ν, •			EXTENDED TO M										
Form	990-T	E	Exempt Organization Bus			ax Returr	1	OMB No 1545-0047					
-		(and proxy tax under section 6033(e))											
		For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 2019											
Depart	ment of the Treasury		Go to www.irs.gov/Form990T for in				ļ	Open to Public Inspection for					
Interna	I Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Ciganizations Only											
A L	Check box if	1	Name of organization ( Check box if name of	-	•		Emp	loyer identification number ployees' trust, see					
	address changed		MESA COMMUNITY ACTION	NET	WORK		1	uctions)					
	cempt under section	Print	INCORPORATED			66-0558407 lated business activity code							
<u>X</u>	] 501( <b>d)(3</b> )	Type	Number, street, and room or suite no. If a P.O. bo	x, see ı	nstructions.		(See	instructions )					
<u> </u>	408(e) 220(e)	"	868 E. UNIVERSITY DR.	-									
<u> </u>	408A530(a)		l	ity or town, state or province, country, and ZIP or foreign postal code									
 a_Boo	529(a) MESA, AZ 85203 453000  C Book value of all assets F Group exemption number (See instructions.)												
t at e	1,783,5	15	F Group exemption number (See instructions.) G Check organization type ► X 501(c) cor	noratio	501(a) trust	401/0	\ truct	Other trust					
H Ent			tion's unrelated trades or businesses.	1		ho only (or first) us		<del></del>					
		-	LE OF BINGO MERCHANDISE			he only (or first) ur complete Parts I-V.							
			ce at the end of the previous sentence, complete Pa										
	siness, then complete			ai i S i ai	id II, complete à ochedate	W 101 Cacil addition	ai ii auc	; UI					
			oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	<b></b>	Y	es X No					
			ifying number of the parent corporation		iolary controlled group			00 [] 110					
			CATHERINE DYCIEWSKI		Telepho	ne number 🕨 4	80-	969-4024					
Par	rt I Unrelated	Trac	le or Business Income	•	(A) Income	(B) Expense:		(C) Net					
1 a	Gross receipts or sale	s	10,219.										
b	Less returns and allow	vances	c Balance	1c	10,219.								
2	Cost of goods sold (S												
3	Gross profit. Subtract			-7,604.									
4 a	Capital gain net incom												
b	Net gain (loss) (Form												
C	Capital loss deduction	for trus	ts	4c_									
5	Income (loss) from a	partners	hip or an S corporation (attach statement)	<u>5</u>		<u> </u>							
6	Rent income (Schedu	le C)		6									
7	Unrelated debt-finance	ed incon	ne (Schedule E)	7									
8	Interest, annuities, roy	alties, ai	nd rents from a controlled organization (Schedule F)	8									
			n 501(c)(7), (9), or (17) organization (Schedule G)										
	Exploited exempt activ	-	· · · · · · · · · · · · · · · · · · ·	10									
	Advertising income (S		•	11									
	Other income (See ins			12	7.604								
	Total. Combine lines rt II Deduction		gh 12 I <b>t Taken Elsewhere</b> (See instructions fo	13	-7,604.			-7,604.					
Fai			e directly connected with the unrelated busin										
			/				T 44	<del></del>					
14		icers, air	ectors, and trustees (Schedule K)				14						
15 16	Salaries and wages Repairs and mainten	anco					15						
17	Bad debts	ance		7			17	<u></u>					
18	Interest (attach sche	dule) (se	RECEIVED	t			18						
	<b>~</b>		14	30 20 20 20 20 20 20 20 20 20 20 20 20 20			19						
20	Depreciation (attach	Form 45	MAY 18 2021 Schedule A affidelsewhere on return	ξ	20								
21	Less depreciation cla	umed or	Schedule A and elsewhere on return	<b>2</b>	21a		21b						
22	Depletion			<b>#</b>	[=-4]		22						
23	Contributions to defe	rred cor	npensation plans OGDEN, UT	ال			23						
24	Employee benefit pro		24										
25	Excess exempt exper	-	hedule I)				25						
26	Excess readership co						26	-					
27	Other deductions (at						27	-					
) -· n 28	Total deductions. Ac		•				28	0.					
29	/		come before net operating loss deduction. Subtrac	t line 2	3 from line 13		29	-7,604.					
30			oss arising in tax years beginning on or after Janua										
	(see instructions)	-	- <del>-</del>	- •			30	0.					
31		<u>axable ır</u>	come Subtract line 30 from line 29				31	-7,604.					
/ —	•		work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2019)					

Form 99	MESA COMMUNITY ACTION NETWORK INCORPORATED    I Total Unrelated Business Taxable Income	86-	0558407	Page 2
32	Votal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-7,6	04.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 967	35	-7,6	<u>04.</u>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-7,6	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-7,6	<b>04</b> .
Part		1 00 1	.,,,,	<u> </u>
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from			
	Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		_
45 Part	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  V Tax and Payments	45		0.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a	T - T		
	Other credits (see instructions)  46b	1 1		
C	General business credit. Attach Form 3800 46c	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
	Payments: A 2018 overpayment credited to 2019	4		
	2019 estimated tax payments 51b	-		
-	Tax deposited with Form 8868 51c	4 ]		
	Foreign organizations: Tax paid or withheld at source (see instructions)  Solver withheld to (see instructions)  51d	-l -l		
	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  516  517	-		
	Other credits, adjustments, and payments: Form 2439	1		
¥	Form 4136 Other Total 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56		
Part				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			v
	here		— <del>                                    </del>	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	dge and beli	ef, it is true	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	CFO CFO		iscuss this return w hown below (see	ıth
		structions)?		No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN		
Paid	self- employed			
	parer COLETTE KAMPS   COLETTE KAMPS   05/13/21		0367616	
-	Only Firm's name ► HENRY & HORNE, LLP Firm's EIN ►	<u>86</u>	<u>-0133883</u>	<u>l</u>
	2055 E WARNER ROAD, SUITE 101	100 0	20 4222	
			39-4900	
923711	01-27-20	, , , , ,	Form 990-T (	2010

Form 990-T (2019) INCORPORATED

Schedule A - Cost of Goods Sc	old. Enter	method of invent	ory v	aluation N/A		···			
1 Inventory at beginning of year	0.		Inventory at end of year	ır		6		0.	
2 Purchases	2	17,823.		Cost of goods sold. St	line 6				
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2		,	7	17,82	3.
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)  4b property produced or acquired for resale) apply to									
5 Total. Add lines 1 through 4b	•	,,			X				
Schedule C - Rent Income (Fro	m Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)				•					
(4)		_							
2.	Rent receive	ed or accrued							
(a) From personal property (if the percental rent for personal property is more than 10% but not more than 50%)	ge of	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai		ed with the income in ttach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.			<del></del>	
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	• •	<b>•</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	nstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance			
Description of debt-finance	d property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)									
(3)									_
(4)									_
Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to illocable to rocad property rachedule)	6	Column 4 divided by column 5		7. Gross income reportable (cotumn 2 x column 6)	(c	8. Allocable deductions olumn 6 x total of colum 3(a) and 3(b))	
(1)				%					
(2)				%					_
(3)				%					_
(4)				%					
•						nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)	
Totals						0	.	(	0.
Total dividends-received deductions includ	ed in column	n 8							0.

Form 990-T (2019) INCORP	ORATED							86-05	5840	7 Page	
Schedule F - Interest,	Annuities, Roya	alties, ar	nd Rents	From Co	ntrolle	d Organiza	itions	see ins	structio	ns)	
			Exempt	Controlled O	rganızatı	ons					
1. Name of controlled organizal	ıdeni	mployer tification umber		related income a instructions)  4. Total of specifie payments made		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(4)									+		
(1)	-		+		<del>                                     </del>			_	-+		
(2)	<del></del>		+		<u> </u>		<del>                                     </del>		-		
_(3)			+		ľ			<del></del>			
(4)	<del></del>		<u> </u>			<del>-</del>	L		<u> </u>	<del> </del>	
Nonexempt Controlled Organi	T	•	1					_			
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of column the controlling gross	mn 9 tha ing organ s income	nization's		eductions directly connecte th income in column 10	
(1)	<del>†</del>							_			
(2)					Ì						
(3)											
(4)			<del>                                     </del>			-		_			
_(4)	<del></del>		1			Add colum Enter here and	on page	1, Part I,		dd columns 6 and 11 here and on page 1, Part I,	
						line 8, c	column (/	۹)		line 8 column (B)	
Totals					<b></b>			0.		0	
Schedule G - Investme	ent Income of a	Section	501(c)(7	"), (9), or (	17) Org	janization					
(see inst	ructions)									· • • • • • • • • • • • • • • • • • • •	
1. Desc	cription of income			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B	
Totals			<b>&gt;</b>		0.					0	
Schedule I - Exploited		y Incom	e, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	1. Description of exploited activity income from to turn the control of unit to the control		xpenses connected roduction related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross inco from activity t is not unrelat business inco	that attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)		1									
(2)	1										
(3)										-	
(4)				İ	Ì						
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)		I			<u> </u>		Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisis	ng Income (see		0.	<u> </u>						0	
	Periodicals Rep			solidated	Basis	· ···· · · · · · · · · · · · · · · · ·				<u>.</u>	
1. Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c	ain, compute	5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
				-						1	
(3)						-		<del> </del>		1	
(4)						+					
Totals (carry to Part II, line (5))	<b>•</b>	0.	0	•						0	
	<del>-</del>			<del></del>				<del>_</del>		Form <b>990-T</b> (201	

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)

1. Name of periodical		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)	Ì						
(2)							
(3)		·					
(4)							
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 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

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)		%	
Total. Enter here and on page 1, Part II, line 14		<b>▶</b>	0.

Form 990-T (2019)