IV, line 11d. See	Form 990, Pa	rt X, line 15.
	(a) Description				(b) Book value
$\frac{(1) F}{(1)}$	ECEIVABLE FROM CSHP, LLC				234,018
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Tota	I. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				234,018
	rt X Other Liabilities. Complete if the organization answer	ed 'Yes' o	n Form 990, Part IV,	-	· · · · ·
_	See Form 990, Part X, line 25. (a) Description of liability		(b) Book value		
1.	ederal income taxes		b) Book value		
			12.105		
	NCY FUNDS		13,105		
(3)	JRITY DEPOSIT		2,912		
(4)					
(5)					
(6)		+-			
(7)		_			
(8)		+			
(9)					
Total	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	16,017		
2. Li	ability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to t	he organization's financ	al statements	that reports the
orga	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Cl	neck here i	f the text of the footnot	e has been pr	ovided in Part XIII
				Sched	ule D (Form 990) 2018
	Page	4 ——			
Sche	dule D (Form 990) 2018				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S			er Return	
1	Complete if the organization answered 'Yes' on Form 9 Total revenue, gains, and other support per audited financial statemen			1	1,866,022
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,		-	1,000,022
a	Net unrealized gains (losses) on investments	I	2a		
b	Donated services and use of facilities	. +	2b		
c	Recoveries of prior year grants	. ト	2c		
d	Other (Describe in Part XIII.)	Ի	2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	1,866,022
-	A CONTRACTOR OF A			 	<u>-</u>

4				, but not on line 1:	4-					
a	·		•	Part VIII, line 7b .	4a		4			
b	•	in Part XIII.)			4b		1 _			
_ C	Add lines 4a and					•	4c			_
5				ual Form 990, Part I, line 12			5	1,	866,02	22
Ра				Audited Financial State red 'Yes' on Form 990, Pa		penses per i	teturn.			
1				tatements	· · · · · · · · · · · · · · · · · · ·		1	1,	655,51	17
2	Amounts include	ed on line 1 but no	t on Form 990	, Part IX, line 25:				-		_
а	Donated services	s and use of facilit	ies		2a					
b	Prior year adjust	ments			2b		1			
С	Other losses .				2c		1			
d	Other (Describe	in Part XIII.) .			2d		1			
е	Add lines 2a thr	ough 2d					2e			
	le Public Visua	l Render C	ObjectId: 20	1943189349313704	- Submission: 2	2019-11-14		TIN: 86-		
	HEDULE M rm 990)		N	Ioncash Contri	ibutions			OMB No. 1	.545-0	047
(ГО	1111 990)						_	20	12	1
		►Complete if the	-	ons answered "Yes" on F	orm 990, Part IV,	lines 29 or 3	0.	20	10	1
				100 fay the latest informs	dia			_		
	tment of the Treasury	▶Go to <u>www.ir.</u>	<u>s.gov/Forms</u>	90 for the latest informa	tion.			Open to Inspe		
	al Revenue Service ne of the organizat	ion				Emn	lover ide	ntification nu		
INTE	RNATIONAL SONORA					-	•	memedation ne	bci	
	ANCE	- f D				86-0	778917			
P	art I Types	of Property	<u> </u>		1					
			(a) Check if applicable	(b) Number of contributions of items contributed	amounts repor	ted on		(d) od of determin contribution a		ts
1	Art—Works of ar	+			Form 990, Part V	in, line 19				
2	Art—Historical tre									
3	Art—Fractional in	iterests								
4	Books and public	cations								
5	Clothing and hou									
6	Cars and other v									
7	Boats and planes							-		
8	Intellectual prope	erty								
9	Securities—Public	,								
10	Securities—Close	•								
11	Securities—Partr or trust interest									
12	Securities—Misce	ellaneous								
13	Qualified conserve contribution—Histructures	istoric								
14	Qualified conserv	ation								
15	contribution—O Real estate—Res				 					
15 16	Real estate—Res									
17	Real estate—Oth		X		ı	245,000 FMV				
18	Collectibles .									
19	Food inventory									
20	Drugs and medic									
21	Taxidermy Historical artifact									
23	Scientific specime									
24	Archeological art									
25	Other ► (1					
26	Other ▶ (
27	Other ▶ (
28	Other ► (
29				tion during the tax year for		29				
	ioi wilicii the org	јаниzаском сотпрке	teu ruiiii 8283	, Part IV, Donee Acknowled	gement	29			Yes	No
30:	During the year	did the organizat	tion receive by	contribution any property	renorted in Part I I	ines 1 through	28 that	it	res	140
	must hold for at	t least three years	from the dat	e of the initial contribution,	and which is not re	quired to be u	sed for ex			
	purposes for th	e entire holding p	eriod?					30a		1
										4

No		
b	If "Yes," describe the arrangement in Part II.	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31
No	<u>_</u>	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	. 32a
No		
b	If "Yes," describe in Part II.	
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked	,
	describe in Part II.	
For Pa	aperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J	Schedule M (Form 990) (2018)
	Page 2 ———————————————————————————————————	
Sche	dule M (Form 990) (2018)	Page 2
Pa	Supplemental Information. Provide the information required by Part I. lines 30b. 32b. and 33. and whether the ordan	ization is reporting in Part
efil	e Public Visual Render ObjectId: 201943189349313704 - Submission: 2019-11-14	TIN: 86-077891
_		OMB No. 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization INTERNATIONAL SONORAN DESERT ALLIANCE

Employer identification number

ALLIANCE		86-0778917								
Return Reference										
FORM 990 - ORGANIZATIO MISSION	AT THE INTERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT ENVIRONMENTAL, CULTURAL PROPERTY AND BUSINESS DEVELOPMENT PROJECTS INTENDED TO PRESERVE AND ENRICH THE ENVIRONME CULTURE AND ECONOMY OF THE SONORAN DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDERSTANDING AND COOPERATION AMONG THE DIVERSE CULTURES RESIDING IN THE AREA.									
FORM 990, PAGE 2, PART III, LINE 4A	ISDA WORKS TO IMPROVE SONORAN DESERT COMMUNITIES THROUGH HOUSING DEVELOPMENT PROJECTS. ISDA RESTORED AND CONVERTED THE HISTORIC CU AFFORDABLE LIVE/WORK APARTMENTS FOR ARTISTS AND ARTISANS AS A STRAT BASED ECONOMIC NICHE IN AJO. THIS IS NOW CALLED "CREATIVE PLACEMAKING IN IMPLEMENTING THIS APPROACH IN RURAL AMERICA. ISDA ALSO RENOVATED FOR CURLEY SCHOOL CAMPUS TO A CLAY STUDIO AND WOOD SHOP, A GALLERY, AND INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED NEARLY HALF OF AJO'S HISTOREXTRAORDINARY HISTORIC BUILDINGS IN THE HEART OF THE COMMUNITY TO PEBUSINESS SUPPORT SERVICE CENTER AND CO-WORKING SPACE. ISDA ALSO PROBENING SUPPORT SERVICE CENTER AND CO-WORKING SPACE. ISDA ALSO PROBENING STRENGTHEN COMMUNITY. ISDA OPERATES A CONTINUUM OF PROGRAMS IN INCLUDING ABE, ESL, GED, WORK-STUDY, INTERNSHIPS, AND A 4,000 HOUR APPROMINTENANCE AND REPAIR WHICH USES ISDA'S OWN BUILDING RENOVATION SITTRAINING. ISDA PRODUCES ENVIRONMENTAL EDUCATION PROGRAMS INCLUDING SYMPOSIUM "CELEBRATING THE SONORAN DESERT" WORKING IN PARTNERSHIP AGENCIES IN THE SONORAN DESERT. ISDA ALSO ORGANIZES FIELD TRIPS TO SIT INCLUDING THE PINACATE BIOSPHERE RESERVE IN SONORA, MEXICO AS WELL A DESERT RESTORATION AND CONSERVATION. ISDA IS A LEADERSHIP MEMBER OF PARTNERSHIP, WORKING WITH TEN OTHER LOCAL AND REGIONAL ORGANIZATION FOOD SYSTEM. FINALLY, ISDA SPONSORS REGIONAL TRI-NATIONAL FESTIVALS AND MEMBERS OF THE TOHONO O'ODHAM NATION AND RESIDENTS OF SONORA, MEXBORDERS.	RLEY SCHOOL IN AJO, AZ TO 30 EGY TO CREATE A NEW ARTS AND ISDA HAS BECOME A LEADER HISTORIC BUILDINGS ON THE D A COMMERCIAL KITCHEN BUSINESS PRIC TOWN PLAZA, RESTORING THE RODUCTIVE USE. ISDA OPERATES A DDUCES EXTENSIVE PROGRAMMING ATIVE ACTIVITIES AND TO CREATE N WORKFORCE DEVELOPMENT, ENTICESHIP PROGRAM IN BUILDING TES FOR ON-THE-JOB APPRENTICE G A BI-ANNUAL TRI-NATIONAL WITH LAND MANAGEMENT TES IN THE SONORAN DESERT IS AND VOLUNTEER PROJECTS IN THE AJO REGIONAL FOOD NS TO CREATE A HEALTHY LOCAL ND EVENTS, WORKING WITH								
FORM 990, PAGE 6, PART VI, LINE 6	ANY PERSON WHO MAKES A FINANCIAL DONATION OR WHO CONTRIBUTES VOLU DEEMED A MEMBER, UNLESS THEY INDICATE THAT THEY PREFER NOT TO BE A M									
FORM 990, PAGE 6, PART VI, LINE 7A	ANY PERSON WHO MAKES A FINANCIAL DONATION OR WHO CONTRIBUTES VOLU DEEMED A MEMBER, UNLESS THEY INDICATE THAT THEY PREFER NOT TO BE A M	-								
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS ARE ABLE TO VOTE ON MEMBERS OF THE BOARD OF DIRECTORS AT T	HE ANNUAL MEETING.								
FORM 990, PAGE 6, PART VI,	THE BOARD OF DIRECTORS, INCLUDING THE PRESIDENT, TREASURER, AND SECF DRAFT FORM PRIOR TO SUBMISSION.	RETARY REVIEWED THE 990 IN								

LINE 11B																			
FORM 990, PAGE 6, PART VI, LINE 12C	THE C	ONFLICT OF I	NTEREST POL	ICY IS	S REVIE	EWED	AND	UPD	ATEC	ANN	UALLY.								
FORM 990, PAGE 6, PART VI, LINE 15A	DONE	BY AGENCIE	OARD REVIEWS S SUCH AS AR R ORGANIZATI	IZONA	A STATE	E UNI\													
FORM 990, PAGE 6, PART VI, LINE 15B	DONE	BY AGENCIE	DARD REVIEWS S SUCH AS AR R ORGANIZATI	IZONA	A STATE	E UNI\													
FORM 990,	GOVE	RNING DOCU	MENTS ARE MA	ADE A	VAILAE	BLE TO) THE	E PUI	BLIC	UPON	REQUE	ST.							
efile Public Visua		r ObjectId: 2	01943189349313	3704 -	Submiss	sion: 20	019-1	1-14								(TIN: 86		
SCHEDULE F (Form 990)	₹		Related	Orga	ınizati	ons a	and l	Unre	elate	d Par	tnershi	ps					20		
Department of the Treasury		•	Complete if the orga ► Go to <u>w</u> ı		► At	tach to	Form 9	90.			e 33, 34, 35 information		r 37.				Open to	Publi	ic
Internal Revenue Service Name of the organizati INTERNATIONAL SONORAN												Em	ploy	er ider	itifica	tion numb	Inspe	ction	
Part I Identif	fication	of Disregarded I	Entities Complete i	f the o	nanizatio	n answ	ered "	Yes" n	n Form	1 990 P	art IV line		-0778	8917					
		(a) (if applicable) of disreg	<u> </u>	T the or		(b) ry activity	ı	Legal do	(c) omicile (s ign coun	state	(d) Total income		(e) f-year	assets		Direct	(f) controlling entity		
(1) AJO PLAZA LLC 401 W ESPERANZA STREI AJO, AZ 85321 26-2826756	401 W ESPERANZA STREET AJO, AZ 85321			RENTAL				AZ				N/A					=		
(2) CURLEY SCHOOL ART 401 W ESPERANZA STREI AJO, AZ 85321		ISING LLC			HOUSING				AZ						N/A				
16-1736581 (3) AJO MANAGEMENT CO 401 W ESPERANZA STREI AJO, AZ 85321		С			MGT CO				AZ						N/A				
																			_
	ax-exem	pt organizations d	cempt Organization uring the tax year.	ons Co		the org	anizati		swered			0, Part 1		ne 34	beca		one or m		_,
Name, add		(a) EIN of related organiza	tion	F	(b) rimary activ	vity		(c) Iomicile eign cou			(d) Code section	Public o				Direct cont entit		Sed 512(b contr ent	tion o)(13) rolled ity?
(1)CURLEY SCHOOL HOU 401 W ESPERANZA STREE		NERS LLC		HOUS	ING			AZ				7						Yes	No No
AJO, AZ 85321 16-1736582 (2)SONORAN DESERT CO	ONFERENCE	CENTER		CONF	CTR			AZ		3		12A			N/A	А			No
401 W ESPERANZA STREI AJO, AZ 85321 47-5559774															N/A	Α			
For Paperwork Redu	ction Act	Notice, see the In	structions for Form	990.				Cat. I	No. 501	35Y						Schedule	R (Form 9	90) 20	018
			Pa	ge 2 –															
Schedule R (Form 990) Part III Identific	cation o							the o	rganiza	ation an	swered "Ye	s" on Fo	orm !	990, P	art I\	/, line 34 l	oecause it		ge 2
one or m		(a) c, address, and EIN of	reated as a partne	rsnip di	uring the (b) Primary	(c) Legal	ar. (d Dire			(e) ominant	(f) Share of	(g) Share o	of Di	(h) sproprti	onate	(i) Code V-UBI	(j) General o	r Perre	(k) entage
		lated organization			activity	domicile (state or foreign country)	contro	olling	income unre exclude under	related, elated, d from tax sections !-514)	total income	end-of-ye assets	ear	allocatio		amount in box 20 of Schedule K- (Form 1065	managing partner?	g own	ership
														Yes	No		Yes No)	

									Ш	
Part IV Identification of Related Organizati it had one or more related organization					rganization a	answered "Yes	s" on Form 990,	Part IV, line	34 bec	ause
(a) Name, address, and EIN of related organization	(b) Primary activity	Leg dom (state or coun	gal icile · foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	51 cc	(i) Section 12(b)(13) ontrolled entity? Solution Solutio
								-		
										+
									+	
							Sc	hedule R (Fori	m 990)	2018
	Page 3									
Schedule R (Form 990) 2018									ſ	Page 3
Part V Transactions With Related Organiza			n answered	"Yes" on Form	990, Part IV	/, line 34, 35b	, or 36.		Yes	s No
Note. Complete line 1 if any entity is listed in Parts 1 During the tax year, did the organization engage in a			ne or more rel	ated organization	ns listed in Par	ts II-IV?		Г	163	140
a Receipt of (i) interest, (ii) annuities, (iii) royalties,b Gift, grant, or capital contribution to related organi		trolled entity.						L	la lb	No No
b Gift, grant, or capital contribution to related organic Gift, grant, or capital contribution from related organi				 				-	1c	No
 d Loans or loan guarantees to or for related organization e Loans or loan guarantees by related organization(s 								-	Ld Le Yes	No
e Loans of loan guarantees by related organization(s	,									-
f Dividends from related organization(s)g Sale of assets to related organization(s)								_	1f Lg	No No
g Sale of assets to related organization(s)h Purchase of assets from related organization(s) .								_	Lh	No
i Exchange of assets with related organization(s) .j Lease of facilities, equipment, or other assets to rel								L	1i 1j	No No
j zeuse of facilities, equipment, of other assets to fel	acca organization(3) .									
 k Lease of facilities, equipment, or other assets from l Performance of services or membership or fundraising 									lk 1l	No No
m Performance of services or membership or fundraisi								1	Lm	No
 n Sharing of facilities, equipment, mailing lists, or other o Sharing of paid employees with related organization 		,						L	1n Lo	No No
			-					-		
p Reimbursement paid to related organization(s) forq Reimbursement paid by related organization(s) for	•	 	 					_	Lp Lq	No No
	·					_				
r Other transfer of cash or property to related organs Other transfer of cash or property from related org								L	1r 1s	No No
2 If the answer to any of the above is "Yes," see the	instructions for informa	ation on who mu	ıst complete t				ansaction thresho			
(a) Name of related or	rganization			(t Transa type	action A	(c) mount involved	Method of o	(d) determining amou	ınt involv	/ed
(1)SONORAN DESERT CONFERENCE CENTER				E		33,065	BALANCE OWED			
							F.	hedule R (Fori	m gan	2012
	Page 4						30		250)	2010
Schedule R (Form 990) 2018										Page 4

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(related, unrelated, excluded from tax under sections	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			512-514)	Yes	No			Yes	No		Yes	No	ļ
	Page 5									Schedu	le R (For	m 99	0) 2018

Software ID: Software Version:

Return Reference

Additional Data

Provide additional information for responses to questions on Schedule R (see instructions).

Return to Form

Schedule R (Form 990) 2018

Explanation