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.

OMB No. 1545-0047

Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31	L-2019					
		C Name of organization			D Employer	identifi	cation number	
		INTERNATIONAL SONORAN DESERT ALLIANCE			86-07789	17		
Add	ess	hange Doing business as			00 07703	, 1 ,		
Nam	e cha	nge Number and street (or P.O. box if mail is not delivered to street Room/su	ite		E Telephone	numbei	r	
Initia	al reti	address)			(520) 387	7-3570		
		401 W ESPERANZA AVENUE			(1 1) 11			
Final return/	to rm ir	City or town, state or province, country, and ZIP or foreign postal code AJO, AZ 85321			G Gross rece	ipts \$ 1	.,701,060	
	termin	NO, NZ 03321						
Ame	nded	return						
Appl pendi	icatio	n						
penun	19	F Name and address of principal officer:	H(a)	Is this	a group retu	rn for		
		CATHY HUTTON	. ,		linates?		Ves VIII	
			H(b)	Are all	subordinates	5		
I Ta	x-exe	mpt status:		include			Yes No	
52	7	. S01(c)(3)	H(c)			•	instructions)	
		te: WWW.ISDANET.ORG	11(0)	Group	exemption n	umber	•	
K For	n of c	rganization: V Corporation Trust Association Other	L Year	of forma	tion: 1993	1 State	of legal domicile: AZ	
	11 01 0	regulation. Corporation in mast in Association in other pro-						
P	art I	Summary						
		Briefly describe the organization's mission or most significant activities: AT THE INTERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT	- ENI/ID/	NIMENI	TAL CULTUR	AI DE	AL ECTATE AND	
		BUSINESS DEVELOPMENT PROJECTS INTENDED TO PRESERVE AND ENRICH THE EN						
Ce		SONORAN DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDERS	TANDIN	G AND	COOPERATIO	ON AMO	ING THE DIVERSE	
æ		CULTURES RESIDING IN THE AREA.						
E e								
Activities & Governance								
×8		Check this box				١.,	1 47	
S	_	Number of voting members of the governing body (Part VI, line 1a)				3	17	
ŧ	4	Number of independent voting members of the governing body (Part VI, line 1b) .				4	17	
ŧ	5	, , , , , , , , , , , , , , , , , , , ,				5	45	
ď	6	Total number of volunteers (estimate if necessary)			•	6	45	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0	
	ь	Net unrelated business taxable income from Form 990-T, line 39				7b		
				Pric	r Year		Current Year	
g ₂	8	Contributions and grants (Part VIII, line 1h)			876,19	7	799,395	
ĕ	9	Program service revenue (Part VIII, line 2g)			824,25	4	802,406	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			18,28	6	19,048	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			147,28	5	80,211	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,866,02	2	1,701,060	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0	
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			671,65	3	643,673	
Exp enses	16	Professional fundraising fees (Part IX, column (A), line 11e)			•		0	
Б		Total fundraising expenses (Part IX, column (D), line 25) 14,720						
മ്		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			983,86	4	877,595	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,655,51			
		Revenue less expenses. Subtract line 18 from line 12	210,505				1,321,268	
in 95	-9	Revenue 1035 expenses. Subtract line to from line 12	Ren	inning o	of Current Yea		End of Year	
sets or			569	ny (. carrent rea	-	2.10 O. 1 Cal	
9 6	20	Total access (Part V. line 16)			4 EEN 02	<u>_</u>	A 067 772	

20 IOLAI AS				4,003,32	4	
= Total	abilities (Part X, line 26)			1,805,55	9 1	,823,5
21 Total lia 22 Net ass	sets or fund balances. Subtract l	line 21 from line 20		2,864,36	7 3	,044,1
	nature Block					
		camined this return, including acco				
owiedge and bei y knowledge.	ner, it is true, correct, and compl	lete. Declaration of preparer (othe	r than officer) is base	ed on all informatio	n or which prepare	er nas
				2020-11-13		
Sign	ature of officer			Date		
oro h	HY HUTTON PRESIDENT					
	e or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	PT	IN .	
aid			2020-11-12	Check if PO	0450405	
reparer	Firm's name FESTER & CHAPM.	AN PLLC	I	Firm's EIN 82-14	55657	
se Only						
Se Only	Firm's address > 9019 E BAHIA DR	SIE 100		Phone no. (602) 26	64-3077	
	SCOTTSDALE, AZ	85260				
y the IRS discu	ss this return with the preparer	shown above? (see instructions)			Yes N	0
r Paperwork F	Reduction Act Notice, see the	separate instructions.	Cat 1	lo. 11282Y	Form 99	0 (201
			Cut. I	10. 112021	10111122	(20.
		——————————————————————————————————————				
		rage 2				
rm 990 (2019)						Page
Part III Stat	tement of Program Servic	ce Accomplishments				
Cher	k if Schedule O contains a respo	onse or note to any line in this Par	t III			✓
	ribe the organization's mission:	on the country line in this i ar			· · · · ·	
•	•	ANCE, WE DESIGN AND IMPLEMEN				
Did the orga	anization undertake any significa	ant program services during the ye	ar which were not lis	ted on		_
the prior Fo	rm 990 or 990-EZ?				Yes \	✓ No
If "Yes," des	scribe these new services on Sch	nedule O.				
Did the orga	anization cease conducting, or m	nake significant changes in how it o	conducts, any progra	m		
services?					Yes	✓ No
If "Yes," des	and the three decrees an Calculation					
•	scrine these changes on Schedili	le O				
	scribe these changes on Schedul		hree largest program	services as meas	sured by expenses	:
Section 501	e organization's program service	e accomplishments for each of its tons are required to report the amo				5.
Section 501 expenses, a	e organization's program service (c)(3) and 501(c)(4) organizatio	e accomplishments for each of its tons are required to report the amo	unt of grants and all			5.
Section 501 expenses, a	e organization's program service (c)(3) and 501(c)(4) organizatio and revenue, if any, for each pro) (Expenses \$	e accomplishments for each of its tons are required to report the amogram service reported. 1,365,606 including grants of the model of	unt of grants and all f\$ OMMUNITY ECONOMIC) (Revenue \$	802,406) ECTS. ISDA RESTORE	D AND
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
ld	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
е	Total program service expenses 1,365,606	-	orm QQ	0 (2019)
		'	01111 99	6 (2015)
	Page 3 ———————————————————————————————————			
	990 (2019)			Page 3
Pai	t N Checklist of Required Schedules		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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	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
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Sold the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Sold the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 📆	11c		No
	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		No
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
2a	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	
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
-	husiness investment and auconom continues activities cutaid the Haited Ctates on accurate feating investments			1

	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0	0 (2019)
	Page 4 ———————————————————————————————————			
orm	990 (2019)			Page 4
Pa	t N Checklist of Required Schedules (continued)			ī
	5111		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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? <i>If "Yes," complete Schedule L, Part I </i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part 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,	34	Yes	

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	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		- /
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	Page 5 —			
	rage 3			
orm	990 (2019)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			Ī

11	Section 501(c)(12) organizations. Enter:	1 1		Ī
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2019)
	Page 6			
	Page 6 ———————————————————————————————————			
Form	990 (2019)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "New 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" respo	nse to I	ines
So	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
	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 1 1 1	7		
	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 1	7		
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? .	n 3		No
4	$ \hbox{ 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 standard and the power to elect or appoint of the power to e		V	
b	members of the governing body?	7a 7b	Yes Yes	
8	persons other than the governing body?			
2	The governing body?	8a	Yes	
	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		. 30	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code	e.) Yes	N-
10-	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		140
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.2	Var	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C				

13	Did the organization have a written whistle	blower policy?									13	Yes	
14	Did the organization have a written docum	ent retention ar	nd dest	ructio	on p	olicy	?.				14	Yes	
15	Did the process for determining compensa persons, comparability data, and contemporate									dependent			
а	The organization's CEO, Executive Director	, or top manag	ement o	officia	ı .						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	ction	ıs).						
16a	Did the organization invest in, contribute a taxable entity during the year?	ssets to, or pa				t ve	nture •	ors •	similar arrangement	with a	16a	ı	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	ıd tak	ke st	teps	to sa	ifegu	ard the organization		16b		_
Section C. Disclosure													
17 List the states with which a copy of this Form 990 is required to be filed. AZ													
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's websit	e 🔽 Upon	request] c	Othe	r (exp	lain	in Schedule O)				
19	Describe in Schedule O whether (and if so,	how) the organ	nization	mad	e its	gov	vernin	g do	ocuments, conflict o	f interest			
20	policy, and financial statements available to State the name, address, and telephone n	umber of the pe	erson w	ho p	osse					nd records:			
	▶INT'L SONORAN DESERT ALLIANCE 401	W ESPERANZA	AVENU	E .	AJO	, AZ	8532	1 (5	20) 387-6823			Form 99	0 (2019)
													- (====)
				Page	e 7								
Fa	000 (2010)												D 7
	990 (2019) t VII Compensation of Officers, D	irectors Tru	stees	Kev	/ Fr	nnl	ovee	s I	lighest Compe	sated Fm	nlove	200	Page 7
ıaı	and Independent Contracto		stees,	ic,	,	р.	oyee	.3, .	ngnest compe	isatea Eiii	pioye	.cs,	
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	this	Part	VII .						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	ligl	hest	Coı	npensated Emp	loyees			
	emplete this table for all persons required to	be listed. Repo	ort com	pens	atio	n for	the o	caler	ıdar year ending wit	h or within tl	he org	anization	's tax
year.	List all of the organization's current officers	s, directors, tru	stees (\	wheth	ner i	ndiv	iduals	or	organizations), rega	ardless of am	ount		
	mpensation. Enter -0- in columns (D), (E), a								. 5				
	ist all of the organization's current key em												
	ist the organization's five current highest of eceived reportable compensation (Box 5 of												
	ization and any related organizations.								,	.,			
	ist all of the organization's former officers, portable compensation from the organization						sated	emp	oloyees who receive	d more than	\$100,	000	
	ist all of the organization's former director	•	-				capac	city a	as a former director	or trustee o	f the		
	ization, more than \$10,000 of reportable co												
See ii	nstructions for the order in which to list the	persons above	•										
	Check this box if neither the organization n	or any related o	rganiza	tion	com	pen	sated	any	current officer, dire	ctor, or trust	ee.		
	(A)	(B)	_		(C				(D)	(E)		(F	
	Name and title	Average hours per	more				check unle, unle		Reportable compensation	Reportab compensat		Estim amount	
		week (list any hours					office ustee		from the	from relati		comper from	
		for related		a uii				<u>. </u>	organization (W-2/1099-	organizatio (W-2/109		organiza	
		organizations below dotted		Institutional	Officer	Key employee	哥哥	Former	MISC)	MISC)		rela [.] organiz	
		line)	dividual t	tuti	Œ,	ame	est oye	藍				0.94	
			9 1	onal		юу	e 8						
			uste	ī		9	T De						
			ě	Trustee			Highest compensated employee						
				0			ed						
(1) CA	тнү ниттоп	2.00											
PRESI	DENT		Х		Х				0		0		0
	RRAINE MARQUEZ EILER	2.00									+		
			х		Х				0		0		0
	ICE PRE	2.00											
	UL VASQUEZ	2.00	х		Х				0		0		0
	ICE PRE												
(4) CA	RLOS ZUBIATE	2.00											

TREASURER		Х	Х		0	0	0
(5) LANCE BELL SECRETARY	2.00	Х	х		0	0	0
(6) ERIC ALEGRIA DIRECTOR	2.00	х			0	0	0
(7) LEE BAIZA DIRECTOR	2.00	Х			0	0	0
(8) CHARLES BUKI DIRECTOR	2.00	х			0	0	0
(9) TONI CUBILLAS	2.00	X			0	0	0
(10) STANLEY CRUZ DIRECTOR	2.00	X			0	0	0
(11) ROBERT DOOLEY	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	X			0	0	0
(15) BRIDGET RENDON DIRECTOR	2.00	Х			0	0	0
(16) BERNARD SIQUIEROS DIRECTOR	2.00	Х			0	0	0
(17) MARI ZIMMERMANN DIRECTOR	2.00	X			0	0	0

Form **990** (2019)

_____ Page 8 _____

Form 990 (2019)

Page **8**

(A) Name and title	(B) Average hours per week (list any hours	pers	an on son is	e bot	t ch οχ, ι h ar	eck mo Inless I office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(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)		organization and related organizations
(18) AARON COOPER EXECUTIVE DI	40.00			х				70,000	0	(

				İ			1		l I				ı		
1b :	Sub-Total			<u> </u>		<u>. </u>	•	,							
	Total from continuation sheet		•				۲								
2	Total (add lines 1b and 1c) . Total number of individuals (inc of reportable compensation from the compensati	cluding but	not limited to t) wh	no rec	eive	70,000 d more than		,000			
	· ·													Yes	No
3	Did the organization list any fo				key e	emplo	yee	, or h	ighe	st compensa	ted er	mployee on line	9		
	1a? If "Yes," complete Schedu				•	•	•	•	•		•	•	3		No
4	For any individual listed on line organization and related organ individual											he • • •	4		No
5	Did any person listed on line 1a services rendered to the organ										indivio	lual for	5		No
Se	ection B. Independent Cor	ntractors	}												
1	Complete this table for your five from the organization. Report												mpen	sation	
			(A) usiness address	· · ·				-				(B) otion of services			C) nsation
	Total number of independent con compensation from the organizat		ncluding but no	t limited	l to t	hose	liste	ed abo	ve)	who received	d more	e than \$100,00	00 of		
														Form 99	0 (2019)
					Pac	je 9									
	. 000 (2010)					,									
	n 990 (2019) art VIII Statement of Rev	enue													Page S
	Check if Schedule O co	ontains a r	esponse or not	e to any	y line	in thi	s Pa	art VIII							
					То	(A				(B)		(C)		(D	
					10	tal re	ven	ue		Related or exempt		Unrelated business		Reve exclude	d from
										function revenue		revenue	ta	sx under 512 -	sections 514
æ	erated campaigns	1a													
ran	nbership dues	1b													
9	Am														
, Gifts	draising events	1c													
Contributions, Gifts, Grants	nbership dues draising events	1d													
rib (ernment grants (contributions)	1e													
Ξ	536,493	I													
ı –	ther contributions, gifts, grants, and similar amounts not included above	1f													
	262,902														
g	Noncash contributions included in lines 1a - 1f:\$	1g													
	Total. Add lines 1a-1f			700 305											

700 305

Business Code 2a CONFERENCE CENTER 524,892 524,892 Revenue 233,333 233,333 RENTAL INCOME 44,181 44,181 OTHER PROGRAM REVENUE Service Program ${f f}$ All other program service revenue. **9 Total.** Add lines 2a-2f. **3** Investment income (including dividends, interest, and other 19,048 19,048 similar amounts) 4 Income from investment of tax-exempt bond proceeds **5** Royalties (ii) Personal (i) Real 6a 6a Gross rents **b** Less: rental 6b expenses c Rental income 6c or (loss) **d** Net rental income or (loss). (i) Securities (ii) Other **7a** Gross amount from sales of 7a assets other than inventory **b** Less: cost or 7b other basis and sales expenses c Gain or (loss) d Net gain or (loss) . **↑a** Gross income from fundraising events Revenue (not including \$ contributions reported on line 1c). See Part IV, line 18 . . . 8a **b** Less: direct expenses 8b Other c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . . . 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . **10a**Gross sales of inventory, less returns and allowances . 10a 10b **b** Less: cost of goods sold . . ${f c}$ Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 11aCONSULTING 68,100 68,100 7,841 7,841 **b** MISCELLANEOUS 4,270 4,270 c enterprise center sales d All other revenue . . e Total. Add lines 11a-11d 80,211

d MISCELLANEOUS

Page 10

orr	n 990 (2019)	— rage 10 ———			Page 10
	art IX Statement of Functional Expenses				ruge 10
	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part W, line 21		скреносо	general expenses	схреньее
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	70,000	59,346	9,292	1,362
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	443,051	375,306	59,127	8,618
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		5.5,555		
9	Other employee benefits	82,867	70,204	11,051	1,612
	Payroll taxes	47,755	40,458	6,369	928
	Fees for services (non-employees):	·	·	•	
	a Management				
	Degal				
	Accounting	25,650		25,650	
	1 Lobbying	1,111			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	117,842	104,707	12,985	150
12	Advertising and promotion	5,590	5,590		
	Office expenses	2,982	835	397	1,750
	Information technology				
15	Royalties				
	Occupancy	56,800	51,819	4,981	
	Travel	18,378	18,378		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,102	6,102		
20	Interest	57,742	57,742		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,078	113,078		
23	Insurance	47,897	47,897		
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.)				
	a SUPPLIES AND MATERIALS	105,636	98,119	7,267	250
	b PROPERTY AND OTHER TAXES	103,800	103,800		
	c BAD DEBT	60,373	60,373		

59,867

59,867

	e All o	other expenses	95,858	91,985		3,823	50
25	Tota	I functional expenses. Add lines 1 through 24e	1,521,268	1,365,606		140,942	14,720
26	repor	t costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation.					
	Checl	k here 🕨 🔲 if following SOP 98-2 (ASC 958-72	20).				
			,	I.			Form 990 (2019)
			Page 11				
Eorn	n 000	(2019)					Daga 11
	art X	Balance Sheet					Page 11
•	arrx						
		Check if Schedule O contains a response or not	e to any line in this Part IX	1			· · · <u> </u>
				(A) Beginning of y	ear		(B) End of year
	1	Cash-non-interest-bearing			216,466	1	225,918
	2	Savings and temporary cash investments			-,	2	-,
	3	Pledges and grants receivable, net			231,947	3	229,779
	4	Accounts receivable, net			70,671	4	102,899
	5	Loans and other payables to any current or form	ner officer, director, trustee	, kev	,	-	
		employee, creator or founder, substantial contrib or family member of any of these persons .	outor, or 35% controlled en			5	
	6	Loans and other receivables from other disqualif					
		section $4958(f)(1)$), and persons described in se	ection 4936(c)(3)(b)	•		6	
ş	7	Notes and loans receivable, net			7	27,557	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		18,794	9	13,281	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,202	2,672			
	b	Less: accumulated depreciation	10b 1,129	9,505 3,	897,730	10c	4,073,167
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line 1	1			12	
	13	${\bf Investments-program\text{-}related.\ See\ Part\ IV,\ line}$	11		300	13	300
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			234,018	15	194,822
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 33)	4,	669,926	16	4,867,723
	17	Accounts payable and accrued expenses			194,683	17	92,537
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D			21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contrib or family member of any of these persons .				22	
Ĭ	23	Secured mortgages and notes payable to unrela	ted third parties	1.	594,859	23	1,708,073
	24	Unsecured notes and loans payable to unrelated	·		,	24	,,
	25	Other liabilities (including federal income tax, pay	·	es,	16,017	25	22,954
		and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			, l		
	26	Total liabilities. Add lines 17 through 25		1,	805,559	26	1,823,564
Ses		Organizations that follow FASB ASC 958, ch	eck here 🕨 🔽 and				
Balance	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions		. 2,	771,999	27	2,895,569
d B	28	Net assets with donor restrictions			92,368	28	148,590
or Fund		Organizations that do not follow FASB ASC	958, check here 🕨 🔲	and			
9	29	complete lines 29 through 33. Capital stock or trust principal, or current funds			29		
Assets	30	Paid-in or capital surplus, or land, building or equ	uipment fund			30	
SS	31	Retained earnings, endowment, accumulated inco	ome, or other funds			31	
-	22	Total not accost or fund balances		2	864 367	22	3 044 150

Total liabilities and net assets/fund balances . . .

4,867,723

4,669,926

33

Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6		1	,701,06 ,521,26 179,79
tal revenue (must equal Part VIII, column (A), line 12)	2 3 4 5		1	,521,26 179,79
tal expenses (must equal Part IX, column (A), line 25)	2 3 4 5		1	,521,26 179,79
tal expenses (must equal Part IX, column (A), line 25)	2 3 4 5		1	,521,26 179,79
venue less expenses. Subtract line 2 from line 1	3 4 5			179,79
t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments	4 5			
t unrealized gains (losses) on investments	5		2,	
nated services and use of facilities				,864,36
restment expenses	7			
or period adjustments	8			
· · · · ·				
· · · · · · · · · · · · · · · · · · ·			3	,044,15
	10		٥,	,044,13
, -				
Check if Schedule O contains a response or note to any line in this Part XII	• •		•	<u> </u>
			Yes	No
counting method used to prepare the Form 990: 🔲 Cash 🗹 Accrual 🔲 Other	_			
he organization changed its method of accounting from a prior year or checked "Other," explain in				
		2a		No
- , , , , , , , , , , , , , , , , , , ,	n a			140
parate basis, consolidated basis, or both:	· u			
Senarate hasis				
		l	.,	
·	anaia	26	Yes	
res, check a box below to indicate whether the financial statements for the year were audited on a separate the insolidated basis, or both:	oasis,			
Separate basis Consolidated basis Both consolidated and separate basis				
Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
he organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
	ngle	3a		No
	ired			140
dit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
		F	orm 99	0 (2019
	The organization changed its method of accounting from a prior year or checked "Other," explain in needule O. The the organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization indicate whether the financial statements for the year were compiled or reviewed or arate basis, consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization indicate whether the financial statements for the year were audited on a separate basic and solidated basis. The organization independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in Scheman in the organization changed either its oversight required to undergo an audit or audits as set forth in the Signal of the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	Assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

efile Public Visual Render

ObjectId: 202013189349309746 - Submission: 2020-11-13

TIN: 86-0778917

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

iternal	Revenue	Service	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for i	instructions and	d the latest info	rmation.	Open to Public Inspection
		ne organizat						Employer identifi	cation number
NTER LLIAN		IAL SONORAN	DESERI					86-0778917	
Pa	rt I	Reason	for Public	Charity State	us (All organization	s must comple	te this part.) S		_
he o	rganiz	ation is not	a private fou	ndation because	e it is: (For lines 1 thro	ugh 12, check o	nly one box.)		
1		A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	hedule E (Form 9	90 or 990-EZ).)		
3		A hospital o	or a cooperat	ive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical range, city,		nization operate	ed in conjunction with	a hospital descri	bed in section 1	70(b)(1)(A)(iii). E	Enter the hospital's
5				ed for the beneformplete Part II.)	it of a college or univer	rsity owned or o	perated by a gov	ernmental unit desci	ribed in section
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	n 170(b)(1)(A)(v).	
7				rmally receives a (vi). (Complete	a substantial part of its Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8					170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
LO	✓	from activit investment	ies related to income and	its exempt fun unrelated busin	(1) more than 33 _{1/3} % ctions—subject to ceriess taxable income (leapplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its	
l1					d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
L2		more public	ly supported	l organizations (09(a)(1) or sec	ction 509(a)(2). See section 509(the purposes of one or a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a majo				y giving the supported ganization. You must
b		manageme	nt of the sup		pervised or controlled ation vested in the sare ind C.				
С					supporting organization ions). You must com				ated with, its
d		Type III r	on-function integrated.	nally integrated The organization	,	ization operated y a distribution r	in connection wi	th its supported org	anization(s) that is not quirement (see
е					ved a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter			-		-			
g				-	the supported organiz			-	
	(i) N	lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
		•	•						
				1		Ī.		İ	1

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

P	art II Support Schedule for						
	(Complete only if you cl						ify under Part III.
_	If the organization failed Section A. Public Support	u to quality und	ier the tests his	ted below, pleas	se complete Par	L 111.)	
	lendar year	T					
	r fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grant.")						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4.						
<u>S</u>	Section B. Total Support						
	lendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	r fiscal year beginning in) 🕨	(4) 2013	(5) 2010	(6) 2017	(4) 2010	(0) 2013	(1) 10001
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or	r					
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruc	tions)			12	
						L	
13	First five years. If the Form 990 is for	or the organization	on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	organization,
	check this box and stop here					1	▶□
S	Section C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		14	
	Public support percentage for 2018 S					15	
16a	$_3$ 33 1/3% support test—2019. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organ	ization			▶ 🗌
h	33 1/3% support test—2018. If th						heck this
		=					- □
	box and stop here. The organizatio						▶□
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets	strie racts-and-c	arcumstances te	st. The organizati	on qualines as a p	ubliciy supported	
	organization						▶ 📙
b	10%-facts-and-circumstances tes	st-2018. If the	organization did n	ot check a box o	n line 13, 16a, 16b	o, or 17a, and line	
_	15 is 10% or more, and if the organ						
	Explain in Part VI how the organization	on meets the "fac	cts-and-circumsta	ances" test. The o	rganization qualific	es as a publicly	
	supported organization						▶□
	Private foundation. If the organizat				r 17h check this l	hov and see	
18	Fillate roundation. If the organizat	ion did not check	a box on line 15,	100, 100, 170, 0	71 17b, check this i	DOX and See	. \square
	instructions						▶□
					Sche	dule A (Form 99	0 or 990-EZ) 2019
			Do an				
			Page				
Sch	edule A (Form 990 or 990-EZ) 2019						Page 3
	· · · · · · · · · · · · · · · · · · ·	for Organia	one Describes	l in Costinu 50	20(-)(2)		raye 3
•	Part III Support Schedule 1					ilod to cualific.	under Dart II If
	(Complete only if you						muer Part II. If
	the organization fails	to quality unde	er trie tests liste	eu below, pieas	e complete Part	11.)	
	Section A. Public Support lendar year						
	r fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts grants contributions and		1	1		1	1

-	membership fees received. (Do not include any "unusual grants.") .	1,033,219	936,647	785,535	876,197	799,395	4,430,993
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	139,565	319,791	641,483	971,539	882,617	2,954,995
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,172,784	1,256,438	1,427,018	1,847,736	1,682,012	7,385,988
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line						
c 8	13 for the year. Add lines 7a and 7b Public support. (Subtract line 7c						7,385,988
Se	from line 6.)						7,303,300
Cale	ndar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(or '	fiscal year beginning in) Amounts from line 6	1,172,784	` '	1,427,018	1,847,736	1,682,012	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	224,405	233,977	209,724	18,286	19,048	705,440
	income from similar sources	_					
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	224,405	233,977	209,724	18,286	19,048	705,440
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
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,	1,397,189	1,490,415	1,636,742	1,866,022	1,701,060	8,091,428
14	11, and 12.) First five years. If the Form 990 is for	L or the organization	ı n's first, second, t	l hird, fourth, or fif	th tax year as a s	ı ection 501(c)(3) d	rganization,
	check this box and stop here						▶ 🗆
_	ection C. Computation of Public			h (f))		T T	
15 16	Public support percentage for 2019 (li Public support percentage from 2018		•			15 16	91.280 % 88.350 %
	ction D. Computation of Invest					10	00.550 70
17	Investment income percentage for 20		.,		•	17	9.000 %
18	Investment income percentage from 2 331/3% support tests—2019. If the		•			18 33 + 43% and line	12.000 %
	more than 33 1/3%, check this box and	•		·		•	
b	33 1/3% support tests—2018. If th	e organization did	I not check a box	on line 14 or line 1	.9a, and line 16 is	more than 33 1/3	% and line 18 is
20	not more than 33 1/3%, check this bo						. \square
	Private foundation. If the organization	on did not check	a box on line 14, 1	19a, or 19b, check			r 990-EZ) 2019
					Senedal	(101 550 0	. 550 11, 1015
			Page 4				
	dule A (Form 990 or 990-EZ) 2019						Page 4
Par	t IV Supporting Organization (Complete only if you checked Part I, complete Sections A and	a box on line 12 o					
	Sections A and D, and complet	te Part V.)		p.scc occions A	., .,u L. 11 you		
Se	ction A. All Supporting Organiz	zations					Yes No
1	Are all of the organization's supported	d organizations lis	ted by name in th	e organization's g	overnina documer	nts?	

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			
			Yes	No
Se	ction B. Type I Supporting Organizations			
С	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		
b	A family member of a person described in (a) above?	11b		
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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
	t IV Supporting Organizations (continued)		- 1	Page 5
Scho	dule A (Form 990 or 990-EZ) 2019)3G0 F
	Page 5			
	Schedule A (Form 990		0-EZ)	2019
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		
L	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
10a	which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9с		
С	organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
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 .			
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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
5a	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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below if a particular of the supported organization and [III] supported organizations.	4c		
c	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. Did the organization support any foreign supported organization that does not have an IRS determination under sections	4b		
b	checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
c	determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3b		
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	3a		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>

	trustees were allocated among the supported organizations and what conditions or repowers during the tax year.	estrict	ions, if any, applied to such			
_			and the land of the Control of the land	1		
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in I					
	carried out the purposes of the supported organization(s) that operated, supervised organization.	or con	trolled the supporting	2		
	ection C. Type II Supporting Organizations					
	ection C. Type 11 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			1		
S	ection D. All Type III Supporting Organizations		, , , , , , , , , , , , , , , , , , ,			
					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 during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the					
	organization maintained a close and continuous working relationship with the suppo			2		
3	By reason of the relationship described in (2), did the organization's supported organ	ization	s have a significant voice in the			
	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			3		
S	ection E. Type III Functionally-Integrated Supporting Organizations	is play	a m emo regara.			
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)	:	
i	The organization satisfied the Activities Test. Complete line 2 below.					
ı	The organization is the parent of each of its supported organizations. Comple	te line	3 below.			
•	The organization supported a governmental entity. Describe in Part VI how yo	ou sup	ported a government entity (see	e instru	ictions))
2	2 Activities Test. Answer (a) and (b) below.					
i	a Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		Yes	No
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purple.					
	responsive to those supported organizations, and how the organization determined t					
	substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's	nvolve	ment one or more of the	2a		
	organization's supported organization(s) would have been engaged in? If "Yes," explain	ain in F	Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in the involvement.	se acti	ities but for the organization s	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.	icers, o	lirectors, or trustees of each of	3a		
ı	Did the organization exercise a substantial degree of direction over the policies, progr					
	supported organizations? If "Yes," describe in Part VI. the role played by the organi	zation		3b		
			Schedule A (Form 990) or 99	00-EZ)	2019
	Page 6					
Sche	edule A (Form 990 or 990-EZ) 2019				ı	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru					
	instructions. All other Type III non-functionally integrated supporting organization. Section A - Adjusted Net Income	itions r	· ·	gn E. (B) Curi	ent Yea	ır
	Net short-term capital gain	1		(opti	onal)	
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	6				
	production of income (see instructions)					
7	Other expenses (see instructions)	7				
8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curi	ent Yea	ır

					(optional)
1	Aggregate fair market value of all non-exempt-use ass tax year or assets held for part of year):	ets (see instructions for short	1		
а	Average monthly value of securities		1a		
b	Average monthly cash balances		1b		
С	Fair market value of other non-exempt-use assets		1c		
d	Total (add lines 1a, 1b, and 1c)		1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use	e assets	2		
3	Subtract line 2 from line 1d		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of lininstructions). $ \label{eq:cash_entropy}$	ne 3 (for greater amount, see	4		
5	Net value of non-exempt-use assets (subtract line 4 fr	rom 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
1	Adjusted net income for prior year (from Section A, lin	e 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, un temporary reduction (see instructions)	less subject to emergency	6		
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-	ntegrat	ed Type III supporting	organization (see
	,			Schedule A (Form 990 or 990-EZ) 2019
		Page 7			
	ule A (Form 990 or 990-EZ) 2019				
Sched	,				
Sched Par		509(a)(3) Supporting	Organi	izations (continued	
Par	,	509(a)(3) Supporting	Organi	izations (continued	
Par Sect	t V Type III Non-Functionally Integrated		Organi	izations (continued)
Par Sect	t V Type III Non-Functionally Integrated	exempt purposes			
Par Sect 1 /	t V Type III Non-Functionally Integrated cion D - Distributions mounts paid to supported organizations to accomplish mounts paid to perform activity that directly furthers e	exempt purposes exempt purposes of supported	l organi:)
Par Sect 1 / 2 / 6	t V Type III Non-Functionally Integrated tion D - Distributions mounts paid to supported organizations to accomplish mounts paid to perform activity that directly furthers excess of income from activity	exempt purposes exempt purposes of supported	l organi:)
Par Sect 1 /4 2 /4 6 3 /4	t V Type III Non-Functionally Integrated tion D - Distributions mounts paid to supported organizations to accomplish mounts paid to perform activity that directly furthers excess of income from activity dministrative expenses paid to accomplish exempt purticular paid to acquire exempt-use assets	exempt purposes exempt purposes of supported poses of supported organizations	l organi:)
Part Sect 1 /- 2 /- 3 /- 4 /- 5 (0)	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of transport of the transport of transport	exempt purposes exempt purposes of supported poses of supported organization	l organi:)
Part Sect 1 /- 2 /- 3 /- 4 /- 5 (0)	t V Type III Non-Functionally Integrated tion D - Distributions mounts paid to supported organizations to accomplish mounts paid to perform activity that directly furthers excess of income from activity dministrative expenses paid to accomplish exempt purticular paid to acquire exempt-use assets	exempt purposes exempt purposes of supported poses of supported organization	l organi:)
Par Sect 1 /4 2 /4 6 3 /4 5 (0	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of transport of the transport of transport	exempt purposes exempt purposes of supported poses of supported organization	l organi:)
Par Sect 1 /4 2 /4 6 3 /4 4 /4 5 (0 6 (0 7 T 8 [t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Indicate the complex of	exempt purposes exempt purposes of supported poses of supported organization	l organi: ons	zations, in)
Par Section 1 / / / / / / / / / / / / / / / / / /	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.	exempt purposes exempt purposes of supported poses of supported organization	l organi: ons	zations, in)
Part Section 1	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe tails in Part VI). See instructions distributable amount for 2019 from Section C, line 6	exempt purposes exempt purposes of supported poses of supported organization	l organi: ons	zations, in)
Part Section 1	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Idministrative expenses paid to accomplish exempt puramounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction otal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe etails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 The B amount divided by Line 9 amount	exempt purposes exempt purposes of supported poses of supported organization i) ins iich the organization is respon	l organi: ons	zations, in)
Part Section 1	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe tails in Part VI). See instructions distributable amount for 2019 from Section C, line 6	exempt purposes exempt purposes of supported poses of supported organization	l organis	zations, in	Current Year
Par Section 1	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Idministrative expenses paid to accomplish exempt puramounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction otal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe etails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 The 8 amount divided by Line 9 amount Section E - Distribution Allocations	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Par Section 1	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction otal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe tails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 In 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions)	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Par Section	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction otal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whetails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 Ince 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Instributable amount for 2019 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 Teasonable cause required explain in Part VI).	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Part Sect 1	t V Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whe tails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Instributable amount for 2019 from Section C, line 6 and derdistributions, if any, for years prior to 2019 easonable cause required explain in Part VI). See instructions. Instructions. Instructions (sees distributions carryover, if any, to 2019: From 2014	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Par Section 1	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction Interval annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to where the supported organizations to where the supported organizations to where a mount for 2019 from Section C, line 6 Interval amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Instributable amount for 2019 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 Interval and the support of th	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Par Sector 1	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction Interval annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whetails in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 Interval a mount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Interval a mount for 2019 from Section C, line 6 Interval a mount for 2019 from Section	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable
Part Sector Sect	Type III Non-Functionally Integrated tion D - Distributions Immounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Immounts paid to perform activity that directly furthers excess of income from activity Immounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction Interval annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to where the supported organizations to where the supported organizations to where a mount for 2019 from Section C, line 6 Interval amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Instributable amount for 2019 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 Interval and the support of th	exempt purposes exempt purposes of supported poses of supported organization (i)	l organis	zations, in rovide (ii) derdistributions	Current Year (iii) Distributable

g Applied to underdistributions of prior years

h Applied to 2019 distribut	table amount			
i Carryover from 2014 not instructions)				
j Remainder. Subtract lines	3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from \$	n Section D, line 7:			
a Applied to underdistribut	ions of prior years			
b Applied to 2019 distribut	able amount			
c Remainder. Subtract lines	4a and 4b from 4.			
5 Remaining underdistribution 2019, if any. Subtract line				
6 Remaining underdistribution	1. If the amount is greater			
7 Excess distributions car 3j and 4c.	ryover to 2020. Add lines			
8 Breakdown of line 7:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				
		Page 8	Schedule A (Form 9)	90 or 990-EZ) (2019)
Schedule A (Form 990 or 990) Part VI Supplemental I	•	olanations required by Part II, line 10; Pa	rt II, line 17a or 17b; Part II	Page 8 I, line 12; Part IV,
Part IV, Section	D, lines 2 and 3; Part IV, Sect	, 9b, 9c, 11a, 11b, and 11c; Part IV, Se ion E, lines 1c, 2a, 2b, 3a and 3b; Part ' es 2, 5, and 6. Also complete this part f	V, line 1; Part V, Section B, li	ne 1e; Part V Section
			•	,
		Facts And Circumstances Test		
		-acts And Circumstances Test		
Return Reference		Explanati	on	
			Schedule A (Form 9	990 or 990-EZ) 2019
Additional Data				leturn to Form
714411111111111111111111111111111111111		Coffware ID:		
efile Public Visual Render	ObjectId: 20201318934	Software ID: 9309746 - Submission: 2020-11-13		TIN: 86-0778917
Schedule B				OMB No. 1545-0047
(Form 990, 990-EZ,	50	chedule of Contributors		
or 990-PF)	•	Attach to Form 990, 990-EZ, or 990-PF.		2040
Department of the Treasury Internal Revenue Service	-	ww.irs.gov/Form990 for the latest infor	mation.	2019
Name of the organization INTERNATIONAL SONORAN D ALLIANCE	DESERT		Employer i 86-077891	dentification number
Organization type (check	one):		<u> </u>	
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter no	umber) organization		
	4947(a)(1) nonexe	mpt charitable trust not treated as a	private foundation	
	527 political organi	zation		

Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	as a private foundation	
	501(c)(3) taxable private foundation		
			
	nization is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both t	he General Rule and a Speci	al Rule. See instructions.
General Rule			
	ganization filing Form 990, 990-EZ, or 990-PF that received, dur other property) from any one contributor. Complete Parts I and ons.		
Special Rules			
under section received fro	unization described in section 501(c)(3) filing Form 990 or 990-Eons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form any one contributor, during the year, total contributions of the III, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	orm 990 or 990-EZ), Part II, li	ne 13, 16a, or 16b, and that
during the y	nnization described in section 501(c)(7), (8), or (10) filing Form 9 year, total contributions of more than \$1,000 exclusively for religner for the prevention of cruelty to children or animals. Complete	jious, charitable, scientific, lite	
during the y If this box is purpose. Do	inization described in section 501(c)(7), (8), or (10) filing Form 9 year, contributions exclusively for religious, charitable, etc., purps checked, enter here the total contributions that were received on't complete any of the parts unless the General Rule applies naritable, etc., contributions totaling \$5,000 or more during the year.	poses, but no such contributio during the year for an <i>exclusi</i> to this organization because	ns totaled more than \$1,000. vely religious, charitable, etc., it received nonexclusively
990-EZ, or 990-PF)	ization that isn't covered by the General Rule and/or the Special, but it must answer "No" on Part IV, line 2, of its Form 990; or PF, Part I, line 2, to certify that it doesn't meet the filing requirem.).	check the box on line H of its	Form 990-EZ
For Paperwork Redu for Form 990, 990-EZ,	ction Act Notice, see the Instructions Cat. No. 30613X , or 990-PF.	Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2019)
	Page 2 ——		
Schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)		Page 2
Name of organization INTERNATIONAL SOI ALLIANCE		Employer id 86-0778917	entification number
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
Contributors (a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash
1-1	n.v	1-1	contributions.)

(a) No.	(D) Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contribution
			Person
-			☐ Payroll
		\$	
		<u> </u>	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)	(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
			Person
=	-		Payroll
		\$_	Noncash
			Noncusii
			(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.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2019)
	Page 3		
Cab a del C	(Farma 000, 000 F7, at 000 PE) (0040)		5
Name of orga	(Form 990, 990-EZ, or 990-PF) (2019)	Employer identification	Page 3
INTERNATIO	NAL SONORAN DESERT		ii iidiibei
ALLIANCE Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	86-0778917	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
. w/61		(SSS manacions)	
-		\$	-
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	

-	Í			1	*
	-			•	
(a) No. from Part I			(b) cash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				· .	\$
(a) No. from Part I			(b) cash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				·	\$
(a) No. from Part I			(b) cash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				·	\$
(a) No. from Part I			(b) cash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				·	<u> </u>
				Schedule B (F	 orm 990, 990-EZ, or 990-PF) (2019
Schadula B	3 (Form 9	90, 990-EZ, or 990-PF) (201	Page 4 ———		Page 4
Name of org			9)	Employer id	lentification number
INTERNATIO		ORAN DESERT			
ALLIANCE Part III			, contributions to organizations des	86-0778917	
	organiza the year.	•		, , ,	-
efile Publ	lic Visua	l Render ObjectId: 20	2013189349309746 - Submissi	on: 2020-11-13	TIN: 86-0778917
SCHEDU	JLE D	Quanta	montal Financial State	monto	OMB No. 1545-0047
(Form 990) Department of the	Treasury	► Complete if	the organization answered "Yes," o 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 1 Attach to Form 990.	on Form 990,	2019 Open to Public
Internal Revenue S	Service	► Go to <u>www.irs.go</u>	v/Form990 for instructions and the	latest information.	Inspection
Name of the INTERNATION				Employer iden	tification number
ALLIANCE	IVAL JONOK	AN DESERT		86-0778917	
Part I			r Advised Funds or Other Simila		
	Complet	e if the organization answer	ed "Yes" on Form 990, Part IV, line (a) Donor advised fun		and other accounts
		end of year		(b) runus	und other accounts
2 Aggreg		of contributions to (during year) of grants from (during year)	'		
3 Aggree		or grants noni (uuning year)			
		at end of year			
4 Aggreg5 Did the	gate value e organiza		r advisors in writing that the assets held		
4 Aggreg5 Did the organi6 Did the	gate value le organiza ization's p le organiza	tion inform all donors and donor roperty, subject to the organization ition inform all grantees, donors,	tion's exclusive legal control? , , and donor advisors in writing that grar	nt funds can be used only for	Te Yes No
 4 Aggreg 5 Did theorgani 6 Did thecharitating 6 imperr 	gate value le organiza lization's p le organiza lable purpo missible pr	tion inform all donors and donor roperty, subject to the organization inform all grantees, donors, ses and not for the benefit of thivate benefit?	tion's exclusive legal control?	nt funds can be used only for her purpose conferring	
4 Aggreg5 Did the organi6 Did the charita	gate value ae organiza ization's p ae organiza able purpo missible pr Conser	tion inform all donors and donor roperty, subject to the organization inform all grantees, donors, ses and not for the benefit of thivate benefit?	tion's exclusive legal control?	nt funds can be used only for her purpose conferring 	Yes No
 4 Aggreg 5 Did theorgani 6 Did thecharitatimperr Part II 	gate value le organiza ization's p le organiza able purpo missible pr Conser Complet	tion inform all donors and donor roperty, subject to the organization inform all grantees, donors, ses and not for the benefit of thivate benefit?	tion's exclusive legal control?	nt funds can be used only for her purpose conferring 	Yes No
4 Aggreg 5 Did thorgani 6 Did thcharitaimperr Part II 1 Purpos	gate value le organiza ization's p le organiza able purpo missible pr Conser Complet sse(s) of co	tion inform all donors and donor roperty, subject to the organization inform all grantees, donors, ses and not for the benefit of thivate benefit?	tion's exclusive legal control? , and donor advisors in writing that grante donor or donor advisor, or for any oth	nt funds can be used only for her purpose conferring 	Yes No

		Protection of natural nabitat Preservat	юп от а сегс	iriea nistor	ic structure	
		Preservation of open space				
2		ete lines 2a through 2d if the organization held a qualified conservation contribution in ent on the last day of the tax year.	the form o		ration at the End o	f the Vear
а		umber of conservation easements	2a	-	at the Lina o	r die redi
b	Total a	creage restricted by conservation easements	2b	,		
c	Numb	er of conservation easements on a certified historic structure included in (a)	20	:		
d		er of conservation easements included in (c) acquired after 7/25/06, and not on a histoure listed in the National Register	oric 2d	ı		
3	Numb tax ye	er of conservation easements modified, transferred, released, extinguished, or termina ar	ated by the	organizatio	n during the	
4	Numb	er of states where property subject to conservation easement is located				
5		the organization have a written policy regarding the periodic monitoring, inspection, had ement of the conservation easements it holds?	andling of vio	olations, an	od Yes	☐ No
6	Staff	and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo	orcing conse	ervation eas	sements durin	g the year
7	Amou ▶ \$	nt of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	g conservatio	on easemer	nts during the	year
8	and s	each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	☐ No
9	baland	t XIII, describe how the organization reports conservation easements in its revenue ar e sheet, and include, if applicable, the text of the footnote to the organization's financ ganization's accounting for conservation easements.				
Part	III	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	histor	organization elected, as permitted under FASB ASC 958, not to report in its revenue s cal treasures, or other similar assets held for public exhibition, education, or research III, the text of the footnote to its financial statements that describes these items.				
b	If the histor	organization elected, as permitted under FASB ASC 958, to report in its revenue state cal treasures, or other similar assets held for public exhibition, education, or research ng amounts relating to these items:				
(i		nue included on Form 990, Part VIII, line 1		. > \$		
		s included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·		
2	If the	organization received or held works of art, historical treasures, or other similar assets ng amounts required to be reported under FASB ASC 958 relating to these items:		_		
а		ue included on Form 990, Part VIII, line 1		> \$		
b		s included in Form 990, Part X				
				-	nedule D (Fo	rm 990) 2019
		Page 2				
Sched	lule D	Form 990) 2019				Page 2
Part		Organizations Maintaining Collections of Art, Historical Treasures,	or Other S	Similar A	ssets (conti	
3		the organization's acquisition, accession, and other records, check any of the following				<i>'</i>
а	items	(check all that apply): Public exhibition d Loan or exhibition	change pro	arams		
b		Scholarly research e Other—		-		
c		Preservation for future generations				
4	Provid Part X	e a description of the organization's collections and explain how they further the orga	nization's ex	cempt purp	ose in	
5	During	p the year, did the organization solicit or receive donations of art, historical treasures of to be sold to raise funds rather than to be maintained as part of the organization's c			П.,	
Par	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, line 21.	or reported	d an amou	unt on Form	990, Part X,
1a		organization an agent, trustee, custodian or other intermediary for contributions or o			Yes	□ No
	TC 111 :					
b		s," explain the arrangement in Part XIII and complete the following table:	1.		Amount	
c c	-	ning balance	1c			
d		ons during the year	1d			
e f		outions during the year	1e 1f			
f	⊏ndin	palance	111			

<u> </u>				<u> </u>				_
2a Did the organization include	an amount on Form 990, Pa	art X, line	21, for escrow or	custodial account lia	bility?	Yes		No
b If "Yes," explain the arrange	ment in Part XIII. Check here	e if the ex	planation has bee	n provided in Part X	ш 🔲			
Part V Endowment Fun	ds.		<u> </u>	-				
Complete if the or	ganization answered "Yes				(d)			
	(a) Curre	ent year	(b) Prior year	(c) Two years back	Three years ba	ck (e)	Four yea	ars back
1a Beginning of year balance .								
b Contributions								
c Net investment earnings, gain								
d Grants or scholarships						_		
 Other expenditures for facilities and programs 	25							
f Administrative expenses .								
g End of year balance								
2 Provide the estimated percei	ntage of the current year en	d balance	(line 1g, column (a)) held as:				
a Board designated or quasi-e	endowment 🕨							
b Permanent endowment								
c Term endowment								
· · · · · · · · · · · · · · · · · · ·	, 2b, and 2c should equal 10							
3a Are there endowment funds organization by:	not in the possession of the	e organiz	ation that are held	and administered for	or the		Yes	No
(i) Unrelated organizations						3a(i)		
(ii) Related organizations						3a(ii)		
b If "Yes" on 3a(ii), are the rela	ated organizations listed as i	required (on Schedule R? .			3b		
	ended uses of the organization	on's endo	wment funds.					
Part VI Land, Buildings,	and Equipment. ganization answered "Yes	s" on Fo	rm 000 Part IV	line 11a See For	m 000 Part V	line 1	Λ	
Description of property	(a) Cost or other basis			er) (c) Accumulated of			o. Book valu	ie
	(investment)							
1a Land			486,1	34				486,134
b Buildings			4,335,7	30	987,756			3,348,024
c Leasehold improvements								
d Equipment			196,1		141,749			54,437
e Other		222 5	184,5					184,572
Fotal. Add lines 1a through 1e. (C	olumn (a) must equal Form	1 990, Pa	rt X, column (B),	ine 10(c).)	Cabada	-l- D (F		4,073,167 00) 2019
					Scriedo	ile D (Fi	פפ ווו וכ	0) 2019
			Page 3					
			. age s					
Schedule D (Form 990) 2019								Page 3
Part VII InvestmentsOthe	er Securities. ganization answered "Yes	c" on Fo	rm 000 Part IV	lina 11h Caa Farr	n 000 Part V	lino 17	,	
•	tion of security or category	S OII FO	(b)		(c) Method of v			
(includ	ling name of security)		Boo	k Cost	or end-of-year	market	value	
(4) Financial dominatives			valu	e				
(1) Financial derivatives(2) Closely-held equity interests			: : 					
(3)Other								
(B)								
(D)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
(I)								
Total. (Column (b) must equal Form 990	0 Part X col (B) line 12)		•					
Part VIII	-, . S. c. /, con (D) III/c 12./		-					

T..... D.lated

investments program keiatea.

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

		330, 101070, 11110		
	(a) Description of investment	(b) Book value		c) Method of valuation: st or end-of-year market value
(2)				
(3)			+	
(4)			+	
(5)			+	
(6)			+	
(7)			+	
(8)			+	
(9)			+	
(10)			+	
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		+	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d.	Soo Form 000 Par	+ V lir	20.15
	(a) Description	See Form 990, Par	L A, III	(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col.(B) line 15.)		٠	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e	or 11f See Form (n nec	Part X line 25
1.	(a) Description of liability	<u> </u>	100, 1	(b) Book value
(1) Federal	l income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
1	nn (b) must equal Form 990, Part X, col.(B) line 25.)	ion's financial state	monto	22,954
•	for uncertain tax positions. In Part XIII, provide the text of the footnote to the organizat			
or yarrizatioi	n's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of			ule D (Form 990) 2019
	Page 4			
	——————————————————————————————————————			
Schedule D Part XI	(Form 990) 2019 Reconciliation of Revenue per Audited Financial Statements With R	evenue ner Dot	turn	Page 4
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a			
	revenue, gains, and other support per audited financial statements		1	1,701,060

а	Net unrealized gains (losses) on investments	2a	1					
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
e	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		1,701,060
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII.)	4b						
c	Add lines 4a and 4b					4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		1,701,060
Par	KXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			pe	nses per	Retur	n.	
1	Total expenses and losses per audited financial statements					1		1,521,268

efile Public Visual Render

ObjectId: 202013189349309746 - Submission: 2020-11-13

TIN: 86-0778917

OMB No. 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization INTERNATIONAL SONORAN DESERT

Employer identification number ALLIANCE 86-0778917

	00-07/0317
Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	AT THE INTERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT ENVIRONMENTAL, CULTURAL, INTERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT ENVIRONMENT, CULTURE AND ECONOMY OF THE SONORAN DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDERSTANDING AND COOPERATION AMONG THE DIVERSE CULTURES RESIDING IN THE AREA.
FORM 990, PAGE 2, PART III, LINE 4A	ISDA WORKS TO IMPROVE SONORAN DESERT COMMUNITIES THROUGH HOUSING AND COMMUNITY ECONOMIC DEVELOPMENT PROJECTS. ISDA RESTORED AND CONVERTED THE HISTORIC CURLEY SCHOOL IN AJO, AZ TO 30 AFFORDABLE LIVE/WORK APARTMENTS FOR ARTISTS AND ARTISANS AS A STRATEGY TO CREATE A NEW ARTS-BASED ECONOMIC NICHE IN AJO. THIS IS NOW CALLED "CREATIVE PLACEMAKING- AND ISDA HAS BECOME A LEADER IN IMPLEMENTING THIS APPROACH IN RURAL AMERICA. ISDA ALSO RENOVATED HISTORIC BUILDINGS ON THE CURLEY SCHOOL CAMPUS TO A CLAY STUDIO AND WOOD SHOP, A GALLERY, AND A COMMERCIAL KITCHEN BUSINESS INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED NEARLY HALF OF AJO'S HISTORIC TOWN PLAZA, RESTORING THE EXTRAORDINARY HISTORIC BUILDINGS IN THE HEART OF THE COMMUNITY TO PRODUCTIVE USE. ISDA OPERATES A BUSINESS SUPPORT SERVICE CENTER AND CO-WORKING SPACE. ISDA ALSO PRODUCES EXTENSIVE PROGRAMMING IN COMMUNITY ARTS, SEEKING TO BRIDGE CULTURAL DIVISIONS THROUGH CREATIVE ACTIVITIES AND TO CREATE AND STRENGTHEN COMMUNITY. ISDA OPERATES A CONTINUUM OF PROGRAMS IN WORKFORCE DEVELOPMENT, INCLUDING ABE, ESL, GED, WORK-STUDY, INTERNSHIPS, AND A 4,000 HOUR APPRENTICESHIP PROGRAM IN BUILDING MAINTENANCE AND REPAIR WHICH USES ISDA'S OWN BUILDING RENOVATION SITES FOR ON-THE-JOB APPRENTICE TRAINING. ISDA PRODUCES ENVIRONMENTAL EDUCATION PROGRAMS INCLUDING A BI-ANNUAL TRI-NATIONAL SYMPOSIUM "CELEBRATING THE SONORAN DESERT" WORKING IN PROGRAMS INCLUDING THE FONORAN DESERT INCLUDING THE PINACATE BIOSPHERE RESERVE IN SONORA, MEXICO AS WELL AS AND VOLUNTEER PROJECTS IN DESERT RESTORATION AND CONSERVATION. ISDA IS A LEADERSHIP MEMBER OF THE AJO REGIONAL FOOD PARTNERSHIP, WORKING WITH TEN THER LOCAL AND REGIONAL TRI-NATIONAL FESTIVALS AND EVENTS, WORKING WITH MEMBERS OF THE TOHONO O'ODHAM NATION AND RESIDENTS OF SONORA, MEXICO TO BUILD COMMUNITY ACROSS BORDERS.
FORM 990, PAGE 6, PART VI, LINE 6	ANY PERSON WHO MAKES A FINANCIAL DONATION OR WHO CONTRIBUTES VOLUNTEER TIME TO ISDA SHALL BE DEEMED A MEMBER, UNLESS THEY INDICATE THAT THEY PREFER NOT TO BE A MEMBER.
FORM 990, PAGE 6, PART VI, LINE 7A	ANY PERSON WHO MAKES A FINANCIAL DONATION OR WHO CONTRIBUTES VOLUNTEER TIME TO ISDA SHALL BE DEEMED A MEMBER, UNLESS THEY INDICATE THAT THEY PREFER NOT TO BE A MEMBER.
FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS ARE ABLE TO VOTE ON MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS, INCLUDING THE PRESIDENT, TREASURER, AND SECRETARY REVIEWED THE 990 IN DRAFT FORM PRIOR TO SUBMISSION.
EODM 000	THE CONICI ICT OF INTEDEST DOLLOV IS DEVIEWED AND HIDDATED ANNIHALLY

PAGE 6, PART VI, LINE 12C	THE	ZONI LIOT OF INTENEST FOL	101 10	NEVIE	-vv∟∪	MIND OF L	JATEL	Z PAINING	UALLI.							
FORM 990, PAGE 6, PART VI, LINE 15A	DONE	YEAR THE BOARD REVIEWS BY AGENCIES SUCH AS ARI EY OF SIMILAR ORGANIZATION	IZONA	STATE	E UNI\											
FORM 990, PAGE 6, PART VI, LINE 15B	DONE	YEAR THE BOARD REVIEWS BY AGENCIES SUCH AS ARI EY OF SIMILAR ORGANIZATION	IZONA	STATE	E UNI\											
efile Public Visu	al Rende	or ObjectId: 202013189349309	746 - 9	Submiss	sion: 20	20-11-13										778917
SCHEDULE (Form 990) Department of the Treasury	R	Related Complete if the orga Go to W	anization	n answer	ed "Yes tach to l		90, Part	t IV, line	33, 34, 35	b, 36, or 3	37.			20 20 Open to	19 Pul	blic
Internal Revenue Service Name of the organization	tion									Emp	loyer iden	tificatio	n numbe	Inspe	ectio	<u>n</u>
INTERNATIONAL SONORA ALLIANCE											778917					
Part I Ident	ification	of Disregarded Entities. Complete	if the o	rganizati	on ansv	ered "Yes"	on Forr	n 990, F	Part IV, line	33.						
Name, addre	ess, and EIM	(a) I (if applicable) of disregarded entity			(b) ry activity		(c) Iomicile (s eign count		(d) Total income		(e) ear assets		Direct co	(f) ontrolling ntity		
(1) AJO PLAZA LLC 401 W ESPERANZA STRI	EET			RENTAL			AZ					N/A				
AJO, AZ 85321 26-2826756 (2) CURLEY SCHOOL AI 401 W ESPERANZA STRI AJO, AZ 85321		USING LLC		HOUSING			AZ					N/A				
16-1736581 (3) AJO MANAGEMENT (401 W ESPERANZA STRI AJO, AZ 85321		С		MGT CO			AZ					N/A				
																<u> </u>
		of Related Tax-Exempt Organization of organization of the tax year.	ons. Co	mplete if	the org	anization a	nswere	d "Yes" (on Form 99	00, Part I\	/, line 34	becaus	e it had	one or	more	<u>. </u>
Name, ad	dress, and	(a) EIN of related organization	Pi	(b) rimary activ	vity	(c) Legal domicile or foreign co		Exempt C	(d) Code section	Public cha	e) rity status 501(c)(3))	C	(f) Direct contro entity		51 co	(g) Section 2(b)(13) Introlled Entity? S No
(1)CURLEY SCHOOL HO 401 W ESPERANZA STR AJO, AZ 85321	OUSING PAR EET	TNERS LLC	HOUSI	NG		AZ				7		N/A				No
16-1736582 (2)SONORAN DESERT C 401 W ESPERANZA STRI		E CENTER	CONF	CTR		AZ		3		12A		N/A				No
AJO, AZ 85321 47-5559774																
																_
For Paperwork Red	uction Ac	Notice, see the Instructions for Form	990.			Cat.	No. 501	35Y				Sc	hedule R	(Form	990)	2019
Schedule R (Form 990	0) 2019	Pa	ge 2 —												F	Page 2
		of Related Organizations Taxable a					organiz	ation ar	nswered "Ye	es" on For	m 990, P	art IV,	line 34,	becaus		
one or r	Nam	ted organizations treated as a partner (a) e, address, and EIN of elated organization		(b) Primary activity	(c) Legal domicile (state or	r. (d) Direct controlling entity	Predo income unre excludeo	(e) ominant (related, elated, d from tax	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtion	ns? a t Sc	(i) ode V-UBI amount in box 20 of hedule K-1	(j) General managii partnei	ng o	(k) ercentage wnership
					foreign country)			sections 2-514)			Yes	No (F	orm 1065)	Yes N	lo	

Part IV Identification of Related Organization because it had one or more related or						nswered "Ye	s" on F	orm 99	90, Par	t IV, li	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile		(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	Share	(g) of end-o /ear		(h) ercenta ownersh		Sec	i) tion b)(13)
related organization		(state or for country)	reign	entity	or trust)	income		ssets		wiieisii	пÞ	conti	rolled ity?
												Yes	No
								9	Schedu	le R (F	orm 9	90) 2	019
	Page 3												
hedule R (Form 990) 2019												Pag	ge 3
Part V Transactions With Related Organ	·	-	answered "	"Yes" on Form	990, Part IV	, line 34, 35l	b, or 36	5.				W	N-
Note. Complete line 1 if any entity is listed in Par I. During the tax year, did the orgranization engage in			or more relate	ed organization	s listed in Parts	s II-IV?						Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalti		ntrolled entity									1a		No
b Gift, grant, or capital contribution to related org	anization(s)										1b		No
c Gift grant or capital contribution from related of											1c		No
 c Gift, grant, or capital contribution from related or d Loans or loan guarantees to or for related organ 	organization(s)						٠		٠		1c 1d	Yes	No
	organization(s)			· · · · ·			 					Yes	No
d Loans or loan guarantees to or for related organ	organization(s)						· · ·				1d	Yes	
d Loans or loan guarantees to or for related organizatio E Loans or loan guarantees by related organizatio Dividends from related organization(s) Sale of assets to related organization(s)	organization(s)										1d 1e 1f 1g	Yes	No No
d Loans or loan guarantees to or for related organ e Loans or loan guarantees by related organizatio f Dividends from related organization(s)	organization(s)										1d 1e 1f	Yes	No No
d Loans or loan guarantees to or for related organizatio e Loans or loan guarantees by related organizatio f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s)	organization(s)										1d 1e 1f 1g 1h	Yes	No No No
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(a)
Name, address, and EIN of entity

(b)
Primary activity
Legal domicile (state or (related, state or (rela

		foreign country)	unrelated, excluded from tax under sections	10	rganizations?						
			512-514)	Yes	No		Yes	No	•	Yes	No
									Schedu	le R (Fori	n 990) 2019
	Page 5										
Schedule R (Form 990) 2019							 				Page !
Part VII Supplemental Information Provide additional information for responses	to questions on S	chedule R	(see instruction	ns)							
Return Reference	to questions on 5	criedule IX.	(see instruction	,,,,,	Explan	ation					
									Se	chedule R (Form 990) 20
Additional Data										Retur	n to Form

Software ID: Software Version: