efile Public Visual Render

ObjectId: 202243069349302329 - Submission: 2022-11-02

TIN: 86-0778917OMB No. 1545-0047

Form **990**

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.

Department of the Treasury Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

A F	or th	ne 2021 ca	l alendar year, or tax year beginning 01-01-2021 , and ending 12-:	31-2021			
		applicable:	C Name of organization		D Employe	r identif	ication number
			International Sonoran Desert Alliance		86-0778	8917	
Addı	ess	change	Doing business as				
Nam	o cha	ngo	Doing Datameter at				
Naii	e cha	inge	Number and street (or P.O. box if mail is not delivered to street Room/s	suite	E Telephon	e numbe	r
Initia	al reti	urn	address) 401 W ESPERANZA AVENUE		(520) 38	37-3570	
Final return/	termir	nated	City or town, state or province, country, and ZIP or foreign postal code AJO, AZ 85321		G Gross re	ceipts \$:	1,477,808
		•					
Ame	nded	return					
Appl pendir	icatio ng	n					
	-		F Name and address of principal officer:	H(a)	Is this a group ret	urn for	
			AARON COOPER 401 W ESPERANZA AVENUE		subordinates?		Yes Vo
			AJO, AZ 85231	H(b)	Are all subordinate	es	Nos Mo
I Ta	x-exe	mpt status:	✓ 501(c)(3)		included? If "No," attach a lis	st See i	nstructions
52	7			H(c)	Group exemption		
J W	ebsi	te: 🕨 WW	/W.ISDANET.ORG	` '			
K For	n of c	organization	: 🗸 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨	L Year	of formation: 1993	M State	of legal domicile: AZ
Pa	art I	Sumi	mary				
		AT THE INBUSINESS	cribe the organization's mission or most significant activities: TERNATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMEN DEVELOPMENT PROJECTS INTENDED TO PRESERVE AND ENRICH THE E	NVIRONM	IENT, CULTURE AND	ECON	DMY OF THE
oce			DESERT. WE ARE COMMITTED TO FOSTERING COMMUNICATION, UNDER RESIDING IN THE AREA.	RSTANDIN	IG AND COOPERAT	ION AMO	ONG THE DIVERSE
ja							
Ver							
Governance	,	Charle Hai					
	3	Check this Number of	s dox P of voting members of the governing body (Part VI, line 1a)			3	16
iles	4	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	16
Activities &	5	Total num	ber of individuals employed in calendar year 2021 (Part V, line 2a)			5	39
Ac	6	Total num	nber of volunteers (estimate if necessary)			6	45
	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
		Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	
	b				Prior Year	1	Current Year
a.	8	Contribut	ions and grants (Part VIII, line 1h)		872,0	09	539,035
Revenue	9		service revenue (Part VIII, line 2g)		888,8		888,729
9/9	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,3	02	3,023
æ			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		71,2		47,021
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,834,4	40	1,477,808
	-		nd similar amounts paid (Part IX, column (A), lines 1–3)				0
			paid to or for members (Part IX, column (A), line 4)				0
S			other compensation, employee benefits (Part IX, column (A), lines 5–10)		663,8	33	576,276
Se			nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses			raising expenses (Part IX, column (D), line 25) 14,730				
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	-	899,7	47	984,082
		•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-	1,563,5		1,560,358
			less expenses. Subtract line 18 from line 12	-	270,8	-	-82,550
≽ S				Bea	jinning of Current Ye		End of Year
ances							

∞	al assets (Part X, line 16)	5,078,739	4,917,580
2 m	al liabilities (Part X, line 26)	1,763,720	1,685,111
22 Net	assets or fund balances. Subtract line 21 from line 20	3,315,019	3,232,469
Part II	Signature Block		
	s of perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete. Declaration of preparer (other than		
<u> </u>		2022-10-31	
Sign 7	Signature of officer	Date	
	LANCE BELL PRESIDENT		
7	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date PTIN P00450405	
Paid	Firm's name FESTER & CHAPMAN PLLC	self employed Firm's EIN \$2-1455657	
Preparer	THITS Halle FESTER & CHAPMAN FEEC	THIIIS EIN	
Jse Only	Firm's address > 9019 E BAHIA DR STE 100	Phone no. (602) 264-3077	
	SCOTTSDALE, AZ 85260		
May the IRS dis	scuss this return with the preparer shown above? (see instructions)		es 🗌 No
or Paperwor	k Reduction Act Notice, see the separate instructions.	Cat. No. 11282Y	Form 990 (2021)
•	·		
	Page 2 ———		
orm 990 (202	,		Page 2
Part III S	Statement of Program Service Accomplishments		
С	Check if Schedule O contains a response or note to any line in this Part III .		🗸
	escribe the organization's mission:		
=	NATIONAL SONORAN DESERT ALLIANCE, WE DESIGN AND IMPLEMENT ENV	IRONMENTAL. CULTURAL. REAL ESTATE A	ND BUSINESS
	PROJECTS INTENDED TO PRESERVE AND ENRICH THE ENVIRONMENT, CUL		
COMMITTED TO	D FOSTERING COMMUNICATION, UNDERSTANDING AND COOPERATION AMO	ONG THE DIVERSE CULTURES RESIDING I	N THE AREA.
2 Did the o	organization undertake any significant program services during the year whi	ch were not listed on	
the prior	Form 990 or 990-EZ?		Yes V No
•	describe these new services on Schedule O.		
•	organization cease conducting, or make significant changes in how it conduc	ts, any program	
services?			Yes V No
	describe these changes on Schedule O.		
_	-	are est are grown comittees, as measured by	ovnences.
Describe	the organization's program service accomplishments for each of its three & 501(c)(3) and 501(c)(4) organizations are required to report the amount of	3 , 3 , ,	
	s, and revenue, if any, for each program service reported.	3	
4a (Code:) (Expenses \$ 1,396,859 including grants of \$	* * * * * * * * * * * * * * * * * * * *	88,729)
	RKS TO IMPROVE SONORAN DESERT COMMUNITIES THROUGH HOUSING AND COMMUN ED THE HISTORIC CURLEY SCHOOL IN AJO, AZ TO 30 AFFORDABLE LIVE/WORK APART		
NEW ARTS	S-BASED ECONOMIC NICHE IN AJO. THIS IS NOW CALLED "CREATIVE PLACEMAKING-	AND ISDA HAS BECOME A LEADER IN IMPLEMEN	TING THIS
	'H IN RURAL AMERICA. ISDA ALSO RENOVATED HISTORIC BUILDINGS ON THE CURLEY : OMMERCIAL KITCHEN BUSINESS INCUBATOR. ADDITIONALLY, ISDA HAS RENOVATED NE		
	DINARY HISTORIC BUILDINGS IN THE HEART OF THE COMMUNITY TO PRODUCTIVE US		
	KING SPACE. ISDA ALSO PRODUCES EXTENSIVE PROGRAMMING IN COMMUNITY ARTS,		
	ES AND TO CREATE AND STRENGTHEN COMMUNITY. ISDA OPERATES A CONTINUUM OF RK-STUDY, INTERNSHIPS,AND A 4,000 HOUR APPRENTICESHIP PROGRAM IN BUILDING		
	ION SITES FOR ON-THE-JOB APPRENTICE TRAINING. ISDA PRODUCES ENVIRONMENTAL UM "CELEBRATING THE SONORAN DESERT" WORKING IN PARTNERSHIP WITH LAND MA		
ORGANIZI	ES FIELD TRIPS TO SITES IN THE SONORAN DESERT INCLUDING THE PINACATE BIOSP	HERE RESERVE IN SONORA, MEXICO AS WELL A	S AND VOLUNTEER
	S IN DESERT RESTORATION AND CONSERVATION. ISDA IS A LEADERSHIP MEMBER OF 1 OCAL AND REGIONAL ORGANIZATIONS TO CREATE A HEALTHY LOCAL FOOD SYSTEM. FI		
	WORKING WITH MEMBERS OF THE TOHONO O'ODHAM NATION AND RESIDENTS OF SO		
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c	; (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Reven	ue \$)		
4e	Total program service expenses ► 1,396,859		F	orm 99	0 (2021
	Page 3				
	rm 990 (2021) Part IV Checklist of Required Schedules				Page 3
га	Checkist of Required Schedules			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation Schedule A	n)? If "Yes," complete	1	Yes	
2		s. 🐿	2	Yes	
3			3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives mem assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule</i> (5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for whito provide advice on the distribution or investment of amounts in such funds or accounts? If "Schedule D, Part I		6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Pa		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar as complete Schedule D, Part III 📆	ssets? If "Yes,"	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or d If "Yes," complete Schedule D, Part IV		9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V $^{\odot}$.	ricted endowments,	10		No
11	or X, as applicable.				
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Schedule D, Part VI.	_1	11a	Yes	
	b Did the organization report an amount for investments—other securities in Part X, line 12 that assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1	l1b		No
	c Did the organization report an amount for investments—program related in Part X, line 13 that total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1	11c		No
d	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of in Part X, line 16? If "Yes," complete Schedule D, Part IX		l1d		No
е	e 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 f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete	ete Schedule D, Part X 🕵 🛚 1	11f		No
12a	2a Did the organization obtain separate, independent audited financial statements for the tax year Schedule D, Parts XI and XII		12a		No
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts	XI and XII is optional	L2b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule	E	13		No
14a	la Did the organization maintain an office, employees, or agents outside of the United States? .	1	14a		No

 \mathbf{b} Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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
		Form	n 990 (2021)

———— Page 4 —

Par	t N Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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," complete Schedule L, Part IV</i>	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 line 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 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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		ì	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		0 (2021)
		F	orm 99	0 (2021
	Page 5			
_	-			
	990 (2021)			Page 5
	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		ı	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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).		ì	
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	1	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	_ 	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		İ	
_		7e		No
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
h	required?	7g		
"	1098-C?	7h		<u> </u>
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	İ	
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u></u>	
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		ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			

11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	=		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	ir res, complete roun 6003.	F	orm 99	0 (2021)
	Page 6			
	1 490 0			
Form	990 (2021)			Page 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines
Se	ection A. Governing Body and Management	<u> </u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	The same of the tax years and the tax years are the tax years are the tax years are ta			
	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	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.			
	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. Enter the number of voting members included in line 1a, above, who are independent			No
b	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			No No
b	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 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		
b 2 3	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 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
b 2 3	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 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? 16 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2 3 4	Yes	No No
b 2 3 4 5 6	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	2 3 4 5 6	Yes	No No
b 2 3 4 5 6 7a	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	2 3 4 5 6		No No
b 2 3 4 5 6 7a	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	2 3 4 5 6	Yes	No No
b 2 3 4 5 6 7a b	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	2 3 4 5 6	Yes	No No
b 2 3 4 5 6 7a b	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes Yes	No No
b 2 3 4 5 6 7a b 8 a	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	2 3 4 5 6 7a 7b	Yes Yes Yes	No No
b 2 3 4 5 6 7a b 8 a b 9	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes Yes	No No
b 2 3 4 5 6 7a b 8 a b 9	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. Enter the number of voting members included in line 1a, above, who are independent 1b 16 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Esche committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes Yes Yes	No No
b 2 3 4 5 6 7a b 8 a b 9 See 10a	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. Enter the number of voting members included in line 1a, above, who are independent Ib 16 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue.	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No No No
b 2 3 4 5 6 7a b 8 a b 9 See 10a	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. Enter the number of voting members included in line 1a, above, who are independent Ib 16 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Did the organization to the Internal Revenue.	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No No No No
b 2 3 4 5 6 7a b 8 a b 9 See 10a b	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Did the organization is mailing address? If "Yes," provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates?	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes Yes Yes	No No No No
b 2 3 4 5 6 7a b 8 a b 9 See 10a b 11a	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. Enter the number of voting members included in line 1a, above, who are independent Ib Id 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes Yes Yes Yes Yes	No No No No
b 2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b	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. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Did the organization fave local chapters, branches, or affiliates? If "Yes," if did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes Yes Yes Yes Yes	No No No No

	conflicts?							٠.			12b	Yes	
С	Did the organization regularly and consiste Schedule O how this was done	ently monitor ar		ce co		iance	e with	the	e policy? <i>If "Yes," de</i>	escribe on	12c	Yes	
13	Did the organization have a written whistle	blower policy?									13	Yes	
14	Did the organization have a written docum	ent retention a	nd dest	ructio	n p	olicy	?.				14	Yes	
15	Did the process for determining compensa persons, comparability data, and contempo									dependent			
а	The organization's CEO, Executive Director	, or top manag	ement o	official	١.						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 on Sched	ule O. S	ee in	stru	ıctio	ns.						
16a	Did the organization invest in, contribute a	ssets to, or pa	rticipate	in a	join	t vei	nture	ors	similar arrangement	with a			
	taxable entity during the year? If "Yes," did the organization follow a writte			•	•	•	•	•			16a	1	No
	in joint venture arrangements under applic status with respect to such arrangements?									on's exempt	16b	,	
Se	ction C. Disclosure										•		
17	List the states with which a copy of this Fo	•				-							
18	Section 6104 requires an organization to n 501(c)(3)s only) available for public inspect	ion. Indicate ho	w you	made									
	Own website Another's websit	e 🔽 Upon	request	L	_ c	ther	r (exp	lain	in Schedule O)				
19	Describe in Schedule O whether (and if so, policy, and financial statements available to	the public duri	ng the t	ax ye	ear.								
20	State the name, address, and telephone n INT'L SONORAN DESERT ALLIANCE 401									nd records:		OO	• (2021)
												Form 99	u (2021)
				Page	7								
Form	000 (2021)												D
	990 (2021)	ivostova Tvi	ataaa	Var	. E.	I		_	Highest Compo	seated Emer	Java		Page 7
Pai	t VII Compensation of Officers, D and Independent Contracto		stees,	ĸey	E	npi	oyee	5, 1	nignest comper	isated Emp	поуе	es,	
	•			in t	-bio	Dort	. \ /II						
	Check if Schedule O contains a resp ction A. Officers, Directors, Truste		•								•	· · ·	
	emplete this table for all persons required to												
year.	implete this table for all persons required to	be listed. Repo	ort com	pensa	1001								
	_ist all of the organization's current officers	s, directors, tru	stees (v									anization	's tax
of co	npensation. Enter -0- in columns (D), (E), a	and (F) if no co	npensa	vheth tion v	ier ii vas	ndivi paid	iduals	or	organizations), rega	ardless of amo		anization	's tax
of co	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key em	and (F) if no con ployees, if any.	mpensa See the	vheth tion v instr	ier ii vas ucti	ndivi paid ons	iduals for de	or efini	organizations), rega	ardless of amo	unt	anization	's tax
of cor L L who	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key em ist the organization's five current highest of eceived reportable compensation (box 5 of	and (F) if no couployees, if any.	mpensa See the nployee	vheth tion v instr s (oth	ier ii vas ucti her i	ndivi paid ons than	iduals for de an of	or efini ffice	organizations), regation of "key employer, director, trustee o	ardless of amo ee." or key employ	ount ee)		
of con L L who is organ	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key em _l ist the organization's five current highest o	and (F) if no concluded and (F) if no concluded and compensated er Form W-2, For key employees	mpensa See the nployee m 1099 , or higl	wheth tion w instr s (oth -MIS(ier ii vas Tucti her f C, ai	ndivi paid ons than nd/o	iduals for de n an of or box	or efini ffice 1 c	organizations), regar tion of "key employer, director, trustee of form 1099-NEC)	ee." or key employ of more than	ee) \$100	,000 fron	
of cor L who I organ L of rep	npensation. Enter -0- in columns (D), (E), a 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,	and (F) if no couployees, if any. compensated er Form W-2, For key employees n and any relate rs or trustees	mpensa See the mployee m 1099 , or high ed organ that rec	wheth tion w instr s (oth -MISC nest c nization	ner invas ructi her i C, an com ons.	ndivi paid ons than nd/o pens	iduals for den an of or box sated capac	or efini	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive	ee." or key employ of more than some	ee) \$100 \$100,	,000 fron	
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplished 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 ist all of the organization's former director	and (F) if no couployees, if any. compensated er Form W-2, For key employees n and any relate rs or trustees compensation fro	mpensa See the mployee m 1099 , or high ed organ that recom the o	wheth tion w instr s (oth -MISC nest c nization	ner invas ructi her i C, an com ons.	ndivi paid ons than nd/o pens	iduals for den an of or box sated capac	or efini	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive	ee." or key employ of more than some	ee) \$100 \$100,	,000 fron	
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, nortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable compensation for the order in which to list	and (F) if no couployees, if any. compensated er Form W-2, For key employees and any relate rs or trustees compensation fro the persons ab	mpensa See the nployee m 1099 , or high ed organ that recom the cove.	vheth tion v instr s (oth -MISC nest c nization reived organ	ner invas ructi her f c, an com ons. l, in hizat	ndivi paid ons than nd/o pens the	iduals for dented an offer box sated capacand an	or effining of the second of t	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations	ee." or key employ of more than \$ or trustee of s.	ee) \$100 \$100, the	,000 fron	
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish the organization's five current highest of eceived reportable compensation (box 5 of ization and any related organizations. Sist all of the organization's former officers, nortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list the Check this box if neither the organization in	and (F) if no couployees, if any. compensated er Form W-2, For key employees in and any related or the persons at the persons at or any related or	mpensa See the nployee m 1099 , or high ed organ that recom the cove.	vheth tion v instr s (oth -MISC nest c nization reived organ	ner invas ructi her f com ons. l, in hizat	ndivi paid ons than nd/o pens the ion a	iduals for dented an offer box sated capacand an	or effining of the second of t	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of current officer, director of the course of the cour	ee." or key employ of more than a more than a ror trustee of s.	ee) \$100 \$100, the	,000 fron 000	1 the
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, nortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable compensation for the order in which to list	and (F) if no couployees, if any. compensated er Form W-2, For key employees and any relate rs or trustees compensation fro the persons ab	mpensa See the mployee m 1099 , or high ed organ that recome the cove.	wheth tion w instr s (oth -MISC nest conization tion conization	er in vas ructi her in com com li, in lizat	ndivipaid ons than nd/o pens the join a pens	iduals for dented an offer box sated capacand an	or effini	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations	ee." or key employ of more than \$ or trustee of s.	ee) \$100, \$100, the	,000 fron	n the
of con L L Who I organ L of rep L organ	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplished 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	with the persons at t	mpensa See the mployee m 1099 , or high ed organ that recomm the pove. organiza Pos more	wheth tion with instruction of the tion of	er in vas ructi her in compone. (C) and compone. (C) (do one	ndivipaid ons than nd/o pens the ion a pens not box	iduals for den an of or box sated capacand an	or effinition of the second of	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations current officer, director (D) Reportable compensation	ee." or key employ of more than and more than are trustee of s. ector, or truste (E) Reportable compensation	ee) \$100, \$100, the	,000 fron 000 (F Estim amount	n the T) ated of other
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	when the persons at t	mpensa See the nployee m 1099 , or high ed organ that recome the nove. organiza Pos more perse	wheth tion v instruction v instruction v instruction v instruction v ition v ition is	com com com com com com com com com com	ndivipaid ons than nd/o pens pens pens pens box h an	iduals for den an of or box sated capacand an office office office office of for the capacand office of the capacand office of the capacand office of the capacand office of the capacand office of the capacand of the capaca	or efini	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of current officer, director (D) Reportable compensation from the	ee." or key employed from trustee of s. ector, or trustee (E) Reportable compensation from relate	ee) \$100, the	,000 from 000 (F Estim amount comper	the (i) ated of other isation
of con L L Who I organ L of rep L organ	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	with the persons at t	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction v instruction v ition v ition is	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations current officer, director (D) Reportable compensation	ee." or key employ of more than and more than are trustee of s. ector, or truste (E) Reportable compensation	ee) \$100, the ee.	,000 fron 000 (F Estim amount	n the (i) ated of other isation the
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any relate or any related or any related or any related or any related or any related or any hours for related or any hours for related or any hours for related organizations	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction of the tion of tion o	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 fron 000 (F Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction of the tion of tion o	com com com com com com com com com com	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director elated organizations of current officer, director to the compensation from the organization (W-2/1099-	ee." or key employ of more than standard more than standard more than standard more than standard more trustee of s. ector, or trustee (E) Reportable compensation from relate organization (W-2/1099)	ee) \$100, the ee.	,000 from	n the i) ated of other isation the tion and
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any relate or any related or any related or any related or any related or any related or any hours for related or any hours for related or any hours for related organizations	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction of the tion of tion o	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	or efini	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction of the control of the contro	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction of the control of the contro	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of col L who is organ L of rep crgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	mpensa See the nployee m 1099 , or high ed organ that recome the nove. organiza Pos more perse	wheth tion v instruction of the tion of tion o	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of cor L who ronger L of rep L orgar	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction of the control of the contro	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of col L Who I organ L organ See t	ist all of the organization's current key emplist 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, fortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list the Check this box if neither the organization in (A) Name and title	key employees in and any related or any related or any new key employees in and any related or any related or any related or any hours for related organizations below dotted	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction of the control of the contro	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of col L L Who I organ L of rep L organ See t	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplish 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, cortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization in (A)	and (F) if no couployees, if any. compensated er Form W-2, For key employees and any relate rs or trustees compensation fro the persons ab or any related or (B) Average hours per week (list any hours for related organizations below dotted line)	npensa See the nployee m 1099 , or high ed organ that recome the prove. rganiza Pos more pers and	wheth tion v instruction v instruction v instruction of the control of the contro	ner invas ructi her fic, all commons. (C) (do one bott ecto	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of the compensation from the organization (W-2/1099-MISC/1099-	ee." or key employ of more than standard more than	ee) \$100, the	,000 from 000 Estim amount comper from organiza rela	n the i) ated of other isation the tion and
of col L L Who I organ L of rep L organ See t	ist all of the organization's current key emist 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, ortable compensation from the organization ist all of the organization's former directorization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization is (A) Name and title	when the present of the persons at t	see the inployee m 1099 , or higher that recome that recome that recome that recome the cove. Posmore personal or director or director in the cove.	wheth tion v instruction v instruction v instruction of the control of the contro	ructi interpretation in the communication in the co	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who received as a former director elated organizations of current officer, director to the compensation from the organization (W-2/1099-MISC/1099-NEC)	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 from 000 Estim amount comper from organiza rela	n the ated of other issation the tion and ted ations
of col L Who I organ L organ See t	ist all of the organization's current key emist 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, ortable compensation from the organization ist all of the organization's former directorization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization is (A) Name and title	when the persons at t	ropensa See the ropensa See the ropensa for higher that recome that recome that recome that recome that recome that recome that recome the ropensa rop	wheth tion v instruction v instruction v instruction of the control of the contro	commons. (do one bottle	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of current officer, director to the compensation from the organization (W-2/1099-MISC/1099-NEC)	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 from 000 Estim amount comper from organiza rela	n the ated of other issation the tion and ted ations
of col L Who I organ L organ See t (1) LA PRESI (2) LC	ist all of the organization's current key emplist 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, fortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list the Check this box if neither the organization in (A) Name and title	when the present of the persons about the persons about any related or any related or any related or any related or any related or any hours per week (list any hours for related organizations below dotted line)	see the inployee m 1099 , or higher that recome that recome that recome that recome the cove. Posmore personal or director or director in the cove.	wheth tion v instruction v instruction v instruction of the control of the contro	ructi interpretation in the communication in the co	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who received as a former director elated organizations of current officer, director to the compensation from the organization (W-2/1099-MISC/1099-NEC)	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 from 000 Estim amount comper from organiza rela	n the ated of other issation the tion and ted ations
of col L Who I organ L Organ See t Organ See t I I I I I I I I I I I I I I I I I I I	npensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emplist the organization's five current highest deceived reportable compensation (box 5 of ization and any related organizations. ist all of the organization's former officers, nortable compensation from the organization ist all of the organization's former director ization, more than \$10,000 of reportable come instructions for the order in which to list Check this box if neither the organization normal (A) Name and title NCE BELL DENT RRAINE EILER	when the persons at t	ropensa See the ropensa See the ropensa for higher that recome that recome that recome that recome that recome that recome that recome the ropensa rop	wheth tion v instruction v instruction v instruction of the control of the contro	commons. (do one bottle	ndivipaid ons than nd/o pens pens pens pens pens pens pens pens	iduals for de an of or box sated capacand ar sated check c, unle	emple any	organizations), regarition of "key employer, director, trustee of Form 1099-NEC) ployees who receive as a former director related organizations of current officer, director to the compensation from the organization (W-2/1099-MISC/1099-NEC)	ee." or key employ of more than standard more than	ee) \$100, the ee.	,000 from 000 Estim amount comper from organiza rela	n the ated of other issation the tion and ted ations

2ST VICE PRE							
(4) ROBERT DOOLEY TREASURER	2.00	Х	×		0	0	0
(5) CATHY HUTTON SECRETARY	2.00	Х	х		0	0	0
(6) ERIC ALEGRIA DIRECTOR	2.00	х			0	0	0
(7) STANLEY CRUZ DIRECTOR	2.00	х			0	0	0
(8) TONI CUBILLAS DIRECTOR	2.00	х			0	0	0
(9) MARLAKAY HENRY DIRECTOR	2.00	Х			0	0	0
(10) SELINA JESUS DIRECTOR	2.00	Х			0	0	0
(11) ANNELISE KEUPER DIRECTOR	2.00	Х			0	0	0
(12) DALLAS LEWIS DIRECTOR	2.00	Х			0	0	0
(13) GENE O'MEARA DIRECTOR	2.00	Х			0	0	0
(14) BRIDGET RENDON DIRECTOR	2.00	Х			0	0	0
(15) BERNARD SIQUIEROS DIRECTOR	2.00	Х			0	0	0
(16) MARI ZIMMERMANN DIRECTOR	2.00	Х			0	0	0
(17) AARON COOPER EXECUTIVE DI	40.00		x		70,000	0	0

----- Page 8 -

Form 990 (2021)

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	1									
(A) Name and title	(B) Average hours per week (list any hours		ox, u	t che inles ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations

	İ	ı	1	1	1	İ	ı	1		1	1		
1b				<u> </u>			<u> </u>						
Sub-Total				•	►	- I					-		
Fotal from continuation sheets to	Part VII, Section	on A			>	1							
<u>d</u>						· –			70,000				
Total (add lines 1b and 1c)				<u> </u>	•	1 _				100.000			
2 Total number of individuals (in of reportable compensation from	cluding but not om the organiza	limited to thation	iose list	ed al	bove) who	rece	eived mor	e than \$	100,000			
												Yes	No
3 Did the organization list any fo	ormer officer, d	irector or tr	ustee, k	key ei	mplo	yee, o	r hic	nhest con	npensate	ed employee on line	e	1.05	110
1a? If "Yes," complete Schedu							_				3		No
4 For any individual listed on line													
organization and related orgar individual	nizations greate	r than \$150	,000? 1	f "Ye.	s," c	omple •	ete S	chedule .	for suci	n 	4		No
5 Did any person listed on line 1	a receive or acc	rue compen	sation f	rom	anv i	unrela	ted (organizat	ion or in	dividual for	4		No
services rendered to the organ											5		No
Section B. Independent Co	ntractors												
1 Complete this table for your fi											mpens	sation	
from the organization. Report	compensation (A)	for the calen	idar yea	ar end	ding	with o	r wit	thin the o	rganizat	(B)		((C)
	Name and busine	ess address							De	scription of services			nsation
2 Total number of independent cor		ling but not	limited	to th	iose	listed	abov	ve) who r	eceived	more than \$100,00	00 of		
compensation from the organiza	tion 🕨											Form 99	0 (2021
													`
				Page	e 9								
Form 990 (2021)													Page
Part VIII Statement of Rev	/enue												ruge
Check if Schedule O c	ontains a respo	nse or note	to any	line i	in thi	s Part	VIII						
					(A			•	В)	(C)		(D	
				lot	tal re	venue	•		ed or mpt	Unrelated business		Reve exclude	
									ction enue	revenue	ta	x under 512 -	
La nt Fédériotes , campaigns Gifts,	1a							1646	LIIUC			312 -	J17
Grants,	l												
ar t Membership dues OtherAmt	1b												
Similar ArcoEuntsIraising events	1c												
Maroballum disting CVCIICS													
d Related organizations	1d												
e Government grants (contributions)	1e												
286,282													
f All other contributions, gifts, grants, and similar amounts not included above	1f												

g Noncash contributions included in lines 1a - 1f:\$	
h Total. Add lines 1a-1f	539,035
	Business Code
2a CONFERENCE CENTER	
9	_
, RENTAL INCOME	
TENTAL INCOME OTHER PROGRAM REVENUE 1	-
E	
Progra	_
f All other program service revenue.	
9 Total. Add lines 2a–2f	888,729
3 Investment income (including dividends, in similar amounts)	nterest, and other
4 Income from investment of tax-exempt be	ond proceeds

					Business Code				
	2a CONFERENCE CENTE	R				580,885	580,885		
9	B					261.066	261.066		
9	RENTAL INCOME					261,066	261,066		
É	OTHER PROGRAM RE\	/ENU	E			46,778	46,778		
Š	5								
0	D D								
1									
) RENTAL INCOME : OTHER PROGRAM REV								
è									
	f All other program								
	9 Total. Add lines 2				888,729	9 11	T	Π	Т
	3 Investment income similar amounts) .			s, in	terest, and other	3,023			3,023
	4 Income from investi			t bo	nd proceeds				
	5 Royalties				▶	-			
			(i) Real		(ii) Personal				
	6a Gross rents	6a							
	b Less: rental	-				1			
	expenses	6b							
	c Rental income or (loss)	6c							
	d Net rental income					<u> </u>			
		- ((i) Securitie	es	(ii) Other	1			
	7a Gross amount	1_				_			
	from sales of assets other	7a							
	than inventory								
	b Less: cost or other basis and	7b							
	sales expenses	-							
	c Gain or (loss)	7с							
	d Net gain or (loss)	•			>	1			
0	Gross income from fu								
Š	(not including \$ contributions reporte	d on	line 1c).						
9/10	(not including \$ contributions reporte See Part IV, line 18 b Less: direct expense c Net income or (loss	•		8a					
ď	b Less: direct expens	ses		8b					
Othor	c Net income or (loss	s) fr	om fundraising	eve	nts 🔈				
ċ	Gross income from g	a a mir	na activities						
	See Part IV, line 19			9a					
	b Less: direct expens	ses		9b					
	c Net income or (loss	s) fr	om gaming act	ivitie	s	_			
	10aGross sales of inverteurns and allowa			.0a					
	b Less: cost of good	ls so	_	Ob					
	c Net income or (loss		<u></u>		rv	_			
	Miscellaneo			2,100	Business Code				
	11a _{CONSULTING}					47,021	47,021		
	b			\dashv					
	с			\dashv					
	1			I		I	Į	Į.	I

d All other revenue				
e Total. Add lines 11a-11d		47,021		
12 Total revenue. See instructions	• • • •	1,477,808	935,750	3,023

Form **990** (2021)

Page 10 -

Form 990 (2021) Page 10 **Statement of Functional Expenses** Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 4 Benefits paid to or for members . 70,000 57,566 10,913 1,521 5 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 69,973 9,751 448,817 369,093 **7** Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . **9** Other employee benefits . 10,807 8,887 1,685 235 10 Payroll taxes . 46,652 38,366 7.273 1.013 11 Fees for services (non-employees): **a** Management . 1,451 516 935 **b** Legal . 26,125 26,125 **c** Accounting **d** Lobbying . \boldsymbol{e} Professional fundraising services. See Part IV, line 17 **f** Investment management fees . . g Other (If line 11g amount exceeds 10% of line 25, column 84,164 74,541 9,463 160 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 4,519 4,519 5,949 3,854 595 1,500 **13** Office expenses . . . **14** Information technology . 15 Royalties . 81,611 6,647 74,964 **16** Occupancy 7,485 7,485 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 949 **19** Conferences, conventions, and meetings . 949 **20** Interest 53,964 53,964 21 Payments to affiliates . 118,090 118,090 **22** Depreciation, depletion, and amortization .

47,025

178,275

122,363

23 Insurance . .

expenses on Schedule O.)

b SUPPLIES AND MATERIALS

a MISCELLANEOUS

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

47,025

177,672

108,177

353

13,936

250

250

C	PRO	PERTY AND OTHER TAXES	87,383	87,383			
-		(FLODWENE	F7 270	F7 270			
a	I DEV	/ELOPMENT	57,270	57,270			
е	e All o	other expenses	107,459	106,538		87	71
5 _	Total	functional expenses. Add lines 1 through 24e	1,560,358	1,396,859		148,76	59 14,
	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.					
							Form 990 (20
			—— Page 11 ————				
		(2021)					Page
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or note to	any line in this Part IX .				🗆
				(A) Beginning of ye	ear		(B) End of year
Т	1	Cash-non-interest-bearing		, ,	539,523	1	439,4
	2	Savings and temporary cash investments			200,020	2	400,-
	3	Pledges and grants receivable, net		:	203,767	3	175,3
		Accounts receivable, net			91,233	4	90,7
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia	l contributor, or 35%		·	5	<u> </u>
	6	controlled entity or family member of any of these pe Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	ersons (as defined under			6	
	7	Notes and loans receivable, net	,,,,,		21,195	7	33,7
i	8	Inventories for sale or use			21,100	8	
	9	Prepaid expenses and deferred charges			16,112	9	17,9
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,330,450		10,112		
	b	Less: accumulated depreciation 10b	1,365,199	4,	011,218	10c	3,965,2
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line 11 .				12	
	13	Investments—program-related. See Part IV, line 11			300	13	3
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			195,391	15	194,8
	16	Total assets. Add lines 1 through 15 (must equal lin	e 33)	5,0	078,739	16	4,917,5
İ	17	Accounts payable and accrued expenses			85,308	17	75,3
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part \ensuremath{IV}	of Schedule D			21	
The second second	22	Loans and other payables to any current or former or employee, creator or founder, substantial contributor, or family member of any of these persons	or 35% controlled entity			22	
3	23	Secured mortgages and notes payable to unrelated ti		1	648,967	23	1,572,
ı	23 24	Unsecured notes and loans payable to unrelated third	•	1,	UTU, 201	24	1,572,
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17 - 24).		29,445	25	37,5	
	26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		1	763,720	26	1,685,
_		Organizations that follow FASB ASC 958, check l	nere 🕨 🗸 and	',	. 55,120		1,000,
	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions		3,0	026,008	27	2,867,3
i	28	Net assets with donor restrictions		-	289,011	28	365,1
o Lana Baranco		Organizations that do not follow FASB ASC 958,	check here 🕨 🔲 and				·
.	29	complete lines 29 through 33. Capital stock or trust principal, or current funds .		İ		29	
,							

Software ID:			Retur	n to Fo	vrm
m 990 (2021) Additional Data			Det	. 4c F-	
addition deductor on plant may in contract to distance				orm 99	0 (202
 If "Yes," did the organization undergo the required audit or audits? If the organization did audit or audits, explain why in Schedule O and describe any steps taken to undergo such a 		uired	3b		140
a As a result of a federal award, was the organization required to undergo an audit or audits Audit Act and OMB Circular A-133?	as set forth in the S	ingle	3a		No
If the organization changed either its oversight process or selection process during the tax		edule O.	20	165	
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsible of the audit, review, or compilation of its financial statements and selection of an independ			2c	Yes	
☐ Separate basis	eparate basis				
If 'Yes,' check a box below to indicate whether the financial statements for the year were a consolidated basis, or both:	udited on a separate	basis,			
• Were the organization's financial statements audited by an independent accountant?	eparate basis		2b	Yes	
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and se	onarato hacic				
If 'Yes,' check a box below to indicate whether the financial statements for the year were co		n a			
Schedule O. Were the organization's financial statements compiled or reviewed by an independent accordance.	untant?		2a		l No
If the organization changed its method of accounting from a prior year or checked "Other,"		_			
Accounting method used to prepare the Form 990: Cash ✓ Accrual	Other			163	140
Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Yes	No
art XII Financial Statements and Reporting					
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part \boldsymbol{X} ,	line 32, column (B))	10		3	,232,4
Other changes in net assets or fund balances (explain in Schedule O)		9			
Investment expenses		7			
Donated services and use of facilities		6			
Net unrealized gains (losses) on investments		5			
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		3	,315,0
Total expenses (must equal Part IX, column (A), line 25)		3		1	,560,3 82,5-
Total revenue (must equal Part VIII, column (A), line 12)		1			,477,8
Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·				
art XI Reconcilliation of Net Assets Chask if Schodule O contains a response or note to any line in this Port XI					
n 990 (2021)					Page 1
Page 12 ————					
Total liabilities and net assets/fund balances	5,078,739	33	F	orm 99	,917,58 0 (202
32 Total net assets or fund balances	3,315,019	32			,232,46
31 Retained earnings, endowment, accumulated income, or other funds		31			

Special Condition Description

efile Public Visual Render ObjectId: 202243069349302329 - Submission: 2022-11-02 TIN: 86-0778917 OMB No. 1545-0047 **SCHEDULE A** Public Charity Status and Public Support (Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Name of the organization **Employer identification number** INTERNATIONAL SONORAN DESERT ALLIANCE 86-0778917 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its c supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions)

1- 10 above (see instructions))

Yes

No

	1	ļ						
Tot	al Paperwork Reduction Act Notice, s	oo the Inc	struction	as for	Cat. No. 11285F		Schodulo /	(Form 990) 2021
	m 990 or 990-EZ.	see the In	sti uctioi	15 101	Cat. No. 112031		Scriedule A	((FOI III 990) 2021
				——— Pad	ge 2 ————			
					, -			
C -l-	-dul- A (F 000) 2021							
	edule A (Form 990) 2021	O		D	: C	(I-)(d)(A)(I-)	d 470/b)/4	Page 2
Р	Support Schedule for (Complete only if you c	Organiz hacked th	ations	Described	or 8 of Part I or if	(b)(1)(A)(IV) the organization	and 1/U(b)(1)(A)(VI) ify under Part III
	If the organization faile							iry under rait III.
S	ection A. Public Support				, ,	•	,	
	lendar year	(a) 201	7	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and			. ,	. ,	,		
-	membership fees received. (Do not							
	include any "unusual grant.")							
2	Tax revenues levied for the organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
S	ection B. Total Support				u.	,	•	•
	lendar year	(a) 201	.7	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(OI	fiscal year beginning in) Amounts from line 4.	(1)					(-)	
8	Gross income from interest,							
·	dividends, payments received on							
	securities loans, rents, royalties and							
9	income from similar sources Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
11	Total support. Add lines 7 through							
12	10 Gross receipts from related activities,	etc. (see ii	nstructio	ns)			12	
	First 5 years. If the Form 990 is for	-		•		tay yoar ac a co		ganization chock
	•	_				•	```	gariizaciori, crieck
	this box and stop here							
	ection C. Computation of Publ				11 (5))		1	
	Public support percentage for 2021 (I Public support percentage for 2020 S		. ,	•			14	
	33 1/3% support test—2021. If the						15	nia hay
16a								. \square
	and stop here. The organization qua		•					_
b	33 1/3% support test—2020. If the	ie organiza	tion did i	not check a b	ox on line 13 or 16a	, and line 15 is 33	3 1/3% or more, cl	neck this
	box and stop here. The organization	•	•		-			_
17 a	10%-facts-and-circumstances tes							
	and if the organization meets the "fac	ts-and-circ	cumstand	ces" test, che	ck this box and sto	p here. Explain in	Part VI how the o	organization
	meets the "facts-and-circumstances"	test. The o	organizat	ion qualifies a	as a publicly support	ed organization .		▶□
b	10%-facts-and-circumstances te							
	more, and if the organization meets organization meets the "facts-and-c							ow the
	5. gamzation meets the rates and-t			or garnza	and qualified as a pt	Lanci, Supported t	J. 30111EUCIO11	
	Deirecto formulation 16 th and 15 th	نيا استام مرما	. الحجام	have an Post	2 165 165 17-	. 17h	nov and	
18	Private foundation. If the organizat					,		. \Box
	instructions							▶⊔
							Schedule A	(Form 990) 2021

Schodula A /Farm 000\ 2021

——— Page 3 —

SCHEUUR A (FUHH 330) 2021 rage 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) **Section A. Public Support** Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received. (Do not 785,535 876,197 799,395 872,009 539,035 3,872,171 include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services 641,483 971,539 882,617 960,129 935,750 4,391,518 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 5 1,427,018 1,847,736 1,682,012 1,832,138 1,474,785 8,263,689 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support. (Subtract line 7c 8,263,689 from line 6.) **Section B. Total Support** Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Amounts from line 6. . . 1,427,018 1,847,736 1.682.012 1.832.138 1,474,785 8,263,689 Gross income from interest, 10a dividends, payments received on 209,724 18,286 19,048 2,302 3,023 252,383 securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 209,724 18,286 19,048 2,302 3,023 252,383 Add lines 10a and 10b. c 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain 12 or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 1,636,742 1,866,022 1,701,060 1,477,808 1,834,440 8.516.072 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 97.040 % 15 15 Public support percentage from 2020 Schedule A. Part III, line 15

10	tubile support personnesses from 2020 centerality function, mile 2011.	10	JT.330 /
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	3.000 %
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	6.000 %
102	33 1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33	1/3%.	and line 17 is not

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	- [
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	► [

Schedule A (Form 990) 2021

Page 4 -

Part IV **Supporting Organizations**

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

	12d, of fact f, complete Sections A and B, and complete fact vi)			
Se	ction A. All Supporting Organizations			1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the exemplation have any supported exemplation that does not have an IDC determination of status under continu	_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).			
		2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied			
	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the			
	determination.			
		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
Tu	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
		4a		
b				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled	4b		
	or supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	A .		
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in 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		
	,			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone			
	other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
	contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
_	Did the control of the desired in the control of the desired in the control of the desired in the control of th			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
	Complete Part 1 of Schedule L (Politi 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
	provide detail in Part VI.	9a		
L	Did one or more disqualified persons (as defined an line 0a) hold a controlling interest in any entity in which the supporting			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			ļ
	organization had an interese. It is top provide detail in Fare Far	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in			
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
_va	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	16		
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			L
	whether the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
		•	,	
	Page 5 ———————————————————————————————————			
Scho	dule A (Form 990) 2021			2242
	· · ·		- 1	Page :
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
h	A family member of a norsen described on 11a above?	11h		

Did the officers, directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization's directors or trustees and times during the tax year? If 'no', 'describe in Part VI how the supported organization's electively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization show the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization aperate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supported organization? If 'Pes,' explain in Part VI how providing such benefit carried out the purposes of the supported organizations's that operated, supervised or controlled the supporting organizations. Section C. Type II Supporting Organizations I Wee a majority of the organizations' directors or trustees during the tax year ske a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization (s) If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice clear being the type and amount of support provided during the prior tax year, (i) a control or the supporting Organization is effect. The organization is effect, and the part of the organization is effect. The organization is effect, and amount of support provided? Were any of the organization provided to each of its supported organization is placed in this eaght.	U	A failing frietriber of a person described on 11a above:	TIV	1	
Did the officers, directors, trustees, or membership of one or more supported organizations have the power to requisivy appoint or elect a less at a regiontly of the organization's directors or trustees at all times during the tax year? If "to," 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 power to requisive any, applied to such powers during the tax year. If "wes" explain in Part VI how providing such benefit operated, supervised, or controlled the supported organization of the trust of the organization operated organization of the organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organizations operated organization operated organization operated organization operated organizations operated organizations operated organizations operated organizations operated organizations operated organizations operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization provided operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization operated organizatio	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves 1 Ves	<u> </u>				
Did the officers, directors, trustees, or membership of one or more supported organizations have the power to requisity appoint or letter at least a misotry of the organizations of decretor or trustees at all times during the tax, year? If "No," describe in Part VI have the supported organizations of decretors or trustees when the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization and the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year organization of the organization provided organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the supported organization of the organization of the organization of the organization of the organization of the organization of the organizations supported organizations of each of the organizations' supported organizations' supported organizations' supporting organization or trustees during the tax year also a majority of the directors or trustees of the organization or supported organizations' supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type LII Supporting Organizations Did the organization provide to each of its supported organizations, by the less day of the fifth month of the organization's tax year, (i) a copy of the organization or the organization or the same persons that controlled or managed the supported organization or supported organization or supported organization or supported organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization org	Se	ction B. Type I Supporting Organizations		V	NI-
activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised or controlled the supporting organization(s) that operated, supervised or controlled the supporting organizations. Section C. Type II Supporting Organizations Were a majority of the organization's director or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s) 17 No, "describe in Part VI how control or management of the supporting organization as supported organizations." Section D. All Type III Supporting Organizations Ves I Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the form of the organization provide to each of its supported organizations, and (ii) oppose for the organization's system of the organization organization organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization organization organization organization organization organization organization organization organiza	Ĺ	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"		Yes	No
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organizations. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations? If "No," describe in Part VI how control or management of the supported organizations supported organizations or sweeted in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a color of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1. Were any of the organization's officiars, directors, or trustees either (i) appointed or elected by the supported organization or the operanization on the operanization body of a supported organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization (s). By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization situations in Part VI how the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If Yes, "election in Part VI how the organization's investment in Part VI how the organization's investment in Part VI how the organization's investment in Part VI how the organization's investment of the organization was repositive to which the organization was repositive to which the organization was repositive		activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if			
operated, supervised, or controlled the supporting organization of If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization organization. Section C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or each of the organization is supported organizations. In "Yes," of describe in Part VI how control or management of the supporting organization may sested in the same persons that controlled or managed the supported organization (s.). Section D. All Type III Supporting Organizations. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a writen 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 organizations (governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization softiers, directors, or trustees either (ii) appointed organizations (so the organization or sold in the organization of the relationship described in line 2 above, did the organization in Part VI Inov the organization maintained a close and continuous working relationship with the supported organizations (so the organization is the organization should be a supported organization in the province or sold in the continuous organization and inclined a close and continuous working relationship with the supported organizations (so the organization should be a supported organization in the organization work or the organization's work or the organization's work or the organization's involvement. Check the two was 1 I "es," 'describe in Part VI the role the organization's involvement, one or more of the organization satisfied the Activities during the tax year disectly further the gradial purposes		1	1		
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's upported organization's purported Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the form 990 that was most recently field as of the date of motification, to the date of motification, and (ii) copies of the organization's governing documents in effect on the date of motification, to the date of motification, and (ii) copies of the organization's governing documents in effect on the date of motification, to the date of motification, and (ii) copies of the organization's purported organization's supported organization's purported organization's supported organization's purported organization's provided organi		operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
Vers majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's supported organization's version of the organization's supported organization's version of the supporting organization version or trustees of each of the organization's supported organization's version or the version of the organization provide to each of its supported organizations. Ves If the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a writen notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form '990 that we most recently field 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? Were any of the organization's officers, directors, or trustees either (i) appointed organization's purported organization's in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed organization's purported organization's in maintained a close and continuous working relationship with the supported organization's have a significant voice in the organization's insusported organization's purported organization's law easy and the organization's purported organization's played in this regard. Section E. Type III Functionally-Integrated Supporting Organization's supported organization subject of the organization satisfied the Activities Test. Complete line 2 below. Did to proganization satisfied the Activities Test. Complete line 2 below. Activities Test. Answer lines 2 and 2b below. Activities Test. Answer lines 2 and 2b below. Activities Test. Answer lines 2 and 2b below. Activities Test. Answer lines 2 and 2b below. Did to organization's position that its supported organ					
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of reach of the organization's supported organization's provide to repair the organization's supported organization's provide to repair the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's or (i) explain in Part VI how the organization's or (i) explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment polices and in directing the use of the organization's income or assets at all times divide the organization is investment polices and in directing the use of the organization's income or assets at all times divide the organization is investment polices and in directing the use of the organization's income or assets at all times divide the organization in the organization's supported organizations have a significant voice in the organization ship described in line 2 above, did the organization's supported organizations played in this regard. Section E. Type III Functionally. Integrated Supporting Organization's income or assets at all times divide the organization supported organization supported organization was responsive for the organization supported organization was responsive for the organization supported orga	Se	ction C. Type II Supporting Organizations			
of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organizations wested in the same persons that controlled or managed the supported organizations). Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's very evening documents in effect on the date of notification, to the extent not previously provided? 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? "No," explain in Part VII how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year! If "No," describe in Part VII there for the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year! If "No," describe in Part VII there are during the year (see instructions): Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization sub to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. Complete line 3 below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Did the organiz				Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) severing on the governing body of a supported organization? *Pwo," explain in *Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment polices and in directing the use of the organization's income or assets at all times during the tax year? If *Pes," describe in *Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization is the parent of each of its supported organizations. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization is the parent of each of its supported organizations behave a government entity (see instructions). Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's to which the organization was responsive? If *Pes,* then in *Part VI identify those supported organizations of the organization and explain how these activities during the trust of the organization supported organization's would have been engaged in these activ		of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (so) or (ii) severaling ont be governing body of a supported organization or elected by the supported organization maintained a close and continuous working relationship with the supported organizations in Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in the organization is played in this regard. Section E. Type III Functionally-Integrated Supporting Organization's income or assets at all times during the tax year directive the Integral Part Test during the year (see instructions): The organization supported organization used to satisfy the Integral Part Test during the year (see instructions): The organization is the parent of each of its supported organization's supported organization's supported organization's activities Test. Complete line 3 below. Activities Test. Answer lines 2a and 2b below. The organization supported organization's activities	Se	ction D. All Type III Supporting Organizations			
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 government of the organization's provided? Were any of the organization's officers, derectors, or trustees either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organization have a significant voice in the organization investment policies and in directing the use of the organization shave a significant voice in the organization investment policies and in directing the use of the organization shave a significant voice in the organization investment policies and in directing the use of the organization shave a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organizations bave as significant voice in the organization's investment policies and in directing the use of the organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's organization's activities during the tax year directly further there exempt purposes of the supported organization's organization's activities of each of the organization's position that its supported organization's position that its supported organizatio		Clon D. Am 1, po 122 Supporting Organizations		Yes	No
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 supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Fes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization satisfied the Activities Test. Complete line 2 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's properted organizations, and how the organization determined that these activities out the organization's properties or supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction	ļ	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			
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 supported organization(s). By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's necessary and in the regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a		· · · · · · · · · · · · · · · · · · ·	1		
By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assested at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a		organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the	1		
Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a	3		2		
Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a			3		
The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Yes Yes Organization Yes	Se	ction E. Type III Functionally-Integrated Supporting Organizations			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes," are or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Page 6 Schedule A (Form 990) 2021 Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes," or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Page 6 Chedule A (Form 990) 2021 Page 6 Chedule A (Form 990) 2021 Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	!	Activities Test. Answer lines 2a and 2b below.		Yes	No
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Form 990) 201 Page 6 Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	а	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	22		
organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Form 990) 20 Page 6 Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for	Za		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Form 990) 20 Page 6 Page 6 Page 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		organization's involvement.	2b		
the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Form 990) 20 Page 6 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		Parent of Supported Organizations. Answer lines 3a and 3b below.			
supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Form 990) 20 Page 6 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Page 6 Chedule A (Form 990) 2021 Page 7 Page 8 Page 8 Page 8 Page 9 Pag		the supported organizations? If "Yes" or "No", provide details in Part VI.	3a		
Page 6 Chedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
hedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b	000)	2021
hedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b	990)	2021
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A	3b	990)	2021
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A	3b	990)	202:
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A	3b	990)	202:
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	b	the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Page 6	3b		
Section A - Adjusted Net Income (A) Prior Year	b	the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A (Page 6	3b		
	hec Par	the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI)	3b (Form	F	
(B) Current Year (optional)	b chec	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. Schedule A Page 6 Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through	3b (Form	F	
1 Net short-term capital gain 1	b Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A throug Section A - Adjusted Net Income (B) Current Year	3b (Form	F	2021 Page 6

2	Recoveries of prior-year distributions	2		_
	Other grees income (e.e. instructions)	ء ا	Ī	
3	Other gross income (see instructions)	3		-
4	Add lines 1 through 3	4		
				-
5	Depreciation and depletion	5		<u>-</u>
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	1	
			<u>l</u>	.
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		_
			(A) Dri V	
	Section B - Minimum Asset Amount		(A) Prior Year	
	(B) Current Year (optional)			-
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short]	
_	tax year or assets held for part of year):	1		-
а	Average monthly value of securities	1a		_
		٠. ا	I	
b	Average monthly cash balances	1b		-
	Fair market value of other non-exempt-use assets	1c		
	·			-
d	Total (add lines 1a, 1b, and 1c)	1d		<u>-</u>
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
L			1	
2	Acquisition indebtedness applicable to non-exempt use assets	2		-
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		.
6	Multiply line 5 by 0.035	6		-
7	Recoveries of prior-year distributions	7	1	
	Telestration of prior year distributions	<u> </u>	<u> </u>	-
8	Minimum Asset Amount (add line 7 to line 6)	8		-
	Section C - Distributable Amount			
	Current Year			-
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
	Enter 95% of line 1	2	I	
2	Enter 85% of line 1	2		-
3	Minimum asset amount for prior year (from Section B. line 8, Column A)	3	1	

4 Enter greater of line 2 or line 3		4			
5 Income tax imposed in prior year		5]		
5 Income tax imposed in prior year		5			
Distributable Amount. Subtract line 5 from line 4, ur temporary reduction (see instructions)	lless subject to emergency	6			
			•		
7 Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	ntegrat	ed Type III	supporting	organization (see
,				Sc	hedule A (Form 990) 2021
	Page 7				
Schedule A (Form 990) 2021					Page 7
Part V Type III Non-Functionally Integrated	l 509(a)(3) Supporting (Organ	izations	(continued)
Section D - Distributions					Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes			1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organi	zations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4 Amounts paid to acquire exempt-use assets				4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
				6	
, , , , , , , , , , , , , , , , , , , ,	1115				
7 Total annual distributions. Add lines 1 through 6.				7	
Distributions to attentive supported organizations to wind details in Part VI). See instructions	hich the organization is respon	sive (<i>pı</i>	rovide	8	
9 Distributable amount for 2021 from Section C, line 6				9	
10 Line 8 amount divided by Line 9 amount				10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	(ii) derdistribu Pre-202:		(iii) Distributable Amount for 2021
Distributable amount for 2021 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2021					
(reasonable cause required explain in Part VI). See instructions.					
See instructions. 3 Excess distributions carryover, if any, to 2021:					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.					
See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater					

в вгеакооwn от ппе /:					
b Excess from 2018					
c Excess from 2019.					
d Excess from 2020 e Excess from 2021					
e Lacess Holli 2021.				Schedule	A (Form 990) (2021)
					(====)
		Page 8			
Schedule A (Form 990) 2021					Page 8
Part VI Supplemental Section A, lines Part IV, Section	Information. Provide the ex 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 D, lines 2 and 3; Part IV, Sec	splanations required by Part II, li la, 9b, 9c, 11a, 11b, and 11c; Pa ction E, lines 1c, 2a, 2b, 3a and nes 2, 5, and 6. Also complete t	art IV, Section B, line 3b; Part V, line 1; Par	s 1 and 2; Part 1 rt V, Section B, I	II, line 12; Part IV, V, Section C, line 1; ne 1e; Part V Section
		Facts And Circumstances Te	st		
Return Reference			Explanation		-
				Schedu	e A (Form 990) 2021
efile Public Visual Render	Objected: 2022/30693	49302329 - Submission: 2022	-11-02		TIN: 86-0778917
Schedule B		chedule of Contribu			OMB No. 1545-0047
(Form 990)	_	Attach to Form 990, 990-EZ, or			0004
Department of the Treasury Internal Revenue Service		<u>vww.irs.gov/Form990</u> for the lat			2021
Name of the organization	DECEDI			Employer	dentification number
INTERNATIONAL SONORAN ALLIANCE	DESERT			86-077891	7
Organization type (check	one):				
31 (,				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter r	number) organization			
		iambor) organization			
	4947(a)(1) nonex	empt charitable trust not treat	ed as a private four	ndation	
	527 political organ	nization			
Form 990-PF	501(c)(3) exempt	private foundation			
1 6111 666 1 1	2 00 1(0)(0) 0x0mpt	private realization			
	4947(a)(1) nonex	empt charitable trust treated a	as a private foundat	ion	
	501(c)(3) taxable	private foundation			
Check if your organization Note:Only a section 501(c		Rule or a Special Rule.	ne General Rule an	d a Special Ru	e. See instructions.
	, (, , (-), - (-) - · g-···· -			,	
General Rule					
		or 990-PF that received, dur ibutor. Complete Parts I and			
Special Rules					

under secti received fro	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Formom any one contributor, during the year, total contributions of the grant, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	n 990 or 990-EZ), Part II, li	ine 13, 16a, or 16b, and that
during the	anization described in section 501(c)(7), (8), or (10) filing Form 990 year, total contributions of more than \$1,000 <i>exclusively</i> for religiou or for the prevention of cruelty to children or animals. Complete Par	s, charitable, scientific, lite	
during the y If this box is purpose. D religious, cl	anization described in section 501(c)(7), (8), or (10) filing Form 990 year, contributions exclusively for religious, charitable, etc., purposes checked, enter here the total contributions that were received duron't complete any of the parts unless the General Rule applies to tharitable, etc., contributions totaling \$5,000 or more during the year	es, but no such contribution ing the year for an exclusion this organization because r	ns totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively \$\
990-EZ, or 990-PF or on its Form 990 990-EZ, or 990-PF	,	eck the box on line H of its ts of Schedule B (Form 99	Form 990-EZ 90,
For Paperwork Redu for Form 990, 990-EZ	·	Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page 2 ———		
Schedule B (Form	990) (2021)	Page	e 2
Name of organizatio INTERNATIONAL SO ALLIANCE		Employer id 86-0778917	entification number
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ice is needed.	
Contributors (a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll Noncash
		\$ RESTRICTED	Payroll Noncash (Complete Part II for noncash
(2)			Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ RESTRICTED (c) Total contributions	Noncash (Complete Part II for noncash
	(b)	(c)	Noncash (Complete Part II for noncash contributions.)
	(b)	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
	(b)	(c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
	(b)	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
	(b)	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash
No. - (a)	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$ (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No. - (a)	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$ (c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. - (a)	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$ (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
No. - (a)	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$ (c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Payroll
No. - (a)	(b) Name, address, and ZIP + 4 (b)	(c) Total contributions \$ (c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

-			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
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		6	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3 ———		
	V7 - 222 V222 V		
Name of org	8 (Form 990) (2021) ganization	Employer identification	Page 3
INTERNATIO ALLIANCE	NAL SONORAN DESERT	86-0778917	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	1 (2)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	_
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		\$	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
-		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	_
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Dart I	Description of noncasti property given	(Caa instructions)	Date received

ганн							(3661	เเอเเนตเเตเร	1	
								¢		
-							-	Ψ		
									Schedule B (Form	990) (2021
						Page 4				
chedule E	B (Form 9	90) (2021)								Page
)T					Employer ide	entification numbe	er
Schedule B (Form 990) (2021) Page 4 Schedule B (Form 990) (2021) Pa										
art III		-				-				
							iaritable, e	tc., contributio	ns of \$1,000 or I	ess for
								_		
(a)										
o. from		(b) Purpo	se of gift			(c) Use of gift		(d) Descr	iption of how gift	is held
Faili										
				_ .						
-					((e) Transfer of gift				
		Transferee's	name, address,	, and ZI	P 4	F	Relationshi	p of transferor	to transferee	
								() =		
-		(b) Purpo	se of gift			(c) Use of gift		(d) Descr	iption of how gift	is held
· u.c.	_									_
				_ -				-		
					((e) Transfer of gift		-		
_	,	Transferee's	name, address,	, and ZI	P 4	F	Relationshi	p of transferor	to transferee	
						-				
		(h) Purno	se of aift			(c) Use of gift		(d) Descr	intion of how gift	is held
-		(5) 1 4. 60	00 0. g			(0) 000 01 9		(4) 2000.	.po oo g	10 11010
efile Pub	lic Visua	l Render	ObjectId: 20	22430	69349302	329 - Submission	: 2022-1	1-02	TIN: 86-07789	17
CHEDU	JLE D		Supple	man	tal Eina	noial Statem	onto		OMB No. 1545-00	47
Form 990)			Supple	HIIIEII	ılaı Fiiia	iiciai Stateiii	ents		2024	
								2h	2021	
	,				Attach to F	orm 990.				c
			30 to <u>www.irs.go</u>	ov/Forn	<u>1990</u> for ins	tructions and the lat			•	
INTERNATIO									incation number	
	Organi	zatione Ma	intaining Done	r Advi	cod Funds	or Othor Similar				
raitI								Accounts.		
	•				(a)	Donor advised funds		(b) Funds a	nd other accounts	
Total r	number at	end of year .								
Aggre	gate value	of contributio	ns to (during year	.)						
	-	-								
	-	•								
organ	деготт э р	. Spercy, Subj	ost to the organize					•	☐ Yes ☐	No
									☐ Yes ☐	No
Part II	Conser	vation Eas	ements.						res	110
				red "Ye	s" on Form 9	990, Part IV, line 7.	·			
Purpo	se(s) of co	onservation ea	asements held by t	the orga	nization (chec	k all that apply).				=
	Preservati	on of land for	· public use (e.g., r	ecreatio	n or education	n) Preserva	ation of an h	nistorically import	ant land area	

	☐ Protection of natural habitat ☐ Preservation of	a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fe easement on the last day of the tax year.	orm of a	conservation Held at the End of the Year
а	Total number of conservation easements	2a	field de the End of the Fedi
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after $7/25/06$, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the or	ganization during the
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling enforcement of the conservation easements it holds?	of viola	tions, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conso \$\infty\$ \$	ervation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp balance sheet, and include, if applicable, the text of the footnote to the organization's financial stathe organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	her Si	milar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furt		
b	Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furt following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		. \$
	ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for fin		
_	following amounts required to be reported under FASB ASC 958 relating to these items:	,	
а	Revenue included on Form 990, Part VIII, line 1		. ▶\$
	Assets included in Form 990, Part X		
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No	5228	3D Schedule D (Form 990) 2021
	Page 2		
	. age 2		
	dule D (Form 990) 2021	.b C:	Page 2
3	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Using the organization's acquisition, accession, and other records, check any of the following that		milar Assets (continuea)
_		are a Si	anificant use of its collection
а	items (check all that apply):	are a Si	gnificant use of its collection
	Public exhibition d Loan or exchange	e progr	ams
b	Public exhibition d Loan or exchange	e progr	
b c	Public exhibition d Loan or exchange	e progr	ams
	Public exhibition d Loan or exchange e Other	e progr	ams
С	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization	e progr n's exei	ams mpt purpose in
c 4 5	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other	n's exer	mpt purpose in
c 4 5	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other assets to be sold to raise funds rather than to be maintained as part of the organization's collection of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization answered "Yes" on Form 990, Part IV, line 9, or report of the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organizat	n's exer	ams mpt purpose in Yes No an amount on Form 990, Part X,
c 4 5 Par	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other assets to be sold to raise funds rather than to be maintained as part of the organization's collection of the organization answered "Yes" on Form 990, Part IV, line 9, or replication 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other a included on Form 990, Part X?	n's exer	ams mpt purpose in Yes No an amount on Form 990, Part X, ot Yes No
c 4 5 Par	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other assets to be sold to raise funds rather than to be maintained as part of the organization's collection of the organization answered "Yes" on Form 990, Part IV, line 9, or repline 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other a included on Form 990, Part X?	e progr	ams mpt purpose in Yes No an amount on Form 990, Part X,
c 4 5 Par	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other assets to be sold to raise funds rather than to be maintained as part of the organization's collection of the organization answered "Yes" on Form 990, Part IV, line 9, or regulate if the organization answered "Yes" on Form 990, Part IV, line 9, or regulate on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other a included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:	n's exer	ams mpt purpose in Yes No an amount on Form 990, Part X, ot Yes No

f Ending balan	ce						1f			_
2a Did the organ	nization include	an amount on Fo	orm 990, Part	X, line	21, for escr	ow or cu	ıstodial account lia	ability?	Yes N	No
b If "Yes," expl	ain the arrange	ement in Part XIII.	Check here i	if the ex	planation ha	as been	provided in Part X	ш П		
									,	
Comp	olete if the or	ganization answ	wered "Yes"	on For	m 990, Pa	rt IV, li	ne 10.	(4)		
			(a) Curren	t year	(b) Prior	year	(c) Two years back	(d) Three years ba	(e) Four years	s back
	•									
	Unrelated organizations									
f Administrative	expenses .									
g End of year ba	lance									
	•	- ·	ent year end	balance	(line 1g, co	lumn (a)) held as:			
_		endowment 🕨								
-										
•			ıld ogual 100	0/-						
·	-		•		ation that a	e held a	nd administered f	or the		
organization		, , , , , , , , , , , , , , , , , , , ,		. J.					Yes	No
	•								3a(i)	
	-			· ·	n Schedule	 R? .	· ·		3a(ii) 3b	
		-							55	
		ganization answ (a) Cost or ot					ne 11a. See For (c) Accumulated		(, line 10. (d) Book value	
Description of	property	(investme		(b) Cost	or other bas	is (other)	(c) Accumulated	repreciation	(u) book value	
1a Land						486,134			4	186,134
					4	,344,343		1,208,636		35,707
_								, ,	· ·	
·						202,086		156,563		45,523
e Other						297,887			2	97,887
Total. Add lines 1a	through 1e. (0	Column (d) must	equal Form	990, Par	t X, columi	n (B), lin	e 10(c).)	•	3,9	65,251
								Sched	ule D (Form 990) 202:
					2200 2					
					Page 3 —					
Schedule D (Form 9	990) 2021									Page 3
				an Far	000 Da		no 11h Coo Fow	~ 000 Dout V	line 12	
Comp				OII FOI	111 990, Pa	(b)		(c) Method of v		
						Book	Cost	or end-of-year	market value	
(1) Financial doriva	tivos					value				
(3)Other	-									
(A)										
(B)										
(C)										
(D)										
(5)										
(E)										
(F)										
(G)										
(H)										
Total (Column (h) mu	st equal Form 00	In Part Y col (R) line	e 12)		<u> </u>					

Investments - Program Related.

	Complete if the organization answered	d 'Yes' on Form	990, Part IV	, line 11c. Se	ee Form 990.	. Part X. line	e 13
--	---------------------------------------	-----------------	--------------	----------------	--------------	----------------	------

	e :: e::e e: ga::::=a::e:: a::e::ea ::ee e::: e:::: 550, : a::e ::1,		e 71, 201	
	(a) Description of investment	(b) Book value	(c) Met Cost or end	hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered 'Yes' on Form 990), Part IV, line 11d. See For	m 990, Part X	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu			>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990) Dart IV line 11e or 11f Se	e Form 990	Part V line 25
1.	(a) Description of liability	o, rait IV, iiile IIe oi III. Se	<u>e romi 990, </u>	(b) Book value
	income taxes			
AGENCY FU	NDS			37,596
-				
-				
T-1-1 (0.1	(h) work court 5 cour 200 Park V and (5) " 25"			
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the fool	tnote to the organization's fina	ncial statement	37,596
	n's liability for uncertain tax positions under FIN 48 (ASC 740). Che			
	. 5 hability for directions tax positions under the 40 (ASC 740). Cite	can here if the text of the footh		ule D (Form 990) 2021
			Scried	5 (1 51 m 550) 2021
	Page 4	1		

Schedule D (Form 990) 2021 Page **4**

141174 13			рег ла	u				ciiuc pci				
		if the organiza								_		_
		s, and other sup						•	1			_
		on line 1 but not	•	•	12:							
a Net unreal	lized gain:	s (losses) on inv	estments .			2a						
b Donated s	services a	nd use of facilitie	es			2b						
c Recoveries	s of prior	year grants .				2c						
d Other (De	scribe in I	Part XIII.)				2d						
e Add lines	2a throug	gh 2d							2e			_
3 Subtract li	ine 2e fro	om line 1							3			_
4 Amounts i	included o	on Form 990, Pa	rt VIII, line 12,	but not on lin	e 1 :							_
a Investmen	nt expens	es not included	on Form 990, P	art VIII, line 7	'b .	4a						
b Other (De	scribe in I	Part XIII.)				4b						
c Add lines	4a and 4 l	b							4c			
5 Total rever	nue. Add	lines 3 and 4c.	(This must equa	al Form 990, F	Part I, line 12.)				5			_
Part XII R	econcili	iation of Expe	enses per Au	dited Fina	ncial Stater	nents	With Exp	enses pe	r Retu	rn.		_
C1 D 11	\C			2242262	40000000	6.1	· · ·		- 00		TTN 06 07	70047
efile Public	visuai	Render C	bjectId: 20	22430693	49302329	- Subi	mission:	2022-11	-02		TIN: 86-07	
SCHEDUL (Form 990) Department of the Treas Internal Revenue Servi	sury		plementanplete to prov Form 990 or	vide informa r 990-EZ or ▶ Attach	ation for res _l	onses my add or 990	to specifi litional inf D-EZ.	ic questior formation.	s on	<u>.</u>	OMB No. 154 202 Open to F Inspect	1 Public
Name of the org	anization	1 1							mplove	er identif	fication numb	
INTERNATIONAL S									86-0778			
Return					Fxr	lanatio	n					
Reference					-^-	,,u,,,u,,,o	••					
FORM 990 - ORGANIZATION	OR'EAL E	E INTERNATION ESTATE AND B IRE AND ECON RSTANDING AN	USINESS DE\ IOMY OF THE	/ELOPMENT SONORAN	PROJECTS DESERT. WE	INTENI ARE C	DED TO P	RESERVE ED TO FOS	AND E	NRICH T 3 COMM	HE ENVIRON	
FORM 990, PAGE 2, PART III, LINE 4A	DEVEL AFFOR BASED IN IMPI CURLE INCUB. EXTRA BUSINI IN COM AND S' INCLUI MAINT TRAINI SYMPO AGENO INCLUI DESEF PARTN FOOD	VORKS TO IMP. OPMENT PRO RDABLE LIVE/V DECONOMIC N LEMENTING TI EY SCHOOL CA ATOR. ADDITION A	JECTS. ISDA VORK APARTM IICHE IN AJO. HIS APPROACE AMPUS TO A CE DINALLY, ISDA STORIC BUILL SERVICE CE S, SEEKING TO COMMUNITY. I GED, WORK REPAIR WHICE RATING THE DONORAN DES ACATE BIOSP ON AND CON KING WITH TE LLLY, ISDA SPO	RESTORED MENTS FOR THIS IS NOV CH IN RURAL CLAY STUDIG HAS RENOV DINGS IN TH INTER AND O O BRIDGE C SDA OPERA C-STUDY, INT CH USES ISD RONMENTAI SONORAN D ENERGE RESE SERVATION EN OTHER L ONSORS RE	AND CONVE ARTISTS AN W CALLED "(AMERICA. I O AND WOOD VATED NEAR IE HEART OF CO-WORKIN CULTURAL DI ATES A CONT FERNSHIPS, DA'S OWN BL L EDUCATIO DESERT" WO LISO ORGAN IRVE IN SON ISDA IS A L OCAL AND F EGIONAL TRI	ERTED TO ARTION ARTION ARTION AND A POOLEMENT OF A	THE HISTO SANS AS VE PLACE SO RENCE OF A JOE OF	ORIC CUR A STRATE EMAKING- DVATED HI ERY, AND A I'S HISTOF I'S HISTOF I'S HISTOF GRAMS IN JIR APPRE ITION SITE ICLUDING JERSHIP V S'S TO SITE S WELL AS MBER OF I INIZATION I'VALS ANI	LEY SC GY TO AND IS STORICA COMMINICA IC TOWN DUCES FIVE AC WORK NTICES S FOR A BI-AN WITH LA SS IN THE AND THE AJO S TO CF D EVEN	CHOOL IN CREATE DA HAS COMMERCIAL WINDERCIAL WINDERCIAL WINDERCIAL COMMERCIAL COMPARCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMPARCIAL COMPARCIAL COMPARCIAL	N AJO, AZ TO CE A NEW ARTS BECOME A LE NGS ON THE LE KITCHEN BU A, RESTORING A, RESTORING AND TO CREDEVELOPMEN DGRAM IN BUIL-JOB APPREN RI-NATIONAL IAGEMENT DRAN DESERT EER PROJECT INAL FOOD A HEALTHY LORKING WITH	30 S- EADER SINESS G THE TES A MMING EATE IT, ILDING ITICE
FORM 990, PAGE 6, PART VI, LINE 6		ERSON WHO N ED A MEMBER								IME TO	ISDA SHALL E	;E
FORM 990, PAGE 6, PART VI,		ERSON WHO N ED A MEMBER								TIME TO	ISDA SHALL E	3E

MEMBERS ARE ABLE TO VOTE ON MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

THE BOARD OF DIRECTORS, INCLUDING THE PRESIDENT, TREASURER, AND SECRETARY REVIEWED THE 990 IN DRAFT FORM PRIOR TO SUBMISSION.

FORM 990,

FORM 990, PAGE 6, PART VI,

PAGE 6, PART VI, LINE 7B

FORM 990, PAGE 6, PART VI, LINE 12C	THE C	CONFLICT OF INTERE	EST POLIC	Y IS RE	VIEWED	AND UPDAT	ED AN	NUALLY	<u>, </u>						
FORM 990, PAGE 6, PART VI, LINE 15A	DONE	YEAR THE BOARD F BY AGENCIES SUCI EY OF SIMILAR ORG	H AS ARIZ	ONA ST	ATE UNI\										
FORM 990, PAGE 6,		YEAR THE BOARD F BY AGENCIES SUCI													
efile Public Visua	al Rende	r ObjectId: 2022430	693493023	29 - Subr	nission: 20	022-11-02							TIN: 86		
SCHEDULE I (Form 990)	R	► Complete	e if the organ	ization ans	wered "Yes	and Unrela " on Form 990, Form 990. r instructions an	Part IV, li	ine 33, 34,	35b, 36,	or 37.			20 20 pen to	21 Publi	
Internal Revenue Service Name of the organizat INTERNATIONAL SONORA ALLIANCE	ion N DESERT									mployer i 6-0778917	dentificatio	n numbe	Inspe	ction	
Part I Identi	fication	of Disregarded Entities.	Complete if	the organi	ization ansv	vered "Yes" on	Form 990	, Part IV,							
Name, addre	ss, and EIN	(a) (if applicable) of disregarded enti	ity	P	(b) rimary activity	Legal domic or foreign	ile (state	(d) Total inco	me End-	(e) -of-year ass	ets		f) ntrolling tity		
(1) AJO PLAZA LLC 401 W ESPERANZA STRE AJO, AZ 85321 26-2826756 (2) CURLEY SCHOOL AR 401 W ESPERANZA STRE	RTISIAN HOU	ISING LLC		RENTA		AZ AZ					N/A N/A				
AJO, AZ 85321 16-1736581 (3) AJO MANAGEMENT C 401 W ESPERANZA STRE AJO, AZ 85321	COMPANY LL	С		MGT (0	AZ	:				N/A				
															_
		f Related Tax-Exempt O pt organizations during the		s. Comple	te if the org	ganization answ	ered "Yes	s" on Form	n 990, Par	t IV, line	34 because	e it had	one or r	nore	
Name, ad	dress, and I	(a) EIN of related organization		(l Primary		(c) Legal domicile (sta or foreign country		(d) It Code section		(e) c charity stat ction 501(c)((f) irect contro entity	olling	Sed 512(b contr enti	tion ()(13) colled
(1)CURLEY SCHOOL HO 401 W ESPERANZA STRE		TNERS LLC		HOUSING		AZ			7		N/A				No
AJO, AZ 85321 16-1736582 (2)SONORAN DESERT C 401 W ESPERANZA STRE		E CENTER		CONF CTR		AZ	3		12A		,				No
AJO, AZ 85321 47-5559774											N/A				
For Paperwork Redu	uction Act	Notice, see the Instruction				Cat. No.	50135Y				Sch	nedule R	(Form 9	90) 20)21
Schedule R (Form 990) 2021		Page	2										Pag	је 2
		f Related Organizations ted organizations treated a					anization	answered	l "Yes" on	Form 990), Part IV, I	ine 34, I	oecause	it had	ı
	ame, addre	a) ss, and EIN of ganization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(I Disprop alloca	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	Perce owne	k) ntage ership
									Yes	No		Yes	No		
											-				

LINE 11B

Part IV Identification of Related Org because it had one or more rela					ition answere	d "Yes" on	Form 990, Part 1	V, line 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	(f) Share of total income	(g) Share of end of-year	(h) - Percentage ownership	Section 5	(i) 512(b)(13) ed entity?
· · · · · · · · · · · · · · · · · · ·		(state or foreign country)	,	corp, or trust)		assets	,	Yes	No
		,	11		1		Schedule	R (Form 99	0) 2021
	Pag	je 3 ———————————————————————————————————							
hedule R (Form 990) 2021		. :		F 000 F		4 2Fb 2	26		Page 3
Part V Transactions With Related O Note. Complete line 1 if any entity is listed			swered tes on	F01111 990, F	art IV, lille 3	+, 350, 01 3	00.	١	res No
During the tax year, did the orgranization en			nore related organ	izations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii)b Gift, grant, or capital contribution to relate		a controlled entity						1a 1b	No No
c Gift, grant, or capital contribution from rel								1c	No
d Loans or loan guarantees to or for related								1d Y 1e	'es
e Loans or loan guarantees by related organ	nization(s)							Ie	No
\boldsymbol{f} $\;$ Dividends from related organization(s) $\;$.								1f	No
g Sale of assets to related organization(s)h Purchase of assets from related organizat								1g 1h	No No
i Exchange of assets with related organization	on(s)							1i	No
j Lease of facilities, equipment, or other ass	ets to related organization	(s)					•	1j Y	'es
k Lease of facilities, equipment, or other ass	-	* *						1k	No
 Performance of services or membership or Performance of services or membership or 								1l 1m	No No
n Sharing of facilities, equipment, mailing list:	=						· 	1n	No
• Sharing of paid employees with related on	ganization(s)							10	No
p Reimbursement paid to related organization	on(s) for expenses							1p	No
q Reimbursement paid by related organization	on(s) for expenses							1q	No
r Other transfer of cash or property to relat	ted organization(s)							1r	No
								1s	No
s Other transfer of cash or property from re				ludina covered	relationships a	and transaction	on thresholds.		
	see the instructions for in	formation on who must con	nplete this line, inc		(c)		((1)	
Other transfer of cash or property from re If the answer to any of the above is "Yes," Name of		formation on who must con		(b) Transaction type (a-s)	(c) Amount invo		Method of determini	l) ng amount inv	olved
s Other transfer of cash or property from re 2 If the answer to any of the above is "Yes," Name of A)SONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con	D	(b) Transaction	(c) Amount invo	BALAN	Method of determini	I) ng amount inv	olved
s Other transfer of cash or property from re If the answer to any of the above is "Yes," Name of NONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con		(b) Transaction	(c) Amount invo	BALAN	Method of determini	I) ng amount inv	olved
s Other transfer of cash or property from re 2 If the answer to any of the above is "Yes," Name of A)SONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con	D	(b) Transaction	(c) Amount invo	BALAN	Method of determini	I) ng amount inv	olved
s Other transfer of cash or property from re If the answer to any of the above is "Yes," Name of NONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con	D	(b) Transaction	Amount invo	BALAN	Method of determini	I) ng amount inv	olved
s Other transfer of cash or property from re If the answer to any of the above is "Yes," Name of NONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con	D	(b) Transaction	Amount invo	BALAN	Method of determini	i) ng amount inv	olved
s Other transfer of cash or property from re If the answer to any of the above is "Yes," Name of NONORAN DESERT CONFERENCE CENTER	see the instructions for in	formation on who must con	D	(b) Transaction	(c) Amount invo	BALAN	Method of determini	r) ng amount inv	
s Other transfer of cash or property from re2 If the answer to any of the above is "Yes,"	' see the instructions for in (a) f related organization	formation on who must con	D	(b) Transaction	(c) Amount invo	BALAN	Method of determini	ng amount inv	
s Other transfer of cash or property from re 2 If the answer to any of the above is "Yes," Name of A)SONORAN DESERT CONFERENCE CENTER	' see the instructions for in (a) f related organization		D	(b) Transaction	(c) Amount invo	BALAN	Method of determini	ng amount inv	

(a) (b) (c) (d) (e) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of entity activity domicile income section (total end-of-year allocations?

		(state or foreign country)	(related, unrelated, excluded from tax under sections	50: organ	(c)(3) izations?	income	assets			box 20 of Schedule K-1 (Form 1065)	parti	ner?	
			512-514)	Yes	No			Yes	No		Yes	No	
	l .	1	II.							Sch	edule R	(Form 9	90) 2021
		Page 5											
Schedule R (Form 990) 2021													Page 5
Part VII Supplemental Information Provide additional information		tions on Sc	hadula D. Soo ii	netruction	c								
Return Reference	ii ioi responses to ques	011 30	nedule IV. Jee II	i sei uccion		Explanatio	n						
											Schodu	lo P / Forr	n 990) 20

Additional Data Return to Form

Software ID: Software Version: