•		_	Exempt Organizat	_	_	_		293	93 3	26	04109
Forr	⊸ 990-T	, 6	Exempt Organizat	ion Bus	sine	ss Inc	ome T	ax Ret	urn	_}	OMB No 1545-0687
ì	٠ س		•	xy tax und					1906	\mathbb{I}	2040
	• • •	For ca	alendar year 2018 or other tax year beginning					30, 2019	1 - 1	٦	2018
	artment of the Treasury		Go to www irs gov/F						/-\/ / \	Ор	en to Public Inspecti 1(c)(3) Organizations
Interi	nal Revenue Service		Do not enter SSN numbers on this		_			ation is a 501			1(c)(3) Organizations r identification numb
ΑĮ	Check box if address changed		Name of organization (Chec	k box if name o	hanged	d and see ins	tructions.)		15		es' trust, see
			VEGA GOLGGERITEV AGETON N	TOTAL TA							i-0558 4 07
	Exempt under section	Print or	MESA COMMUNITY ACTION N						F		d business activity of
<u> </u>	501(c % 3)	Type	Number, street, and room or suite 868 EAST UNIVERSITY DRI		x, see II	nstructions				(See instr	
F	408(e) 220(e)										
<u> </u>	[408A []530(a)		City or town, state or province, cou	ntry, and ZIP o	r toreig	in bostai cod	е		, , , ,	53000	
 O B'	529(a) ook value of all assets		MESA, AZ 85203			<u> </u>			4.	33000	
C at	t end of year	3 2 2	F Group exemption number (See in		20101				101/0) +=		Other tre
ш С				501(c) cor	1	<u> </u>	01(c) trust		401(a) tr		Other tri
			ation's unrelated trades or businesses E OF BINGO MERCHANDISE	s. >				the only (or fi			
							-	complete Par			
		•	ace at the end of the previous sentend	ce, complete Pa	nts i ar	ıa II, comple	ie a Schedule	IVI TOF each ac	aditional 1	trage or	
	usiness, then complete I				at auba	udiani santra	llad aroun?			7 7/00	X No
_' '			poration a subsidiary in an affiliated g tifying number of the parent corporat		n-subs	lalary contro	nea group?			Yes	A NO
			CATHERINE DYCIEWSKI	1011.			Telenh	one number	480	-969-	4024
			de or Business Income			[(A) I	ncome	(B) Exp		- 	(C) Net
	Gross receipts or sale		11,931,	· · · · · · · · · · · · · · · · · · ·		- ","		(0) 22	7011000	$\neg +$	(0),
	Less returns and allow		c Balan	00	10		11,931.				
	Cost of goods sold (Se			UG -	1c 2		19,748.				
\mathbf{Z}_{2}^{2}	Gross profit. Subtract				3		-7,817.			- /	-7,8
X^3	Capital gain net incom				4a						
S			Part II, line 17) (attach Form 4797)		4b						
					4c						
С 5	•		stis ship or an S corporation (attach state	mont)	5			/	· -	$\neg +$	
6	Rent income (Schedul		ship of all 5 corporation (attach state	memy	6		/_				
7	Unrelated debt-finance		me (Schedule E)		7		/			-+	
8	~\ ₊		ind rents from a controlled organization	n (Schedule F)	8					$\neg +$	
9			on 501(c)(7), (9), or (17) organization							$\neg +$	
10	Exploited exempt activ			r (Ochedale d)	10				<u>.</u>	$\neg +$	
11	Advertising income (S	-			11					\dashv	
12	Other income (See ins		•		12		· 			_	
13	_Total. Combine lines				13		-7.817.			_	-7,8
	art II Deduction	is No	ot Taken Elsewhere (See II	nstructionsifo		ations ion d					· · · · · ·
	(Except for c	ontribi	ot Taken Elsewhere (See il utions, deductions must be direc	ty connected	With	ne un relate	d business	ıncome)			
14			rectors, and trustees (Schedule K)				Š			14	
15	Salaries and wages			C2 18	_ Z]	1 2020	RS-OS			15	
16	Repairs and maintena	nce		14			<u> </u>			16	
17	Bad debts			OG	DEI	N, UT	```			17	
18	Interest (attach sched	lule) (s	ee instructions)			3, 4,				18	
19	Taxes and licenses	., (3								19	
20		ns (Se	e instructions for limitation rules)	STATEMENT	2	SEE	STATEMEN	т 1		20	
21	Depreciation (attach I	•	<i>Y</i>				_21 _				
22			n Schedule A and elsewhere on returr	1			22a		2	22b	
23	Depletion									23	
24	Contributions to defe	red co	mpensation plans							24	_
25	Employee benefit pro		• b							25	
26	Excess exempt expen		chedule I)							26	
27	Excess readership co									27	
28	Other deductions (att									28	
29	Total deductions Ad		-					,		29	
30 (ncome before net operating loss dedu	iction Subtract	line 20) from line 1:	3	•		30	-7,8
31`			loss arising in tax years beginning on							31 31	
			ncome Subtract line 31 from line 30	or untor Januar	, 1, 20	,500 11150	201101101	,		32	-7,8
32/									١ ١ سب-	I	. , -

	,,,,						
Part IJI	Total Unrelated Business Taxa	ble Income			1		
33 T	otal of unrelated business taxable income compu	ited from all unrelated trades or business	es (see instructions)		283		7,867.
34 A	mounts paid for disallowed fringes				34		
35 D	eduction for net operating loss arising in tax year	rs beginning before January 1, 2018 (see	instructions) S	STMT 3 ·	35		0.
36 T	otal of unrelated business taxable income before	specific deduction. Subtract line 35 from	the sum of		3		
lı	nes 33 and 34			• .	₹ 36	-	7,867.
37 S	pecific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		<i>'</i> 9	5 37		1,000.
	inrelated business taxable income. Subtract lin		n line 36.	, ,			
	nter the smaller of zero or line 36	0 a, 00, 07 g. ca.c		- 1	38	_	7,867.
Part IV					7		
	rganizations Taxable as Corporations Multiply	line 38 by 21% (0.21)		<u>-</u>	▶ 39		0.
	rusts Taxable at Trust Rates. See instructions for		ount on line 38 from	n·	 1		
40 [Tax rate schedule or ' Schedule D (Fo		odite on line 30 iron	·.	▶ 40	1	
44 0	•	Jilli 1041)			41		
	roxy tax See instructions			•			
	Iternative minimum tax (trusts only)	-A			42	 	
	ax on Noncompliant Facility Income. See instru				43_		
	otal. Add lines 41, 42, and 43 to line 39 or 40, wi	nicnever applies		<u></u>	. 44	<u> </u>	0.
Part V	Tax and Payments						
	oreign tax credit (corporations attach Form 1118	; trusts attach Form 1116)	45a]	,
	ther credits (see instructions)		45b				
c G	eneral business credit. Attach Form 3800		45c				
d C	redit for prior year minimum tax (attach Form 88	01 or 8827)	45d			}	
e T	otal credits Add lines 45a through 45d				45e	<u> </u>	
	ubtract line 45e from line 44				46		0.
47 0	ther taxes. Check if from: Form 4255	Form 8611 Form 8697 For	rm 8866 📖 Othe	T (attach schedul	e) <u>47</u>		
48 T	otal tax Add lines 46 and 47 (see instructions)				48		0.
49 2	018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2			49		0.
50 a P	ayments: A 2017 overpayment credited to 2018		50a			ĺ	
b 2	018 estimated tax payments		50b				
c Ta	ax deposited with Form 8868		50c				
d Fo	oreign organizations: Tax paid or withheld at soui	rce (see instructions)	50d	_			
e B	ackup withholding (see instructions)		50e				
	redit for small employer health insurance premiu	ms (attach Form 8941)	50f				
g 0	ther credits, adjustments, and payments: 🔲 F	form 2439					
Ĭ		Other Total	▶ 50g			1	
51 T	otal payments. Add lines 50a through 50g				51	1	
	stimated tax penalty (see instructions). Check if F	form 2220 is attached			52		
	ax due. If line 51 is less than the total of lines 48			h	53		
	verpayment If line 51 is larger than the total of	•	nd		54		
	nter the amount of line 54 you want: Credited to		í	tefunded	▶ 55		
	Statements Regarding Certain						
	t any time during the 2018 calendar year, did the	····				Ye	s No
	ver a financial account (bank, securities, or other					1.3	<u> </u>
	nCEN Form 114, Report of Foreign Bank and Fina						
	ere	inclar Accounts. If Tes, cites the name of	n the foleigh count	y		_	х
	uring the tax year, did the organization receive a	distribution from or was it the greater of	or transferor to a f	oroign truct?			×
		· · · · · · · · · · · · · · · · · · ·	, or transferor to, a r	oreign austr			+
	"Yes," see instructions for other forms the organ nter the amount of tax-exempt interest received o					ı	
	Under penalties of perjury, I declare that I have examined		and statements, and to the	ne hest of my kno	wledge and l	Delief it is true	
Sign	correct, and complete Declaration of preparer (other tha	n taxpayer) is based on all information of which pi	reparer has any knowled	lge		,	
Here	Contract of the second	17 14 150 CEO				S discuss this retur	
	Signature of officer	Date CFO Title	 			er shown below (see	
			Tp.,			s)? X Yes	. No
	Print/Type preparer's name	Preparer's signature	Date	Check	l if PTI	N	
Paid			0.7 (4.0 (2.0	self- employ		2000000	
Prepare	er MELISSA HANGSLEBEN	MELISSA HANGSLEBEN	07/10/20	T_		02087031	
Use On	Firm's name ► CLIFTONLARSONALLE			Firm's EIN	<u> </u>	41-0746749	
	20 E. THOMAS R				505 5-		
	Firm's address PHOENIX AZ 85	012		Phone no	602-26	6-2248	

823711 01-09-19

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter method of inv	entory v	/aluation N/A				
1 Inventory at beginning of year	1	0. 6	Inventory at end of yea	r	_6		٥.
2 Purchases	2 19,74	8. 7	Cost of goods sold Su	ıbtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,	<u></u>		
4a Additional section 263A costs			line 2		7	19	,748.
(attach schedule)	4a	8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply to			
5 Total Add lines 1 through 4b	5 19,74		the organization?				Х
Schedule C - Rent Income (see instructions)	(From Real Property ar	nd Per	sonal Property L	eased With Real Prop	perty	<i>(</i>)	
1 Description of property							
(1)							
(2)				· 			
(3)						 	
(4)				 _		····································	
	2. Rent received or accrued						
(a) From personal property (if the personal property is more than 50% but not more than 50%	ercentage of (b) From reare than of rent for	or persona	sonal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge 3(a) Deductions directions columns 2(a) a	y conne and 2(b)	ected with the income in (attach schedule)	n
(1)	, tie	Tent is Das	sed on profit of income)	 			
(2)			 	 			
(3)							
(4)							
Total	0 Total	-		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated De	nn (A)			(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Scriedule E - Officialed De	bt-rinanceu income (se	ee instru	ictions)	3 Deductions directly co.		Luuth or allonable	
		2	2. Gross income from	to debt-finar			
1 Description of debt-f	inanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
<u>(1)</u>							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%		+		
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals					。.		0.
Total dividends-received deductions	neludad in column 9				\vdash		<u> </u>

Schedule F - Interest, A	Innuities, Roya						tion	s (see in:	structio	ns)
•		Ex	empt C	Controlled O	rganızatı	ons				
1 Name of controlled organization	identii	nployer 3 fication (ki	Net unre oss) (see	elated income instructions)		tal of specified ments made	includ	rt of column 4 ied in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)	-									
(2)										
(3)										'
(4)										
Nonexempt Controlled Organiz	ations									
7 Taxable Income	8. Net unrelated incor (see instruction) Total o	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgai s income	nization's		Deductions directly connected th income in column 10
(1)										
(2)			_							
(3)	 -						•	_		
(4)				-						
						Add colum Enter here and line 8, c	on page	e 1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investmer		Section 501	I(c)(7)), (9), or (⁻	17) Org	anization				
(see instri	uctions)					0.5		ι ———		
	iption of income			2 Amount of	ıncome	 Deduction directly connected (attach schedule) 	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
<u>(1)</u>										
(2)								ļ		
(3)		-		<u>-</u>	}			 		
(4)	<u></u>			Enter here and o	n nage 1			l		Enter here and on page 1,
•				Part I, line 9, col	umn (A)			-		Part I, line 9, column (B)
Totals			<u> </u>		0.			_		0.
Schedule I - Exploited E	-	Income, O	tner	Inan Adv	ertisin ———	g income				
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expense directly connect with production of unrelated business incorporations.	on d	4 Net incomfrom unrelated business (cominus columiting gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6 Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-,				-
(2)										
(3)		······································						1		
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (E	l,							Enter here and on page 1, Part II, line 28
Totals •	0.		0.	**		•				0.
Schedule J - Advertisin		nstructions)	<u> </u>	المعاملة	Dania .					
Part I Income From P	eriodicals Rep	orted on a	Cons	olidated	Basis 					
1 Name of periodical	2 Gross advertising income	3 Diri advertising		4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati income	on	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				_]
(3)										1
(4)				1		J		<u> </u>		:
Totals (carry to Part II, line (5))	•	0.	0							0.

· Form 990-T (2018)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus 7 Excess readership 2. Gross 3 Direct 5 Circulation 6 Readership costs (column 6 minus column 5, but not more advertising income 1 Name of periodical col 3) If a gain, compute cols. 5 through 7 advertising costs costs than column 4) (1) (2) (3) (4) Totals from Part I 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 0. Totals, Part Jl (lines 1-5)

Schedule K -	Compensation of	Officers, Directors, and	Trustees	(see instructions)	

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		<u> </u>	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

ГОРМ 990-Т	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
A NEW LEAF, INC.	N/A	171,300.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	171,300.

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 101,000 FOR TAX YEAR 2014 150,000 FOR TAX YEAR 2015 108,000 FOR TAX YEAR 2016 102,500 FOR TAX YEAR 2017 101,759 TOTAL CARRYOVER 563,259 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 171,300 TOTAL CONTRIBUTIONS AVAILABLE 734,559 TAXABLE INCOME LIMITATION AS ADJUSTED 0 EXCESS 10% CONTRIBUTIONS 734,559 EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 734,559 ALLOWABLE CONTRIBUTIONS 0 ALLOWABLE CONTRIBUTIONS 0	FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
FOR TAX YEAR 2013	QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS 734,559	FOR TAX FOR TAX FOR TAX	YEAR 2013 101,000 YEAR 2014 150,000 YEAR 2015 108,000 YEAR 2016 102,500		
TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS 734,559 734,559				
EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 734,559			•	-
ALLOWABLE CONTRIBUTIONS DEDUCTION	EXCESS 100	% CONTRIBUTIONS	0	_
	ALLOWABLE	CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION	TOTAL CON	RIBUTION DEDUCTION		0

FORM 990-T	NE:	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	8,000.	5,650.	2,350.	2,350.
06/30/16	15,588.	0.	15,588.	15,588.
06/30/17	13,619.	0.	13,619.	13,619.
06/30/18	14,698.	0.	14,698.	14,698.
NOL CARRYOV	ER AVAILABLE THIS	S YEAR	46,255.	46,255.