| 1 | form | 990-T | Ex | empt Organization Bເ (and proxy tax un | ısin der | ess Incom | e Tax Re | | | 20013 MB No 1545-0687 | • |
|------------|------------|--------------------------------|--------------|--|-------------|---------------------------------------|--|---------------------------------------|-----------------------------|--|----------------|
| | | ment of the Treasury | • | ndar year 2017 or other tax year beginning Go to <i>www.irs.gov/Form990T</i> for it |) istruc | 10/1/2017 , arctions and the late | nd ending 9/3 est informatio | n. | | to Public Inspection | |
| | Internal | Revenue Service | DO NO | t enter SSN numbers on this form as It ma | | | | _ | |)(3) Organizations O entification numbe | |
| | <u>^ L</u> | address changed | | | ıf nam | ne changed and see in | structions) | | | ust, see instructions) | 01 |
| | | empt under section | | Marc Community Resources, Inc. | | | | | | | 1 |
| | X | | Print | Number, street, and room or suite no If a F | O po | x, see instructions | | | | 0137109 | <u> </u> ر |
| | ⊢ | 408(e) 220(e) | or | 924 N Country Club Drive | | | - | | related bu e instruction | isiness activity co is) | odes / |
| | <u> </u> | 408A 530(a) | Type | City or town | State | • | ZIP code | | | | |
| | L | 529(a) | | Mesa | AZ | | 85201-4108 | | | • | |
| | | | | Foreign country name Fo | reign p | province/state/county F | oreign postal cod | | 31120 | | _ |
| <u>ک</u> ر | <u> </u> | | E Grou | l ip exemption number (See instruct | ione) | | | | 551120 | _ | —- <u>.</u> ′ |
| _ | | | | ck organization type \blacktriangleright X 501(| | | 01(c) trust | 401/2 |) trust | Other trus | [: |
| フ・ | | | | | | - | · · · | | i) trust | Other trus | |
| | | | | mary unrelated business activity | | Technical Suppo | | · · · · · · · · · · · · · · · · · · · | - N. 2 & | | |
| | | | | oration a subsidiary in an affiliated gr tifying number of the parent corporat | | r a parent-subsidia | ary controlled (| group? . | × > | Yes X | No |
| | | The books are in care | | | UII. | Telen | hone number | r ▶ 48 | 480 969 3800 | | |
| i | | _ | | Business Income | | (A) Income | |) Expenses | 10 303 30 | (C) Net | |
| , | | Gross receipts or sa | | <u> </u> | Π | (1) (1) | <u>í </u> | , <u>u.q</u> | | (5) | \neg |
| <u>n</u> | | Less returns and allowa | - | c Balance ▶ | 1c | 0 | K . I | | | | |
| ยคว | 2 | Cost of goods sold (| | e A, line 7) | 2 | , | - S. | İ | | | i |
| ~ | 3 | Gross profit Subtract | | • | 3 | ΄ ο | ١, | | | o | |
| _ | 4 a | Capital gain net inco | me (atta | ch Schedule D) | 4a | × | 1. | | | | |
| | b | | | rt II, line 17) (attach Form 4797) | 4b | | - | | | | |
| DEC | С | Capital loss deduction | on for tru | sts | 4c | | | | | | |
| | 5 | Income (loss) from partn | ierships ar | nd S corporations (attach statement). | 5 | ` ^ | | | | | |
| \Box | 6 | Rent income (Sched | lule C) | | 6 | \\/ ' | | | | | |
| SCANNED | 7 | Unrelated debt-finan | iced inco | me (Schedule E) | 7 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | |
| Ź | 8 | Interest, annuities, royalties | s, and rents | from controlled organizations (Schedule F) | -8 | 67,381 | | 58,761 | | 8,620 | |
| Ă | 9 | Investment income of a sec | ction 501(c) | (7), (9), or (17) organization (Schedule G) | 9 | | | | | | |
| တ္တ | 10 | Exploited exempt ac | - | | 10 | | | | | | |
| 0, | 11 | Advertising income (| | | 11 | | | | | | |
| | 12 | • | | ns, attach schedule) ` ` . | 12 | 6,555 | | | | 6,555 | |
| | 13 | Total. Combine lines | | | 13 | 73,936 | | 58,761 | | 15,175 | |
| | Part | | | ken Elsewhere (See instruction | | | | s.) (Excep | ot for co | entributions, | |
| | 44 | | | directly connected with the uni | | | | 1 | 44 | | |
| | 14 15 | Salaries and wages | icers, air | ectors, and trustees (Schedule K) | | | | • 1 | 14 | - | |
| | 16 | Repairs and mainter | nance | | | | | • } | 16 | | |
| | 17 | Bad debts | lance | | | | | | 17 | | |
| | 18 | | dule) | | | | | | 18 | | |
| | 19 | Taxes and licenses | | | • | | | | 19 | | |
| | 20 | Charitable contributi | ons (See | e instructions for limitation rules) . | | | | | 20 | | |
| | 21 | | | 562) . . . | | 21 | | | | | |
| 0 0 | 22 | | | Schedule A and elsewhere on ret | | 22a | | | 22b | 1 | |
| 2019 | 23 | Depletion . | | | | | AED IN CO | PRRES ! | 23 | | |
| ? | 24 | Contributions to defe | erred con | npensation plans | | IH | RS - OSC - | 18 [| 24 | | |
| | 25 | Employee benefit pr | ograms | | | 0: | | | 25 | | |
| · > | 26 | Excess exempt expe | enses (S | chedule I) | | 0(| UT 1.5 201 | 9[| 26 | | |
| 0 NOV | 27 | Excess readership of | osts (Sc | hedule J) | | | | [| 27 | | |
| <u>_</u> | 28 | Other deductions (at | ttach sch | edule) | | 00 | JUENI ITTA | ا، نا | 28 | | |
| 4 | 29 | | | | | | | | 29 | 0 | |
| Ú | 30 | | | ncome before net operating loss d | | | | 13 | 30 | 15,175 | |
| v | 31 | | | (limited to the amount on line 30) | | | | · · [| 31 | 15,175 | |
| 9 | 32 | | | ncome before specific deduction. | | | | | 32 | | |
| 2 | 33 | | | \$1,000, but see line 33 instruction | | | | · · | 33 | | |
| Ü | 34 | | | income. Subtract line 33 from line | | | | | . | [] | |
| • | | ع∠, enter the smaller | ot zero | or line 32 | • | | <u> </u> | · · · | 34 | 01 | |

For Paperwork Reduction Act Notice, see instructions.

| | 4 1 | - 1 |
|---|------------|--------|
| m | 990-T | (2017) |

| Marc | Community | Resources | Inc |
|------|-----------|------------|------|
| Maic | Community | resources, | 1110 |

86-0137109

Page 2 .

| rai | <u> </u> | Tax Computation | | | | | | | | | | |
|--|------------|---|---------------------------|---------------------------------------|--------------|---------------|---------------------------------------|----------------|-----------------|-------------------------|----------|-----------|
| 3 5 | | izations Taxable as Corpo ers (sections 1561 and 156 | | structions for tax com See instru | - | | trolled group | | | | | |
| а | | rour share of the \$50,000, \$ | 25,000, and \$9, | ,925,000 taxable incor | ne brack | kets (ı | n that order) | | | | | |
| | (2) Add | organization's share of. (1) A litional 3% tax (not more tha | an \$100,000) | x (not more than \$11,7 | 750) . | \$ | | | | | | |
| C | Income | tax on the amount on line | 34 | | • | | | . ▶ | 35c | | | |
| 36 | Trusts | Taxable at Trust Rates. S | ee instructions f | or tax computation In | come ta: | x on t | he | | | | | } |
| | amoun | t on line 34 from | ax rate schedule | or Schedule [| O (Form | 1041) | | > | 36 | | | <u>L</u> |
| 37 | Proxy | tax. See instructions . | • | | | | | . 🕨 | 37 | | | |
| 38 | Alterna | tive minimum tax . | | | | | | | 38 | | | |
| 39 | Tax on | Non-Compliant Facility In | ncome. See inst | ructions | | | | | 39 | | | |
| 40 | Total. | Add lines 37, 38 and 39 to li | ne 35c or 36, wl | hichever applies | | | | | 40 | | 0 | |
| Par | W | Tax and Payments | | | | | | | | | | |
| 41 a | | tax credit (corporations at | tach Form 1118, | trusts attach Form 11 | 16) | 41a | | | | | | 1 |
| b | - | redits (see instructions) | | | | 41b | | | | | | 1 |
| c | | il business credit Attach Fo | orm 3800 (see in | istructions) | | 41c | | T | | | | 1 |
| d | | or pnor year minimum tax (| • | • | · | 41d | · · · · · · · · · · · · · · · · · · · | | 7.5 | | | |
| e | | redits. Add lines 41a throu | | | L | | | | 41e | | 0 | |
| 42 | | ct line 41e from line 40 | | | | • | • | • | 42 | | <u>-</u> | |
| 43 | Other tax | ces Check if from: Form 425 | 5 Form 8611 | Form 8697 F | orm 8866 | | Other (attach sched | tule) | 43 | | | |
| 44 | | x. Add lines 42 and 43 | | | | | | | 44 | | 0 | - |
| 45 a | | nts: A 2016 overpayment cr | edited to 2017 | | . 1 | 45a | , | 1 | 72.07 | | | |
| b | - | stimated tax payments . | | | i h | 45b | | | | | | ļ |
| C | | posited with Form 8868 . | | | · - | 45c | | | | | | l |
| d | • | organizations Tax paid or | | · · · · · · · · · · · · · · · · · · · | <u> </u> | 45d | | | | | | |
| e | _ | withholding (see instruction | | • | - | 45e | | | | | | |
| f | | or small employer health in | | | _ | 45f | | | 2.2 | | | - |
| g | | redits and payments | Form 2439 | (* 11.100 * 1 | " | _ | | | | | | 1 |
| 9 | For | m 4136 [| Other | Tota | - al ▶ [| 45g | 0 | | | | | |
| 46 | Total pa | ayments. Add lines 45a thr | ough 45g | | | | | <u></u> . | 46 | | 0 | |
| 47 | Estimat | ed tax penalty (see instruct | ions) Check if F | Form 2220 is attached | | | > | | 47 | | | <u>L_</u> |
| 48 | Tax du | e. If line 46 is less than the | total of lines 44 | and 47, enter amount | owed | | | • | 48 | | 0 | |
| 49 | Overpa | yment. If line 46 is larger to | nan the total of li | ines 44 and 47, enter | amount | overp | aid | | 49 | | 0 | |
| 50 | | e amount of line 49 you want | Credited to 2018 | estimated tax 🕨 | | [| Refunded | | 50 | | 0 | Ĺ, |
| Part | V s | tatements Regarding (| <u>Certain Activi</u> | ties and Other Info | ormatio | on (se | ee instructions) | | | | | |
| 51 | At any t | ime during the 2017 calend | lar year, did the | organization have an | interest | in or a | a signature or o | ther a | uthority | | Yes | No |
| | over a f | inancial account (bank, sec | cunties, or other) | in a foreign country? | If YES, | the or | ganization may | have | to file | | 驗 | |
| | FinCEN | Form 114, Report of Forei | gn Bank and Fin | ancial Accounts If YE | S, enter | r the r | name of the fore | ign co | ountry | | 300 | 1 |
| | here 🕨 | • | - | | | | | _ | • | | | X |
| 52 | During ti | ne tax year, did the organizati | on receive a distr | ibution from, or was it t | he granto | or of, c | r transferor to, a | foreig | n trust? | | | X |
| | If YES, | see instructions for other fo | rms the organiz | ation may have to file | - | | | • | | | | |
| 53 | Enter th | e amount of tax-exempt int | erest received o | r accrued during the t | ax year | > | \$ | | | | | |
| | | er penalties of perjury, I declare that I ha | | | | | | knowie | dge and belie | f, it is true, o | correct, | |
| Sign | and | complete Declaration of preparer (other | er then taxpayer) is base | ed on all information of which pro | eparer has a | any know | rledge | ı | May the ID | C d | | |
| Here | | Ohan My | 10/10 10/ps | N 8/14/19 | Preside | ent & (| CEO | | | S discuss the shown bel | | WILD |
| ., | | nature of officer | | Date / // | tie | | | | instructions |)? X Y | es 🔲 | No |
| | | Print/Type preparer's name | | Preparer sugnature | | | Date | _ | . — | PTIN | | === |
| Paid | | 1 | ۸ | 10m | | 1 | | Chec self-e | kif employed | | 0740 | |
| Prep | arer | KRISTINA MORGAN, CP | | 1 7 7 7 | | 1 | 8/12/2019 | | | P0137 | | |
| | Only | | R MORGAN CF | | | | | Firm's | | 2-285160 | | |
| Firm's address 2418 W BARROW DRIVE, CHANDLER, AZ 85224 Phone no 602- | | | | | | | 2-230-2 | 700 | | | | |

| • • | | | | | | | |
|---|--------------------|---------------------------------------|---|----------------------------------|---|--|----------------------|
| Form 990-T (2017) M | arc Community I | Resources, Ir | nc | | 86- | 0137109 | Page 3 |
| Schedule A—Cost of Goo | ds Sold. Ente | r method o | <u>f inventory valuatı</u> | on ▶ | <u> </u> | | |
| 1 Inventory at beginning of | year | 1 | 6 | Inventory at en | d of year | 6 | |
| 2 Purchases . | | 2 | 7 | Cost of goods | | | |
| 3 Cost of labor | | 3 | | ine 6 from line | | | |
| 4 a Additional section 263A | costs | | | and in Part I, Iii | ne 2 | 7 | 0 |
| (attach schedule) | 4 | <u>a</u> | | | section 263A (with | | Yes No |
| b Other costs (attach sched | dule)4 | b | | property produ | ced or acquired fo | or resale) | |
| 5 Total. Add lines 1 throug | | 5 | 0 : | apply to the org | ganization? | <u></u> | X |
| Schedule C—Rent Income | e (From Real | Property a | nd Personal Pro | perty Leased | d With Real Pro | operty) | |
| (see instructions) | | | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | |
| (a) From personal property (if the pe for personal property is more than more than 50%) | | percentag | m real and personal prope e of rent for personal prop the rent is based on profit | erty exceeds | | rectly connected wr a) and 2(b) (attach s | |
| (1) | | | | | , | | |
| (2) | | | | | | | |
| (3) | | | | • | ′ | | |
| (4) | | | | | | | |
| Total | 0 | Total | | 0 | | | |
| (c) Total income. Add totals of co here and on page 1, Part I, line 6, | column (A) | <u> </u> | . | | (b) Total deduction Enter here and of Part I, line 6, col | on page 1, | 0 |
| Schedule E—Unrelated De | ebt-Financed | Income (se | e instructions) | | | | |
| 1 Description of debt | -financed property | | Gross income from a allocable to debt-finance | r | Deductions directly cor to debt-finance | | able |
| Description of debt-financed property | | | property | (a) Straight | | | eductions hedule) |
| (1) | | | | | | | |
| (2) | | ` | • | | | | |
| (3) | | | | | | | |
| (4) | | · | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 4. Amount of average of adjusted basis of or allocable to debt-financed property (attach schedule) | | 6. Column 4 divided by column 5 | | come reportable 2 × column 6) | 8. Allocable of (column 6 × total) 3(a) and | al of columns | |

%

%

%

%

(1) (2) (3) (4)

Total dividends-received deductions included in column 8

Form 990-T (2017)

Enter here and on page 1,

Part I, line 7, column (B)

0

0

0

0

Enter here and on page 1,

Part I, line 7, column (A)

0

0

0

0

| Schedule F-Interest, Annuit | ies, Royalties, | | | | <u>ani</u> | zations (see | e instru | ictions) | |
|-------------------------------------|--|----------------------|---|--|---|--|-----------|---------------------------------|--|
| | | Exempt (| Controlled (| Organizations | | | | | |
| Name of controlled organization | 2. Employer identification number | | | | | Part of column 4 that is included in the controlling organization's gross income | | ng conr | eductions directly lected with income in column 5 |
| (1) TecMarc, Inc. | 26-2119128 | | 8,62 | 20 67 | ,381 | | 67,3 | 81 | 58,761 |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organization | ns | | | • | | | | | <u> </u> |
| 7. Taxable Income | 8. Net unrelated (loss) (see instru | | | Total of specified ayments made | | 10. Part of colu included in the organization's g | controlli | ng conne | Deductions directly ected with income in column 10 |
| (1) | | | | | | i | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | ` , | |
| (4) | | | | | | | ., | | |
| Totals | | | | | | Add columns Enter here and Part I, line 8, c | on page | e 1, Enter A) Part I | columns 6 and 11 here and on page 1, , line 8, column (B) 58,761 |
| Schedule G—Investment Inc | ome of a Section | on 501(c |)(7), (9), o | r (17) Organiz | atio | n (see instru | ctions) | | |
| 1. Description of income | | 2. Amount of income | | 3. Deductions directly connected (attach schedule) | | 4. Set-asides (attach schedule) | | and s | otal deductions et-asides (col. 3 olus col. 4) |
| (1) | | | | • • • | 7 - | | | | 0 |
| (2) | | | | | T | • | | | 0 |
| (3) | | | \ | | Т | | | | 0 |
| (4) | | | | · \ | 7- | | | | 0 |
| Totals | | umn (A) 0 | 1 | dvertising Inc | ome | e (see instruc | tions) | | re and on page 1, e 9, column (B) 0 |
| Description of exploited activity | 2. Gross unrelated business incor from trade of business | ne conn proc | expenses lirectly ected with duction of irelated ess income | Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | fr | . Gross income om activity that s not unrelated usiness income | attrib | xpenses outable to lumn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | 0 | | | | 0 |
| (2) | ` _ | | | | 0 | | | | 0 |
| (3) | ` `, | | | | o | | | | 0 |
| (4) | | | | | 0 | - | | | 0 |
| | Enter here and page 1, Part line 10, col (A | l, page N) line 1 | here and on e 1, Part I, 0, col (B) | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals | <u> </u> | 0 | 0 | | | | | | 0 |
| Schedule J—Advertising Inc | | | | | | | | | |
| Part I Income From Perion | <u>odicals Report</u> | <u>ed on a (</u> | Consolida | ited Basis | | | | . | , |
| 1. Name of penodical | 2. Gross advertising income | | . Direct tising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | | 5. Circulation income | | eadership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | |] |
| (2) | | | | | | | | |] |
| (3) | | | | | | | | |] |
| (4) | | | | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$ | | | | |
| Totals (carry to Part II, line (5)) | • | 0 | 0 | | 0 | 0 | | 0 | |
| | | | | | | | | F | om 990-T (2017) |

86-0137109 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.)

| columns 2 through 7 or | i a line-by-line i | Jasis.) | | | | |
|-------------------------------|--|--|---|-----------------------|------------------------|--|
| 1. Name of penodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | 0 | | | 0 |
| (2) | | | 0 | | | 0 |
| (3) | | | 0 | | | 0 |
| (4) | | | 0 | | | 0 |
| Totals from Part I | 0 | 0 | | | | 0 |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) . | 0 | 0 | | | | 0 |

| Schedule K—Compensation of Officers, Directo | <u> </u> | | | | |
|---|----------|--|---|--|--|
| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business | | |
| (1) | | - 、 \ 、 % | | | |
| (2) | // | ```% | | | |
| (3) | , | % | | | |
| (4) | | // % | | | |
| Total. Enter here and on page 1, Part II, line 14 | | ´ > | 0 | | |

Form **990-T** (2017)