**EOFT** 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1~, 2022, and ending JUN~30~, 20 23~

30 , 20 23

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service MESA COMMUNITY ACTION NETWORK EIN or SSN Name of filer INCORPORATED 86-0558407 CATHERINE DYCIEWSKI Name and title of officer or person subject to tax CAO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b**  $\frac{4,360,175.}{}$ Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ...... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 7a Form 4720 check here ..... **b Total tax** (Form 4720, Part III, line 1) ..... 8a Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize BAKER TILLY US 15664 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. DocuSigned by: 5/13/2024 Catherine Dyciewski **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 86415515664 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SHARLYNN GARZA 05/09/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form 8879-TE

### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1~, 2022, and ending JUN~30~, 20 23~

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

MESA COMMUNITY ACTION NETWORK INCORPORATED

EIN or SSN 86-0558407

CATHERINE DYCIEWSKI Name and title of officer or person subject to tax

CAO

Part I Type of Return and Return Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)		
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here X		Total tax (Form 990-T, Part III, line 4)		0.
7a	Form 4720 check here	7	Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, lin	ne 22) <b>10b</b>	
Part	II Declaration and Signa	ature	Authorization of Officer or Person Subject to Tax		
Inder	penalties of perjury, I declare that 🛛 🗵	I aı	m an officer of the above entity or I am a person subject to ta	x with respect to (n	ame
f entit	y)		, (EIN) and	that I have examine	ed a copy of the
			les and statements, and, to the best of my knowledge and belief, the labove is the amount shown on the copy of the electronic return.		

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	l: cl	heck	one	box	only
-----	-------	------	-----	-----	------

X I authorize	BAKER	TILLY	US, I	LLP	to enter my PIN	15664
				ERO firm name		Enter five numbers, b

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

5/13/2024 Catherine Dyciewski

#### Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86415515664

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

SHARLYNN GARZA

05/09/24 Date

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

202521 12-16-22

EXTENDED TO MAY 15, 2024

## **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.

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information

Intern	al Reve	nue Service GO to www.iis.gov/Formago for instructions and to			inspection		
A F	or the	e 2022 calendar year, or tax year beginning $$ JUL $1$ , $$ 2022 $$ and	ending J	<u>UN 30, 2023</u>			
<b>B</b> c	heck if oplicabl Addre chang	MESA COMMUNITY ACTION NETWORK		D Employer identifi	cation number		
$\vdash$	Name			86-05584	0.7		
$\vdash$	_chang ⊤Initial	Ü	D = = == /= i + =				
H	_return ∏Final	868 E INTVEDCTOV DD	Room/suite	E Telephone numbe $480-969-$			
	اreturn termin ated			G Gross receipts \$	5,163,807.		
Г	Ameno		H(a) Is this a group return				
	Applic	•		for subordinates			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =		
ΙΤ	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions		
_	Vebsi			H(c) Group exemption			
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1986 i	<b>M</b> State of legal domicile; <b>A</b> Z		
Pa	rt I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: <u>MESA</u>	COMMU	NITY ACTION	NETWORK		
an C		(MESACAN) HAS A MISSION OF "ADDRESSING (C			· · · · · · · · · · · · · · · · · · ·		
Activities & Governance		Check this box if the organization discontinued its operations or dispos			sets.		
νοκ				3	7		
8		Number of independent voting members of the governing body (Part VI, line 1b)			21		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			112		
ţi		Total number of volunteers (estimate if necessary)			-21,789.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	<u> </u>	Net differenced business taxable income from Form 990-1, Fart i, life 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		4,498,941.	3,777,658.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13.	257.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570,267.	582,260.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,069,221.	4,360,175.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,523,917.	2,911,190.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,098,206.	1,001,896.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 289,63	34.				
Ĥ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		720,685.	675,002.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,342,808.	4,588,088.		
		Revenue less expenses. Subtract line 18 from line 12		-273,587.	-227,913.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		2,144,553.	1,136,833.		
et A	21	Total liabilities (Part X, line 26)		1,527,837.	748,030.		
Z <sub>1</sub>	rt II	Net assets or fund balances. Subtract line 21 from line 20		616,716.	388,803.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of m	/ knowledge and helief it is		
	-	it, and complete. Declaration of preparer (other than officer) is based on all information of wh			r knowledge and belief, it is		
ii uo,	COLLEC	ts and complete. Declaration of proparer (other than officer) is based on an information of wi	non proparor	nas any knowledge.			
Sigr	,	Signature of officer		Date			
Her		CATHERINE DYCIEWSKI, CAO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		SHARLYNN GARZA SHARLYNN GARZA	lo	5/09/24 if self-employ	P02038329		
Prep		Firm's name BAKER TILLY US, LLP			9-0859910		
Use		Firm's address 2055 E WARNER RD, STE 101					
_		TEMPE, AZ 85284		Phone no. 48	0.839.4900		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	t III   Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MESA COMMUNITY ACTION NETWORK (MESACAN) HAS A MISSION OF "ADDRESSING
	POVERTY NEEDS TO IMPROVE THE LIVES OF INDIVIDUALS AND FAMILIES IN THE
	MESA COMMUNITY," WHICH IS IN LINE WITH A NEW LEAF'S MISSION OF HELPING
	FAMILIESCHANGING LIVES BY OFFERING LOW-INCOME MESA RESIDENTS'
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	0 004 001 1 400 700
··u	MESA COMMUNITY ACTION NETWORK (MESACAN) IS A COMMUNITY ACTION PROGRAM
	SUBSIDIARY OF A NEW LEAF, SERVING MORE THAN 8,000 LOW-INCOME
	INDIVIDUALS AND FAMILIES IN MESA ANNUALLY. MESACAN IS BOTH COMMITTED
	AND RESPONSIVE TO MEETING THE NEEDS OF ECONOMICALLY-DISADVANTAGED
	INDIVIDUALS AND FAMILIES THROUGH A COMPREHENSIVE ARRAY OF
	CLIENT-CENTERED PROGRAMS AND SERVICES. (CONTINUED ON SCHEDULE O).
	CHIENT-CENTERED PROGRAMS AND SERVICES. (CONTINUED ON SCHEDOLE O).
	1 020 200
4b	(Code:) (Expenses \$1,038,389 . including grants of \$874,667 . ) (Revenue \$)
	WEATHERIZATION SERVICES OFFERS LOW-INCOME HOME OWNERS IN MESA,
	ASSISTANCE WITH HOME IMPROVEMENTS DESIGNED TO MAKE THEIR HOME MORE
	ENERGY EFFICIENT AND REDUCE THE COST OF UTILITIES. THE PROGRAM PROVIDES
	LONG-TERM RESULTS BY IDENTIFYING THE CAUSE OF THE HIGH UTILITY BILLS
	AND REPAIRING THOSE PROBLEM AREAS.
4c	(Code:) (Expenses \$ 63,143. including grants of \$ 39,451. ) (Revenue \$)
	ASSETS TO OPPORTUNITY DIRECTLY SERVES APPROXIMATELY 60 LOW-INCOME
	INDIVIDUALS EACH YEAR, ASSISTING THEM WITH OVERCOMING BARRIERS TO
	ECONOMIC MOBILITY, OBTAINING THE RESOURCES AND SKILLS NECESSARY TO
	NAVIGATE HIGHER EDUCATION OR SMALL BUSINESS DEVELOPMENT, AND
	IDENTIFYING AND UTILIZING OTHER RESOURCES FOR BUILDING LONG-TERM
	FINANCIAL HEALTH. ASSET BUILDING PROGRAMS HAVE BEEN SHOWN TO MOVE
	PEOPLE OUT OF POVERTY BY DEVELOPING SOUND MONEY MANAGEMENT PRACTICES
	AND BY PLANNING FOR LONG-TERM SUCCESS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 677,613. including grants of \$ 516,363.) (Revenue \$ 3.)
4e	Total program service expenses 4,064,066.
	Form <b>990</b> (2022)

20400509 144198 282974

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	J ,		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	X	$\vdash$
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
IJ		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del></del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ــــــــــــــــــــــــــــــــــــــ		<del> </del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> Г"</u>		<del></del> -
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<del>                                     </del>
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	
				-

## MESA COMMUNITY ACTION NETWORK

Form 990 (2022)

INCORPORATED

Part IV Checklist of Required Schedules (continued)

22 N				Yes	No
23 Dit the organization sursers "Yes" to Part VI, Saction A, lins 3, 4, or 5, about compensation of the organization's current and former officers, directors, fusicetors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. If "Yes," or organization was survey at the wave at tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 25 through 25 dat and complete Schedule K II" No. 19 of line 25a.  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and officers directors and increased in the Schedule I, Part II and increased in the Capital Increased in the Capital Increased Increas		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule / Who; go to line 25a and the temperature of the state day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, if No;" go to line 25a and the state day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, if No;" go to line 25a and so the comparization mirest any proceeds of the every through 24d and complete Schedule K, if No;" go to line 25a and 34	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization invest any process of tax-exempt bonds beyond a temporary period exception?  24b C Did the organization invest any process of tax-exempt bonds beyond a temporary period exception?  24d C Did the organization marks an acrown account other than a retunding section at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If Yes, complete Schedule I, Part I  b is the organization area that the grapped in an excess benefit transaction with a disqualided person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 E27. If "Yes," complete Schedule I, Part I  25b L X  b is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or \$505.  25c Tottlohe organization a party to a business transaction with one of the following parties (see the Schedule I, Part II)  25d Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part IV, instructions for applicable filling thresholds, conditions, and exceptions;  a C A 35% controlled entity of one or more individuals advocitions, and exceptions;  a C A arrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," comple		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16), 501(16)(4), and 501(16)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I. Part I 25a X b is the organization aware that the graped on an excess benefit transaction is an other propriet on any of the organization's prior Forms 990 or 890 EZ? If "Yes," complete Schedule I. Part I 25a X b is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor or engine provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part IV 27a instructions for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor or #2 and selection committee member, or to a 59% controlled entity of one or more influsional and/or organization indicated entity of maily member of any of these persons? If "Yes," complete Schedule I., Part IV 27a, complete Schedule I., Part IV 27a, complete Schedule I., Part IV 27a, complete Schedule II 27a IV 27a, complete Schedule II 27a IV 27a, c		Schedule J	23	Х	
Schedule K. H. Yin, 'go to line 25a.  Schedule K. H. Yin, 'go to line 25a.  Solid the organization miser sharp proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d	24a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28a Section 50(16)(8), 50(16)(4), 40 60(16)(20) qand 50(16)(20) grainstations. Did the organization neepage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	С				
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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 E27 /# "yes," complete Schedule I, Part I		• • • • • • • • • • • • • • • • • • • •	24d		
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 sprior Forms 990 or 990 627, if "Yes," complete Schedule I, Part II 250 bit 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 contribution or 595% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 X 27 bit 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 bommittee member, or to a 35% controlled entity or damplify to a business transaction with one of the following parties (see the Schedule II, Part IV 27 X 28 Was the organization appraisation payable to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV 28 Bit A 19 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV 28 Bit Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV, III at 11 X X 29 Did the organization or self-vector of a 11 A 11 X X 20 Did the organization or self-vector of a 11 A 11 X X 20 Did the organization or self-vector or self-vector or orga	25a				7.7
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 # "Yes," complete Schedule I., Part II  25b   X  26			25a		<u> </u>
Schedule L, Part I  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  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? II "Yes," complete Schedule L, Part III  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):  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.  28a X  29 Did the organization receive more than 825,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than 825,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasuries, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasuries, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I II  31 Did the organization one on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701.3? If "Yes," complete Schedule R, Part I III, III, or IV, and Part V, Iim 1  35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I III, III, or IV, and Part V, Iim 1  36 Section 501(x)(3) organizations	b				
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 If Yes, "complete Schedule L, Part III 27 X  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 55% controlled entity (including an employee thereof) or family member of any of these persons? If If Yes, "complete Schedule L, Part III 27 X  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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes, "complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, "complete Schedule L, Part IV 28c X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes," complete Schedule II, Part II 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes," complete Schedule N, Part II 31 X  32 Did 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 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, "complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, "complete Schedule R,					v
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 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? If "Yes," complete Schedule L, Part III 27 A Z Z X Z S 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Instructions of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Instructions of any individual described in line 28ar or parties of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Instructions? If "Yes," complete Schedule L, Part IV Instructions? If "Yes," complete Schedule M Instructions Instructions? In "Yes," complete Schedule M Instructions Instructions Instructions. In "Yes," complete Schedule M		,	25b		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II created and the organization provide a grant or other assistance to any current or former officer, director, hustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, futstee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	26				
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 fincluding an employee thereof or any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III.  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A S5% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77012 a					v
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? // in 'Yes, 'complete Schedule L, Part I/I.  27	07		26		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	21				
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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			07		v
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## *Yes, "complete Schedule L. Part IV.  b A family member of any individual described in line 28a? ## *Yes, "complete Schedule L. Part IV.  28b	20		21		22
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  "Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  "Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  "Did the organization inquidate, terminate, or dissolve and cease operations?" If "Yes," complete Schedule N, Part I  "Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?" If "Yes," complete  Schedule N, Part II  "Bid the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1  "Bid the organization related to any tax-exempt or taxable entity?" If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1  "Bid the organization have a controlled entity within the meaning of section 512(b)(13)?" If "Yes," complete Schedule R, Part V, Iiine 2  "Bid 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 V I III a 194  The Impart V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The Impart V III a 194  The Inter the number reported in box 3 of Form 1096. Enter-0- if not applicable  The	20				
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I  31 Did He organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(x)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.  36 Section 501(x)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.  37 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 for Part VI, lines 11b and 19?  Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Did the orga	•				
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I II, III, or IV, and Part V, line 1  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 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.  Part VI Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Ch	h				
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contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Saa Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Bid "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  Bid 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 V, Iine 2  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  In the contraction of the pay in the pa					
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		, ,	32		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	33				
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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  55a JX  55b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  35c Did the organization conduct more than 596 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 V   37			33		Х
Part V, line 1   34   X	34				
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  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 V!  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		· · · · · · · · · · · · · · · · · · ·	34	Х	
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If "Yes," complete Schedule R, Part V, line 2  36		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a res	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
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Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  Yes No  10  11  12  15  16  16	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a 194       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b 0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c		Check it Schedule O contains a response or note to any line in this Part V			
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	_		-		
(gambling) winnings to prize winners?		Enter the number of Fernie W Za moladed of time 1a. Enter 6 if not applicable	-		
	С	Association Association in the section and O	4.		
	222004			990	(2U33)

Page 5

INCORPORATED Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittation Wage and Tax Statements, filled for the calcium's year winding with or within the year covered by this return.  2 2 2 3 3 3 10 th the organization have unrelated business gross income of \$1,000 or more during the year?  5 16 17 Yes, "has at filled a Form 980F for this year? If You'r to line 80, provide an explanation on Schedule 0 30 X 4 3 At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial accountry?  4a At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial accountry?  4b If Yes," enter the name of the foreign country.  5b If Yes, "enter the name of the foreign country.  5c Was the organization at party to a prohibited tax shelter transaction? 5c years are provided to the party northy the organization have are or an any to a prohibited tax shelter transaction? 5c years of If Yes' to line 5a or 5b, did the organization his fave area or in a party to a prohibited tax shelter transaction? 5c years of If Yes' to line 5a or 5b, did the organization his fave area or in a party to a prohibited tax shelter transaction? 5c years of If Yes' to line 5a or 5b, did the organization his fave area or in a party to a prohibited tax shelter transaction? 5c years of If Yes' to line 5a or 5b, did the organization his exercise are organization and years or in a party to a prohibited tax shelter transaction? 5c years or If Yes' and the organization his exercise are organization and years or in a party to a prohibited tax shelter transaction? 5c years or If Yes' and the organization his exercise are years or in a party to prohibited tax shelter transaction? 5c years or y				Yes	No						
b if at least one is reported on Ine 22, did the organization fits all required federal employment tax returns?  20 If the organization have unrelated business gross income of \$1,000 or more during the year?  31 If 'Yes,' has it flied a Form 999T for this year? "No' to line 3b, provide an explanation on Schedule O  32 If 'Yes,' has it flied a Form 999T for this year? "No' to line 3b, provide an explanation on Schedule O  32 If 'Yes,' the at flied a Form 999T for this year? "No' to line 3b, provide an explanation on Schedule O  33 If 'Yes,' the at flied a Form 999T for this year? "Yo' to line 3b, provide an explanation on Schedule O  34 If 'Yes,' the at the destination of the organization that was not a party to a prohibited tax shelter transaction of the state of the organization and the year of the organization and year of the organization and year of the organization and year or a prohibited tax shelter transaction?  35 If 'Yes,' did the organization and year organization that was or a party to a prohibited tax shelter transaction?  36 If 'Yes,' did the organization necessity organization that was or as party to a prohibited tax shelter transaction?  36 If 'Yes,' did the organization necessity organization that was or as party to a prohibited tax shelter transaction?  37 If 'Yes,' did the organization necessity organization and express statement that such contributions or gifts were not tax deductible?  38 If 'Yes,' did the organization necessity organization and express statement that such contributions or gifts were not tax deductible?  39 If 'Yes,' did the organization has explaned to the goods or services provided?  30 If 'Yes, did the organization necessity organization and party shall be proposed or services provided?  30 If 'Yes, indication receive a pyment in excess of \$5's made party as a contribution and party for which it was required to file Form 8822?  30 If the organization sellevic happens, or otherwise discoperation of the goods or services provided?  31 If yes, indicate the number of Forms 82	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it flied a Form 990.T for this year? If "No" to fire 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, a courtees account, or other financial account)?  4c At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, a courtees account, or other financial account)?  4c B If "Yes," either the name of the foreign country.  5c B was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c B Was the organization that it was or is a party to a prohibited tax shelter transaction?  5c B Was 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?  6c B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions or grifts were not tax deductible?  6c B Was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c B Was the organization receive and prohibited tax shelt and partly for goods and service provided to the payor?  7c B Was the organization receive and proteivise dispose of tangible personal property forwhich it was required to file Form 888827?  7c C Was a state organization receive and profit yie donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 flied during the year.  7d If Was, "indicate the number of Forms 8282 flied during the year.  7d If Was, "indicate the number of Forms 8282 flied during the year.  8 John organization received and orthibution of qualified intelle		filed for the calendar year ending with or within the year covered by this return 2a 21									
b if **Yes*, * has it flied a Form 990.7 for this year? y **No* **ro (no. 30, provide an explanation on Schedule O	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
4a 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, secutives account, or other financial accounts (FBAF).  5b If 'Yeas', after the name of the foreign country (such as a bank account, secutives account, or other financial accounts (FBAF).  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5c If 'Yeas' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Description of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit are yourhibutions that were not tax deductibles a charabte contributions?  5c If 'Yeas' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charabte contributions?  5c If 'Yeas' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charabte contributions and party for goots and services provided?  6c Description of the organization receive and party the donor of the value of the goods or services provided?  7c Description of the organization receive and party than such as a contribution of the organization receive and party did a fire year.  7d If the organization received a contribution of qualified intellectual property, did the organization final party for the party of the organization received a contribution of qualified intellectual property, did the organization final party and party and the organization final party and party and party and the organization final party and p	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a								
financial account in a toreign country (such as a bank account, securities account, or other financial account)?  5e if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8866-17  6c Did any taxable party notify the organization file Form 8866-17  6c Did see 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?  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  7c Did the organization selleve apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a Did the organization selleve apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization on express selected to the goods or services provided?  7c Did the organization selleve apyment in excess of \$75 made party as a contribution on quality of the organization selected accombination of contribution of quality or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Did the organization exceeved a contribution of cars, boats, airplanes, or other vericles, did the organization file a form 1098-07  8 Did the organization received an contribution of cars, boats, airplanes, or other vericles, did the organization file after the security of the organization file and the payor of the sponsoring organization have exc	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X							
b if "Yes," either the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  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 X  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible as charitable contributions under section 170(c).  7b Id the organization receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible and the value of the goods or services provided?  7c Organization that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation and spratty for goods and services provided to the payor?  7c If If Yes, if indicate the number of Forms 8282 fired during the year  2 bid the organization receive and contribution of qualified intellectual property, of the the organization flex of Form 1828.  8 If the organization received a contribution of qualified intellectual property, of the the organization flex of Form 1989 as required?  9 If the organization received a contribution of qualified intellectual property, of the the organization flex of Form 1989.  9 Sponsoring organizations make a distribution to a during the year?  9 Sponsoring organization salicitation make a distribution to a during the year?  9 Sponsoring organization salicitation make a during the year and the year	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
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56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  57 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  58 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  58 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  59 Did any taxable party notify the organization file Form 8380-17.  50 Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  50 Different to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and party for goops and services provided to the payor?  70 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  71 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  72 Did the organization include with every solicitation an express statement that such contribution or gifts were not tax deductible?  72 Did the organization include with every solicitation and party for goops and services provided to the payor?  73 Did the organization include with every solicitation and early the goods or services provided?  74 Did the organization received an ontify the dors of the value of the goods or services provided?  75 Did the organization received an ornitry the office of the value of the goods or services provided?  76 Did the organization received an contribution of qualified intellectual property, did the organization file form 1098-07 Payor in directly, or a personal benefit contract?  76 Did the organization received an contribution of cars, boots, apprenting the year?  77 Did the organization re	b	• • —									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c of "Yes" to line Sa or Sb, did the organization file Form 8886-T?  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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization shat may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution of and party for gools and services provided to the payor?  7 Did if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received an contribution of qualified intellectual property, did the organization flee Form 8898 as required?  8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a denor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(K)7 organizations. Enter:  1 Initiation fees and captain contributions in cluded on Part VIII, line 12.  10a   10b											
6 If 'Yes' to line 5a or 5b, did the organization file Form 8886-T? 6 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 deductibles as charitable contributions? 6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization include with every solicitation and partly for gools and services provided to the payor? 7 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 8 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for gools and services provided to the payor? 9 If the organization networks only funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, of the organization flee Form 8899 as required? 9 If the organization received a contribution of qualified intellectual property, of the organization flee Form 8899 as required? 9 Sponsoring organizations make any taxable distributions by the sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Does by the sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986 the sponsoring organization make any taxable distributions und											
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	7										
	•		17								

Form 990 (2022)

86-0558407

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 7 **b** Enter the number of voting members included on 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 480-969-4024 868 E. UNIVERSITY DR., MESA, AZ 85203

Form **990** (2022)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B)										
Name and title				_ '	(C)				(D)	(E)	(F)
	Average	(6	Position (do not check more than one					ne.	Reportable	Reportable	Estimated
	hours per	b	ox, un fficer	ess p	erso	n is b	oth a	an	compensation	compensation	amount of
	week	_	$\overline{}$	anu a	T	, tor/tr	ruste	:е)	from	from related	other
	(list any	iranto							the	organizations	compensation
	hours for related	o a	te e			sated	3		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organization	กร	trus		q q	npen			1099-NEC)	1099-1120)	and related
	below	10 1	Tiona		1 2	st col	yee	7.	1000 (120)		organizations
	line)	us Irrictee or director	Institutional trustee	Officer	Key em nlovee	Highe	employee	Former			J
(1) MICHAEL HUGHES	1.00							7			
CEO	44.00	_		X	1	$\perp$	4		0.	289,011.	6,387.
(2) CATHERINE DYCIEWSKI	1.00					48	4				
CAO	44.00	_		X			1	4	0.	155,393.	12,869.
(3) KATHLEEN DI NOLFI	1.00			'				◂			
CHIEF PROGRAM OFFICER	44.00	_	$\perp$	X	:_				0.	144,862.	7,250.
(4) CONSTANCE ORR	1.00			1			4				
C00	44.00	-	4	X		1	4		0.	139,289.	7,080.
(5) JOSEPH DULIN	1.00		40	12						405 540	44 055
CHIEF PHILANTHROPY OFFICER	44.00	_	14	X	1	$\perp$			0.	125,542.	14,857.
(6) NICOLE SALTER	1.00			<b>L</b>	.					100 500	44 500
CCO	44.00		_	X	+	_	_		0.	122,522.	11,780.
(7) BRYAN RAINES	1.00		.		.				•	•	•
CHAIR	0.00		4	X	+	+	_		0.	0.	0.
(8) MIKE HUTCHINSON	1.00		.		.				•	•	•
TREASURER/SECRETARY	1.10		+	X	+	+	4		0.	0.	0.
(9) BRAD ROERIG	1.00		.						•	•	•
BOARD MEMBER	0.00		4	+	+	+	_		0.	0.	0.
(10) ERON SCHOOLCRAFT	1.00		.						0	0	•
BOARD MEMBER	0.00		+	+	+	+	+		0.	0.	0.
(11) MARIA DAWES	1.00		,						0	0	•
BOARD MEMBER (12) MONICA MARGAILLAN	1.00		╁	+	+	+	+		0.	0.	0.
BOARD MEMBER	0.00		.						0.	0.	0.
(13) SHAWNTA SHANE	1.00		╁	+	+	+	+		0.	0.	0.
BOARD MEMBER	0.00		.						0.	0.	0.
BOARD MEMBER	0.00	J 2	╁	+	+	+	+		0.	0.	0.
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			$\top$	+	$^{\dagger}$	+	$\dashv$				
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Form 990 (2022)

(A) Name and title    Compensation	Form 990 (2022) INCORPORA	ATED								86-055	8407	Р	age 8
Name and title    Average   hours per week (list any hours for related (list any hours for related organizations)   February   Febru	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)			
to Subtotal    Description of the compensation of nor the capacitation of the organization of the organiza		1										(F)	
th Subtotal  To Tall from continuation sheets to Part VII, Section A  To Tall from the organization from th	Name and title	Average	(do					nne	Reportable	Reportable	E	stimate	ed
1   Subtotal     0   976,619   60,223     1099 NEC     1099 NEC   1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC   1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC   1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC   1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC     1099 NEC   1099 NEC     1099 NEC   10			box, unless person is both an			n an	compensation	compensation	ar	nount	of		
Thours for related organizations with a second policy organization of the calculation of the organization of the organization and related organizations and related organizations.  1b Subtotal  1 Total form continuation sheets to Part VII, Section A  1 Total (add lines th and 1c).  2 Total under or Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization spreater than \$150,000? If Yes, 'complete Schedule' if or such individual organizations greater than \$150,000? If Yes, 'complete Schedule' if or such individual organizations greater than \$150,000? If Yes, 'complete Schedule' if or such individual organizations greater than \$150,000? If Yes, 'complete Schedule' if or such individual organization from the organization. However, 'complete Schedule' if or such individual organization from the organization organization or an organization and related organization if Yes, 'complete Schedule' if or such individual organization or individual organization from the organization. Report compensation from any unrelated organization or individual organization from the organization. Report compensation from the organization of services.				cer ar	nd a d	d a director/trustee)			from			other	
1b Subtotal  C Total from continuation sheets to Part VII, Section A  C Total from continuation sheets to Part VII, Section A  D. 976, 619. 60, 223.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  Did the congruization list and fel.  Did the congruization list and fel or such individual (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is an organization list and present properties of the congruization of the organization and related organization is an organization in such individual is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000 if it yes, "complete Schedule J for such individual for services received to the organization" if it yes, "complete Schedule J for such peace of the congruization or individual for services received to the organization." If yes, "complete Schedule J for such peace of the congruization or individual for services received to the organization." If yes, "complete Schedule J for such peace of the organization or individual for services received to the organization." If yes, "complete Schedule J for such peace of the organization or individual for services received the organization." If yes, "complete Schedule J for such peace of the organization or individual for services received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  Description of services  Compensation  FSI, HOME IMPROVEMENTS  Description of services  Compensation  WEATHERIZATION  CONTRACTOR  968, 111.		1 '	rector								_ I	•	
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(A) Name and business address  FSL HOME IMPROVEMENTS 1201 E THOMAS AVE, PHOENIX, AZ 85014  (B) Description of services  WEATHERIZATION CONTRACTOR  968,111.		=	-							· · · · · · · · · · · · · · · · · · ·	ation in	0111	
Name and business address  Description of services  Compensation  WEATHERIZATION  1201 E THOMAS AVE, PHOENIX, AZ 85014  CONTRACTOR  968,111.			<u> </u>		. <u>g</u>						((	C)	
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\$100,000 of compensation from the organization

Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a	response	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (s	1	_	Federated campaigns			1a					300110110 0 12 0 1 1
ants						1b					
اع ق						1c					
fts,	c Fundraising events 1c d Related organizations 1d										
Contributions, Gifts, Grants and Other Similar Amounts						1e	3,542,009.				
Sir			Government grants (contributions, gifts,			ie	3,312,003.				
e Ë		f	similar amounts not included			1f	235,649.				
등		_	Noncash contributions included in I			1g \$	280.				
Š		_	<b>Total.</b> Add lines 1a-1f	iiies i	a- 11	IgηΨ		3,777,658.			
<u> </u>		<u>'''</u>	Total: Add lines 1a-11				Business Code	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	2	2					Duominos Gous				
<u>Ş</u>		b									
Program Service Revenue		c									
E S		d									
Bag		e									
Pro			All other program service	ever	nue						
			<b>T</b>								
	3		Investment income (includ								
				_				257.			257.
	4		Income from investment o								
	5		Royalties						7		
						) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b			4				
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
Ven		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
ther Revenue	8		Gross income from fundraising								
₹			including \$			of					
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from t								
	9	а	Gross income from gamine			I					
			Part IV, line 19				1,385,889.				
			Less: direct expenses				803,632.	500 055		01 500	604.046
			Net income or (loss) from				 I	582,257.		-21,789.	604,046.
	10	а	Gross sales of inventory, le			I					
		_	and allowances			I					
		b Less: cost of goods sold 10b									
		С	Net income or (loss) from s	sales	ot inv	ventory	Business Code				
sn	44	_	OTHER INCOME				624200	3.	3.		
Miscellaneous Revenue	11		OTHER INCOME				024200	3.	3.		
llan		b									
sce Be		Ç	All other revenue								
Ξ			All other revenue					3.			
	12		Total. Add lines 11a-11d  Total revenue. See instructio					4,360,175.	3.	-21,789.	604,303.
			. J. W. I D T D II W D . O O O II I O II U O II O	.10				, , = . = •		,	-, · · · •

# Form 990 (2022) INCORPORATED Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(4)		(0)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	293,650.	293,650.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,617,540.	2,617,540.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 400	F07 (72	124 160	07 647
7	Other salaries and wages	829,489.	597,673.	134,169.	97,647
8	Pension plan accruals and contributions (include	20 221	22.720	E 010	E73
_	section 401(k) and 403(b) employer contributions)	28,321.	22,738. 62,310.	5,010.	573 1,572 8,142
9	Other employee benefits	77,610. 66,476.		13,728.	1,5/2 0 140
0	Payroll taxes	00,4/0.	48,189.	10,145.	0,142
1	Fees for services (nonemployees):				
	Management	5,530.		5,530.	
	Legal	31,780.		31,780.	
	Accounting	31,700.		31,700.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	173,964.	173,964.		
2	Advertising and promotion	7,317.	4,563.	204.	2,550
3	Office expenses	19,558.	17,602.	1,322.	634
4	Information technology				
5	Royalties				
6	Occupancy	230,106.	115,380.	16,540.	98,186
7	Travel	30,219.	28,235.	1,984.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	18,544.	17,997.	547.	
0	Interest	36,797.	153.	5,169.	31,475
1	Payments to affiliates	,		-,	- , - , -
2	Depreciation, depletion, and amortization				
3	Insurance	24,667.	20,708.	3,959.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT LEASE, REPAIR	56,919.	31,759.	2,702.	22,458
b	BINGO TAXES	25,591.	,	,	25,591
С	MISCELLANEOUS EXPENSES	14,010.	11,605.	1,599.	806
d					
е	All other expenses	4 500 000	4 064 066	024 200	202 624
5_	Total functional expenses. Add lines 1 through 24e	4,588,088.	4,064,066.	234,388.	289,634
:6	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		901,584.	1	235,006
	2	Savings and temporary cash investments		218,799.	2	544,519
	3	Pledges and grants receivable, net		16,000.	3	
	4	Accounts receivable, net		1,002,402.	4	347,956
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Description of the second seco		5,768.	9	9,352
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	9 11		12	
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	2,144,553.	16	1,136,833
	17	Accounts payable and accrued expenses		478,462.	17	101,628
	18	Grants payable			18	
	19	Deferred revenue		267,859.	19	79,273
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
Se	22	Loans and other payables to any current or for				
Ě		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unre	elated third parties		23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	701 516		F C T 100
				781,516.		567,129
-	26	Total liabilities. Add lines 17 through 25		1,527,837.	26	748,030
。		Organizations that follow FASB ASC 958, cl	neck here X			
ဥ		and complete lines 27, 28, 32, and 33.		100 702		204 470
<u> </u>	27	Net assets without donor restrictions		-190,792.	27	-284,479
Ĕ	28	Net assets with donor restrictions		807,508.	28	673,282
Š		Organizations that do not follow FASB ASC	958, check here			
는		and complete lines 29 through 33.				
) IS (	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		616 716	31	200 002
§	32	Total net assets or fund balances		616,716.	32	388,803
	33	Total liabilities and net assets/fund balances		2,144,553.	33	1,136,833 Form <b>990</b> (202

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,360	0,1	<u>75.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,588		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22	7,9	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61	6,7	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	388	8,8	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

MESA COMMUNITY ACTION NETWORK **Employer identification number** Name of the organization INCORPORATED 86-0558407 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 10 An organization that normally receives (1) more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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 supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

86-0558407 Page 2

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	• •	,
	membership fees received. (Do not						
	include any "unusual grants.")	2449963.	2695580.	5926554.	4498941.	3777658.	19348696.
2	Tax revenues levied for the organ-						
	ization'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	2449963.	2695580.	5926554.	4498941.	3777658.	19348696.
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.						19348696.
Sec	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2449963.	2695580.	5926554.	4498941.		19348696.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	233.	158.	26.	13.	257.	687.
9	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.)	212.	5,543.	10,694.	2,376.	3.	18,828.
11	<b>Total support.</b> Add lines 7 through 10		•				19368211.
	Gross receipts from related activities,	etc. (see instructio	ns)		•	12	•
	First 5 years. If the Form 990 is for the	•	,			D1(c)(3)	
	organization, check this box and stor	-		•	•••••		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.90 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	98.61 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	t <b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Cabadula A	(Form 990) 2022

Schedule A (Form 990) 2022

#### 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	Jelow, please com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		(D) ZO IO	(G) EGEG	(4) 2021	(C) EGEE	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				1		
<b>14</b> First 5 years. If the Form 990 is for t	J		,	,	( )( )	<i>'</i> —
check this box and stop here						
Section C. Computation of Pub					T I	
15 Public support percentage for 2022					15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve					T .= I	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th						
more than 33 1/3%, check this box a <b>b 33 1/3% support tests - 2021.</b> If th	=	-				L and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organizati						

232023 12-09-22

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
  - 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		162	140
1			
2			
3a	1		
3b	)		
30	;		
4-			
4a			
4b			
40	:		
5a	1		
5b			
50			
6			
7			
8			
3			
9a	1		
9b	)		
90			
10:	a		
101			<u> </u>
ule A (F	orr	n 990)	2022

Pa	t IV Supporting Organizations (continued)			
	, and a second s		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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? 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 organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	7	
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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6

8

9

Sch	hedule A (Form 990) 2022 INCORPORATED	8	6-0558407	Page 7
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	s (continued)		
Sec	ction D - Distributions	•	Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
_4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		

	Distributable arrioditt for 2022 from Occilon O, fine o			——	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020		<u> </u>		
e	From 2021				
f	Total of lines 3a through 3e		*		
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years	<b>V</b>			
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
<u>d</u>	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MESA COMMUNITY ACTION NETWORK INCORPORATED

**Employer identification number** 86-0558407

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		er Similar Funds	or Accounts. Complete if the
			dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the asse	ts held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal cont	rol?	Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizatio	n (check all that ap	ply).	<u> </u>
	Preservation of land for public use (for example, recreat			f a historically important land area
	Protection of natural habitat	•		f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ntribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а		· ·		2a
b				
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired at			
-	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
Ū	year	acca, extingulario	, or torrimated by the	organization daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		spection handling of	
_	violations, and enforcement of the conservation easements it	O.		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, r			
_	3, 1 3,		3	3
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, ar	nd enforcing conserva	ition easements during the year
	3, 1 3,	3	3	3 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the require	ments of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot		·	
	organization's accounting for conservation easements.	· ·		
Pai	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	s revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educ	ation, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance			•
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,	,	,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			ul gain, provide
_	the following amounts required to be reported under FASB AS			J , , , , , , , , , , , , , , , , , , ,
а	Revenue included on Form 990, Part VIII, line 1	_		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

	t III   Organizations Maintaining Co		t. Historical Tr	easures. o	r Othei	r Simila	r Assets			age <b>∠</b>
3	Using the organization's acquisition, accession							(CONUIN	uea)	
3		i, and other records	s, check any or the	iollowing that	illake Si	grillicarit	use of its			
_	collection items (check all that apply):		l Diagnaray	ahanaa nease						
а	Public exhibition	d		change progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll						ose in Part	XIII.		
5	During the year, did the organization solicit or		·	•				٦,,		1
Dar	to be sold to raise funds rather than to be main							_ Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		ete if the organizati	on answered	"Yes" on	Form 99	u, Part IV,	line 9, or		
	Is the organization an agent, trustee, custodian		ion, for contribution	no or other occ	anto not i	امماريطمط				
ıa			•					Yes		No
<b>L</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII ar							_ res		] NO
b	ii Yes, explain the arrangement in Part XIII ar	ia complete the ioi	lowing table.					Amount		
_	Posinning holonoo					10		7 11100111		
C	Beginning balance									
u	Additions during the year									
f	Distributions during the year Ending balance									
) 2a	Did the organization include an amount on For							Yes		No
	If "Yes," explain the arrangement in Part XIII. C					•				]
Par										
		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	,							-	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		. 7							
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt vear end balance	e (line 1a. column (	a)) held as:						
а	Board designated or quasi-endowment		%	,,						
b	Permanent endowment	%	7							
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	and administer	ed for th	e				
	organization by:	· ·						Γ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the o									
Par	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Cos	st or other	(c) A	ccumulat	ed	(d) Book	value	9
		basis (investn	nent) basis	s (other)	de	preciation	1			
1a	Land									
b	Buildings	I								
С	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ear	ual Form 990. Part	X. column (B). line	10c.)						0.

Schedule D (Form 990) 2022

86-0558407 Page	Page	7	4	8	5	5	-0	6	8
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Schedule D (Form 990) 2022 INCORPORAT	PED		86-0558407 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of securit	y) <b>(b)</b> Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description	Tru. dee Form 550, Fart X, line 15.	(b) Book value
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.	"	44 446 5 000 5 1 1 1 1 1	0.5
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATE			567,129.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /h) must equal Form 000, Part V and (P)	E 05 )		567 129.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

· u	Occupated if the experiention experient in a Ferra 200 Best IV line 40:	itii riovonao poi rio		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 610 105
1			1	4,648,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
a	J ( )	288,010.		
b		200,010.		
С.				
d		•		200 010
е			2e	288,010. 4,360,175.
3	Subtract line 2e from line 1		3	4,360,1/5.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	, , , , , , , , , , , , , , , , , , , ,			
b			_	0
_C	Add lines 4a and 4b		4c	0.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial Statements V	lith Evponess par E	5	4,360,175.
Ра		vitti Experises per r	returi	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 . 1	4 076 000
1	Total expenses and losses per audited financial statements		1	4,876,098.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	000 010		
а				
b				
С				
d	,			000 010
е	Add lines 2a through 2d		2e	288,010.
3	Subtract line 2e from line 1		3	4,588,088.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4		
а	, , , ,			
b	,			0
С	Add lines 4a and 4b		4c	0.
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,588,088.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	nformation.		
PAI	RT X, LINE 2:			
m	E ODGANIZATION DEGOGNIZEG UNGEDTATN TAY DOGITA	ONG TN DUE ET	<b>NTN NT</b> /	<b>3737</b>
T.H.	E ORGANIZATION RECOGNIZES UNCERTAIN TAX POSITION	JNS IN THE FI	MAM	CIAL
αш:	MEMBARIN MILEN TO MODE I THE VEHILL DEVENE	THE DOCUMENTON	T.7 T 1	II NOT DE
2.1.7	ATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT '	THE POSITIONS	W I	PP MOL BE
CTT	CMATNED IIDON EVANTNAMION DV MAVING AIIMIODIMIEG		2 0	2022 mii
50	STAINED UPON EXAMINATION BY TAXING AUTHORITIES	. AS OF JUNE	30,	2023, THE
ΩD.	CANITZAMION HAD NO IINCEDMAIN MAY DOCIMIONG MUAM	OUNTER FOR	r T MI	מבים
OR	GANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT	QUALIFY FOR	PIII	nek
יים ח	COCNITATON OF PICCLOCUPE IN MUE EINANGIAL CANADO	ATENIA C		
KE(	COGNITION OR DISCLOSURE IN THE FINANCIAL STATE	MENTS.		

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service MESA COMMUNITY ACTION NETWORK **Employer identification number** Name of the organization INCORPORATED 86-0558407 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Pa	irt I	<b>Fundraising Events.</b> Complete if th of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
Rev	1	Gross receipts				
	,	Loss: Contributions				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Managalandara				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
X De						
et E	7	Food and beverages				
Ę						
	8	Entertainment				
	9	Other direct expenses	0: 1 (1)			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			
Pa	irt l				reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enue			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue	1	Gross revenue	1,370,596.		15,293.	1,385,889.
						766
es	2	Cash prizes	766,550.			766,550.
ens	_	Noncock prizes				
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	·			
ʿ⊡						
	5	Other direct expenses			37,082.	37,082.
			Yes %	Yes %		
	6	Volunteer labor	X No	No	X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			803,632.
	<b>'</b>	bliect expense summary. Add lines 2 through	13 iii columii (a)			003,032.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			582,257.
_	_			7		
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	-			X Yes No
		No," explain:				res NO
~						
		ere any of the organization's gaming licenses re			year?	Yes X No
b	lf "	Yes," explain:				
	_					
	_					
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022

## MESA COMMUNITY ACTION NETWORK

Schedule G (Form 990) 2022 INCORPORATED	86-0558407 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	100 == 110
	140-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special even	ts books and records:
Name CATHERINE DYCIEWSKI	
Address 868 E UNIVERSITY DR - MESA, AZ 85203	
15a Does the organization have a contract with a third party from whom the organization receives ga	ming revenue? Yes X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 100, onto hamo and address of the anna party.	
Nama	
Name	
Address	
16 Gaming manager information:	
Name DOUGLAS ROWLAND	
Gaming manager compensation \$ 23,249.	
statining manager componential +	
Description of services provided OVERSIGHT OF ALL BINGO OPERAT	TONS
Description of services provided OVERDIGHT OF ALL BINGS OF BIRATE	10140
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to
retain the state gaming license?	Yes X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organisms.	······
	anzations of sport in the
organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (i)) and Dart III lines 0. Oh. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instru	ctions.

### MESA COMMUNITY ACTION NETWORK

Schedule G	G (Form 990)  Supplemental Infor	INCORPORATED		86-0558407	Page 4
Part IV	Supplemental Infor	mation (continued)			
				7	
			A . 7		
					-

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. MESA COMMUNITY ACTION NETWORK

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MESA COMM INCORPORA		ION NETWORK					Employer identification number 86-0558407
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?					stance, and the selecti	₹,,
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organia	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NEW LEAF, INC. 868 E UNIVERSITY DR	05 005555	E04 (G) (O)	202 652				
MESA, AZ 85203	86-0256667	501(C)(3)	293,650.	0.			SERVICE TO THE HOMELESS
2 Enter total number of section 501(c)(3) a	•		e line 1 table				1.
3 Enter total number of other organizations							0.
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 INCORPORATED					86-0558407	Page
Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
CLIENT ASSISTANCE, EDUCATION ASSISTANCE,						
WEATHERIZATION VOUCHERS, UTILITY VOUCHERS, RENT						
VOUCHERS	6271	2,617,540.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE ORGANIZATION MAKES AN ANNUAL G	RANT TO A	RELATED C	ORGANIZATIO	N (SEE		
SCHEDULE R) FOR USE IN THEIR HOMELI	ESS PROGR	AM. THE TV	VO ORGANIZA	TIONS SHARE		
A COMMON MANAGEMENT TEAM THAT ASSU						
MONEY IS SPENT.						
THE MAJORITY OF THE FUNDS FOR THE S	SPECIFIC	ASSISTANCE	TO INDIVI	DUALS IS		
PAID DIRECTLY TO THE VENDORS OR RES						

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MESA COMMUNITY ACTION NETWORK INCORPORATED

Employer identification number 86-0558407

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL HUGHES	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	289,011.	0.	0.	6,110.	277.	295,398.	0.
(2) CATHERINE DYCIEWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
CAO	(ii)	155,393.	0.	0.	7,692.	5,177.	168,262.	0.
(3) KATHLEEN DI NOLFI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF PROGRAM OFFICER	(ii)	144,862.	0.	0.	7,234.	16.	152,112.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	(5

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
MICHAEL HUGHES AND THE OFFICERS LISTED IN FORM 990, PART VII, ARE
COMPENSATED BY THE RELATED ORGANIZATION, A NEW LEAF, INC., FOR SERVICES
PROVIDED TO THE FILING ORGANIZATION AND RELATED ORGANIZATIONS.
A NEW LEAF, INC. EMPLOYS THE MANAGEMENT GROUP FOR ALL RELATED AFFILIATES.
THE FILING ORGANIZATION RELIED ON A NEW LEAF, INC., WHICH USED ONE OR MORE
OF THE METHODS DESCRIBED IN PART I, LINE 3 TO ESTABLISH EXECUTIVE
COMPENSATION.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MESA COMMUNITY ACTION NETWORK INCORPORATED

Employer identification number 86-0558407

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POVERTY NEEDS TO IMPROVE THE LIVES OF INDIVIDUALS AND FAMILIES IN THE MESA COMMUNITY," WHICH IS IN LINE WITH A NEW LEAF'S MISSION OF HELPING FAMILIES...CHANGING LIVES BY OFFERING LOW-INCOME MESA RESIDENTS' UTILITY/RENT/MORTGAGE ASSISTANCE, FINANCIAL EDUCATION AND COACHING EMPLOYMENT DEVELOPMENT AND ASSET BUILDING IN A ONE-STOP-SHOP STATE, AND CITY-FUNDED PROGRAMS. ENVIRONMENT THROUGH FEDERAL, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, UTILITY/RENT/MORTGAGE ASSISTANCE, FINANCIAL EDUCATION AND COACHING, EMPLOYMENT DEVELOPMENT AND ASSET BUILDING IN A ONE-STOP-SHOP ENVIRONMENT THROUGH FEDERAL, STATE AND CITY-FUNDED PROGRAMS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MORTGAGE AND UTILITY FINANCIAL SERVICES INCLUDE EMERGENCY RENT HOME WEATHERIZATION ASSISTANCE, BROADBAND RESOURCES, CASE  ${ t ASSISTANCE}$  , BENEFITS ENROLLMENT INFORMATION AND REFERRAL, WORKFORCE MANAGEMENT ECONOMIC DEVELOPMENT FOR SMALL DEVELOPMENT, FINANCIAL COACHING, VOLUNTEER INCOME TAX ASSISTANCE (VITA), POST-SECONDARY MATCH SAVINGS PROGRAM, AND ONSITE COMMUNITY RESOURCES SUCH AS WIC AND SNAP OFFICES. MESACAN PARTNERS WITH PUBLIC, PRIVATE AND OTHER SOCIAL SECTOR ORGANIZATIONS, AND RELEVANT SERVICES ARE CO-LOCATED. THIS COLLABORATIVE

FINANCIAL ASSISTANCE IS AVAILABLE TO LOW-INCOME HOUSEHOLDS THROUGH

APPROACH EFFECTIVELY MOBILIZES SOLUTIONS FOR EASY ACCESS TO MEET THE

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

Schedule O (Form 990) 2022

NEEDS OF HOUSEHOLDS IN CRISIS.

MULTIPLE SERVICES, INCLUDING RENT AND UTILITY ASSISTANCE TO THOSE

FACING EVICTION AND UTILITY ASSISTANCE TO HOUSEHOLDS FACING UTILITY

SHUT-OFF. CASE MANAGERS ASSIST WITH APPLYING FOR PUBLIC BENEFITS, SUCH
AS SSI/SSDI. AN ONSITE BASIC NEEDS PANTRY PROVIDES LOW-INCOME

HOUSEHOLDS WITH DIAPER DISTRIBUTION, FOOD BOXES, HYGIENE BAGS, AND

OTHER BASIC NEEDS. FINANCIAL COACHING SERVICES TO SUPPORT HOUSEHOLDS TO

ESTABLISH A BUDGET, LEARN HOW TO SAVE AND PAY OFF DEBT, AND LEARN HOW

TO IMPROVE CREDIT WEATHERIZATION SERVICES OFFER LOW-INCOME HOMEOWNERS
IN MESA ASSISTANCE WITH HOME IMPROVEMENTS DESIGNED TO MAKE THEIR HOME

MORE ENERGY EFFICIENT AND REDUCE THE COST OF UTILITIES. THE PROGRAM

PROVIDES LONG-TERM RESULTS BY IDENTIFYING THE CAUSE OF THE HIGH UTILITY

BILLS AND REPAIRING THOSE PROBLEM AREAS. WORKFORCE SERVICES HELPS ALL

JOB SEEKERS, INCLUDING THOSE RECOVERING FROM A CRISIS SITUATION, SECURE

EMPLOYMENT OR CREATE A PLAN FOR MORE STABLE EMPLOYMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MESACAN DONATED \$293,650 IN BINGO PROCEEDS TO A NEW LEAF, INC. FOR THE BENEFIT OF THE EAST VALLEY MEN'S CENTER, A HOMELESS SHELTER FOR MEN.

VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM IS A POWERFUL

ANTI-POVERTY AND COMMUNITY ASSET DEVELOPMENT PROGRAM, OFFERING FREE TAX

PREPARATION SERVICES FOR LOW- TO MODERATE-INCOME HOUSEHOLDS (THOSE

GENERALLY MAKING \$60,000 OR LESS), PERSONS WITH DISABILITIES, SENIORS,

AND LIMITED ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING

THEIR OWN TAX RETURNS. HOUSEHOLDS ARE ASSISTED IN ACCESSING THE FULL

AMOUNT OF TAX CREDITS FOR WHICH THEY ARE ELIGIBLE, WITHOUT LOSING

HUNDREDS OF DOLLARS IN PAID PREPARER FEES. THIS VALUABLE SERVICE ALLOWS

HOUSEHOLDS TO OFFSET DEBT, INCREASE SAVINGS, ACQUIRE NEEDED ASSETS, AND

Schedule O (Form 990) 2022 Page **2** 

Name of the organization MESA COMMUNITY ACTION NETWORK INCORPORATED

Employer identification number 86-0558407

BUILD ECONOMIC STABILITY. VITA SERVICES MAKE A POSITIVE IMPACT IN THE

LIVES OF APPROXIMATELY 3,500 LOW-INCOME HOUSEHOLDS EACH YEAR AND RETURN

MORE THAN \$4,500,000 IN TAX REFUNDS TO LOCAL COMMUNITIES.

EXPENSES \$ 677,613. INCLUDING GRANTS OF \$ 516,363. REVENUE \$ 3.

FORM 990, PART VI, SECTION A, LINE 3:

THE DAY-TO-DAY OPERATIONS ARE MANAGED BY A NEW LEAF, INC., AN ARIZONA

NON-PROFIT CORPORATION EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION

MESA COMMUNITY ACTION NETWORK, INC. 86-0558407 501(C)(3). (SEE SCHEDULE R)

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER IS A NEW LEAF, INC., AN ARIZONA NON-PROFIT CORPORATION EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). (SEE SCHEDULE R)

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER HAS APPROVAL RIGHTS OVER THE APPOINTMENT OR REMOVAL OF A

DIRECTOR, OR THE FILLING OF VACANCIES ON THE BOARD OF DIRECTORS, SUBJECT TO

ONE RESTRICTION MORE FULLY EXPLAINED IN THE LINE 7B EXPLANATION.

SUBJECT TO THIS MEMBER APPROVAL RIGHT, THE CURRENT BOARD ELECTS DIRECTORS

TO REPLACE THE DIRECTORS WHOSE TERMS ARE DUE TO EXPIRE. IN ADDITION, THE

BYLAWS SET THE FOLLOWING BOARD COMPOSITION AS NEARLY AS IS PRACTICABLE:

ONE THIRD OF THE DIRECTORS SHALL BE ELECTED FROM INDIVIDUALS IN THE CIVIC

AND BUSINESS COMMUNITIES IN THE GENERAL AREA SERVED BY THE CORPORATION.

ONE THIRD OF THE DIRECTORS SHALL BE ELECTED FROM INDIVIDUALS SERVING AS

ELECTED OFFICIALS (OR THEIR DESIGNEES) ON VARIOUS POLITICAL BODIES AS

DEFINED AND THAT ENCOMPASS ALL OF PART OF THE GENERAL AREA SERVED BY THE

Schedule O (Form 990) 2022

CORPORATION.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization MESA COMMUNITY ACTION NETWORK INCORPORATED

Employer identification number 86-0558407

- AT LEAST ONE-THIRD OF THE DIRECTORS MUST BE CHOSEN USING DEMOCRATIC

SELECTION PROCEDURES ADMINISTERED BY THE CORPORATION THAT ARE ADEQUATE TO

ASSURE THAT THE MEMBERS ARE REPRESENTATIVE OF LOW INCOME INDIVIDUALS AND

FAMILIES IN THE NEIGHBORHOOD SERVED AND, IF THEY REPRESENT A SPECIFIC

NEIGHBORHOOD, THAT THEY LIVE IN THAT NEIGHBORHOOD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS REQUIRE PRIOR APPOVAL OF THE MEMBER:

- THE APPOINTMENT OR REMOVAL OF A DIRECTOR OR THE FILLING OF VACANCIES ON
  THE BOARD OF DIRECTORS, WITH THE LIMITATION THAT THEY CANNOT USE THIS RIGHT
  TO LIMIT THE REPRESENTATION OF THE ONE-THIRD BOARD MEMBERSHIP THAT ARE
  REPRESENTATIVE OF THE LOW INCOME INDIVIDUALS OR FAMILIES IN THE
  NEIGHBORHOODS SERVED.
- THE AMENDMENT OR REPEAL OF THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS OR THE ADOPTION OF NEW ARTICLES OF INCORPORATION OR BYLAWS.
- THE FIXING OF COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OF DIRECTORS OR ON ANY COMMITTEE OF THE BOARD OF DIRECTORS.
- THE EXECUTION OF ANY CONTRACT FOR GOODS, SERVICES OR FACILITIES.
- THE BORROWING OR LENDING OF MONEY.
- THE LIQUIDATION OR DISSOLUTION OF THE CORPORATION, OR THE TRANSFER,

  DISPOSITION, OR ENCUMBRANCE OF THE PROPERTIES OR ASSETS OF THE CORPORATION

  OTHER THAN IN THE ORDINARY COURSE OF THE CORPORATION'S BUSINESS

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM WHO CONDUCTED THE FINANCIAL STATEMENT AUDIT AND IS THEN PRESENTED TO

THE CAO AND THE CEO OF A NEW LEAF FOR THEIR REVIEW AND DISCUSSION. ONCE

APPROVED BY THEM, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS

PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY LEADERSHIP STAFF COMPLETE

CONFLICT OF INTEREST FORMS AS REQUIRED UNDER A NEW LEAF, INC.'S CONFLICT OF

INTEREST POLICY. THE ORGANIZATION'S MANAGEMENT TEAM MONITORS COMPLIANCE

WITH POLICIES AND USE OF VENDORS, AGENCIES, PROFESSIONALS OR OTHER OUTSIDE

ORGANIZATIONS TO ENSURE COMPLIANCE WITH POLICIES. BOARD MEMBERS RECUSE

THEMSELVES FROM DISCUSSIONS OR VOTES WHEN POTENTIAL CONFLICT OF INTEREST

ARISE. BOARD MEMBERS ANNUALLY COMPLETE A DISCLOSURE OF CONFLICT OF INTEREST

STATEMENT WHICH IS MAINTAINED BY THE GOVERNANCE COMMITTEE AND THE CEO AND

FORWARDED TO ANY GOVERNMENT AGENCIES WHICH REQUIRE SUCH DISCLOSURE.

FORM 990, PART VI, SECTION C, LINE 18:

A PUBLIC COPY OF THE FORM 990 AND THE FORM 1023 ARE AVAILABLE ON A NEW LEAF INC.'S WEBSITE (A RELATED ORGANIZATION, SEE SCHEDULE R) AT WWW.TURNANEWLEAF.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

A PUBLIC COPY OF THE FORM 990, FORM 1023, THE CONFLICT OF INTEREST POLICY

AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE

ORGANIZATION'S ADMINISTRATION OFFICE DURING REGULAR BUSINESS HOURS.

FORM 990, PART XII, LINE 2C

Scriedule O (Form 990) 2022	Page 2
Name of the organization MESA COMMUNITY ACTION NETWORK INCORPORATED	Employer identification number 86-0558407
THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS C	R THE
SELECTION PROCESS DURING THE TAX YEAR.	

232212 10-28-22

#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization MESA COMMUNITY ACTION NETWORK INCORPORATED

Employer identification number 86-0558407

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
		10			

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
A NEW LEAF, INC 86-0256667							i
868 E UNIVERSITY DR							1
MESA, AZ 85203	BEHAVIORAL HEALTH SERVICES	ARIZONA	501(C)(3)	LINE 7	N/A		Х
NEIGHBORHOOD ECONOMIC DEVELOPMENT							
CORPORATION - 86-0888028, 868 E UNIVERSITY							
DR, MESA, AZ 85203	LOW INCOME FINANCING	ARIZONA	501(C)(3)	LINE 7	A NEW LEAF, INC.		Х
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE -							
86-0912044, 868 E UNIVERSITY DR, MESA, AZ	DOMESTIC AND SEXUAL						i
85203	VIOLENCE SUPPORT	ARIZONA	501(C)(3)	LINE 7	A NEW LEAF, INC.		X
NEW LEAF COTTAGES - 86-0225726							
868 E UNIVERSITY DR	7						ĺ
MESA, AZ 85203	LOW INCOME HOUSING	ARIZONA	501(C)(3)	LINE 10	A NEW LEAF, INC.		X

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

Schedule R (Form 990) 2022

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
PROSPECT PARK I LP -											
86-0899083, 868 E UNIVERSITY	LOW INCOME										
DR, MESA, AZ 85203	HOUSING	AZ	N/A	N/A	N/A	N/A		X	N/A	2	N/A
LA MESITA APARTMENTS LP -	-										
61-1676396, 868 E UNIVERSITY	LOW INCOME										
DR, MESA, AZ 85203	HOUSING	ΑZ	N/A	N/A	N/A	N/A		X	N/A		N/A
LA MESITA APARTMENTS PHASE 3											
LP - 37-1719843, 868 E											
UNIVERSITY DR, MESA, AZ	LOW INCOME										
85203	HOUSING	AZ	N/A	N/A	N/A	N/A		X	N/A	2	N/A
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	ti) otion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
LA MESITA APARTMENTS, LLC - 35-2438064									
868 E UNIVERSITY DR									
MESA, AZ 85203	LOW INCOME HOUSING	AZ	N/A	C CORP	N/A	N/A	N/A		X
LA MESITA APARTMENTS PHASE 3, LLC -									
37-1720046, 868 E UNIVERSITY DR, MESA, AZ									
85203	LOW INCOME HOUSING	ΑZ	N/A	C CORP	N/A	N/A	N/A		Х
	1								
	1								
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	c Gift, grant, or capital contribution from related organization(s)				1c		Х
					1d		X
е	e Loans or loan guarantees by related organization(s)				1e		X
f	f Dividends from related organization(s)				1f		_X_
g	g Sale of assets to related organization(s)				1g		_X_
h	h Purchase of assets from related organization(s)				1h		_X_
i	i Exchange of assets with related organization(s)				1i		_X_
j	j Lease of facilities, equipment, or other assets to related organization(s)			·····	1 <u>j</u>		X
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
- 1	l Performance of services or membership or fundraising solicitations for related organization(s)				11		_X_
					1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
р	p Reimbursement paid to related organization(s) for expenses				1p	X	
	q Reimbursement paid by related organization(s) for expenses				1q		X
r	r Other transfer of cash or property to related organization(s)				1r		X
	s Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	lete this	line, including covered re	elationships and transaction thresholds.			
	(a) (b)  Name of related organization Transactio		(c)	(d)			
	Name of related organization Transaction type (a-s)		Amount involved	Method of determining amount invo	lved		
	type (a-3)	<del>'</del>					
۵,							
1)							
۵,							
2)	<del></del>						
٥,							
3)							
4\							
<del>+)</del>	<del></del>						
<b>5</b> \							
5)	<del></del>						
6)							
	163 09-14-22			Schedule R	(Forr	n 9901	2022
J∠ 10	103 09-14-22			Schedule n	(1 011	1 330)	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec	(f) Share of	(g) Share of	(h Dispro	) por-	(i) Code V-UBI	(j) Gener	al or Per	(k) rcentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3) orgs.? Yes No		end-of-year assets	Dispro tiona allocation	nte ons? <b>No</b>		mana partn Yes	er? Ow	/nership
	]											
												,
	-											
	_											
										H		
	_											
							H			H		
	-											
									O de adada			

Schedule R (Form 990) 2022

EXTENDED TO MAY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))	<u> </u>	2022
		For ca	lendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 20	<u>23</u> .	<b>2022</b>
Depart Interna	ment of the Treasury I Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α _	Check box if address changed.		Name of organization (		oyer identification number
<b>B</b> Ex	empt under section	Print	INCORPORATED	8	6-0558407
X	] 501( <b>c</b> )( <b>3</b> ) ] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  868 E. UNIVERSITY DR.	EGroup (see i	o exemption number nstructions)
	] 408A		City or town, state or province, country, and ZIP or foreign postal code  MESA, AZ 85203	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G C	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u> C	Check if filing only to	)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>l</u> (	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1
K [	Ouring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.		
	he books are in car		THE ORGANIZATION Telephone number	<u>480-</u>	969-4024
Par	rt I   Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		_
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
_	enter zero			11	0.
Par	rt II Tax Com	putat	ion		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1_1_	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax (	(trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)

Part		Tax and Payment	ts						· ·	age Z
1a				118; trusts attach Form	1116)	1a				
b		credits (see instructio	>		,					
C		•	,	e instructions)						
d				8801 or 8827)						
e								1e		
2								2		0.
3		amounts due. Check		4255 Form 861			Form 8866			
	O 11.10.			(-1111-1-1-1-1)				3		
4	Total	tax. Add lines 2 and 3	<del></del>	` ′						
•		on 1294. Enter tax amo		CHOCK II IIIC	•	•	arraor	4		0.
5				5-A, Part II, column (k)				5		0.
6a				)22				-		
b	-			n 643(g) election applies	_	6b				
c		eposited with Form 88								
d		•		source (see instructions		···   — — —				
e										
f				miums (attach Form 894						
g				Form 2439			_			
3		Form 4136		Other		al <b>6g</b>				
7								7		
8				c if Form 2220 is attache				8		
9				es 4, 5, and 8, enter am				9		
10	Over	payment. If line 7 is lar	rger than the total	of lines 4, 5, and 8, enter				10		
11				d to 2023 estimated ta			Refunded	11		
Part	IV :	Statements Rega	rding Certain	Activities and Othe	er Informa	tion (see instru	uctions)			
1	At an	y time during the 2022	calendar year, did	the organization have a	n interest in o	or a signature or o	other authority		Yes	No
	over a	a financial account (ba	nk, securities, or ot	her) in a foreign country	? If "Yes," the	e organization ma	ay have to file			
	FinCE	N Form 114, Report o	f Foreign Bank and	I Financial Accounts. If "	Yes," enter tl	ne name of the fo	reign country			
	here			`						X
2	Durin	g the tax year, did the	organization receiv	re a distribution from, or	was it the gra	antor of, or transf	feror to, a			
	foreig	n trust?								X
				ganization may have to						
3	Enter	the amount of tax-exe	mpt interest receiv	ed or accrued during the	e tax year		\$		_	
4	Enter	available pre-2018 NO	L carryovers here	\$	Do no	t include any pos	t-2017 NOL ca	ırryover		
	show	n on Schedule A (Form	າ 990-T). Don't redເ	ice the NOL carryover s						
5	Post-	2017 NOL carryovers.	Enter the Business	Activity Code and avail	able post-201	7 NOL carryover	s. Don't reduce	Э		
	the a	mounts shown below b	by any NOL claimed	d on any Schedule A, Pa	art II, line 17 f	or the tax year. S	ee instructions	<b>5.</b>		
			Business Activit			Available po	ost-2017 NOL o			
			455	000		\$		32,687.		
						\$				
6a				ounting? (see instruction						X
b	If 6a i	s "Yes," has the organ	ization described t	he change on Form 990	, 990-EZ, 990	)-PF, or Form 112	.8? If "No,"			
										<u></u>
Part		Supplemental Inf								
Provide	the e	xplanation required by	Part IV, line 6b. Als	so, provide any other ad	ditional inforr	nation. See instru	uctions.			
	Lu	aday panalisa af paviyyy I daal	lava that I have avancined	this vatuus is alvelian annous	ing askedules as	d atatamanta and to the	a baak of multipacida	alan and halint it is		
Sign				this return, including accompany taxpayer) is based on all informations				edge and belief, it is	true,	
Here				ſ	030			May the IRS discuss		with
	<u>s</u>	ignature of officer		 Date	<u>CAO</u> Title			ne preparer shown structions)?		¬ Na
		<del>ĭ</del>		ı	TILIO	Гъ. Т			res	No
		Print/Type preparer's na	ame	Preparer's signature		Date		if PTIN		
Paid		CHADIAMI CA	D73	CHADIMAN CAD	77		self- employed		00000	
Prepa		SHARLYNN GA		SHARLYNN GAR	.uA	05/09/24	Firm L FIN	P0203 39-08		
Use C	Only		CER TILLY 2055 E WAR		1 0 1		Firm's EIN	39-08	155C	<u>u</u>
			ZUSS E WAR. TEMPE, AZ	-	TOT		Dhono no	180.839	1000	
000711 0	1 10 00	Firm's address 1	.ымгс, АД	03404			PHOHE 110. 4		990-T	(0000)
223711 0	1-10-23							⊢orm	JJU-1	(2022)

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

ZUZZ

	tment of the Treasury al Revenue Service  Do not enter SSN numbers on this form					Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b> 1	Name of the organization MESA COMMUNITY ACTION INCORPORATED	ON NETW	ORK	B Employer id		
<u>C (</u>	Unrelated business activity code (see instructions) 45	5000		<b>D</b> Sequence:	1	L of 1
<b>E</b> [	Describe the unrelated trade or business SALE OF B	INGO ME	RCHANDISE			
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
Ра	Officiated Trade of Business income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales15,293.					
b	Less returns and allowances c Balance	ce <b>1c</b>	15,29	03.		
2	Cost of goods sold (Part III, line 8)		37,08	32.		
3	Gross profit. Subtract line 2 from line 1c	3	-21,78	39.		-21,789.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Fo	orm				
	1120)). See instructions					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instruction	′ <del>                                    </del>				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
_	statement)					
6	Rent income (Part IV)				$\rightarrow$	
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	Cay			
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10			$\longrightarrow$	
11	Advertising income (Part IX)				$\rightarrow$	
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-21,78	39.		-21,789.
_	Deductions Not Taken Elsewhere See inst directly connected with the unrelated busine	ss income				s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3 4	
5	Bad debts Interest (attach statement). See instructions				5	
5 6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	•				15	0.
16	Unrelated business income before net operating loss deducti					21 700
	column (C)				16	-21,789.
17	Deduction for net operating loss. See instructions				17	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16 ......

Schedule A (Form 990-T) 2022

P	а	q	е	1

Part	III Cost of Goods Sold Enter meth	od of inventory valuat	ion N/A		Page Z
1	Inventory at beginning of year	•	·	1	0.
2	Purchases				37,082.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				37,082.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line	2	8	37,082.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part	` ' '				
1	Description of property (property street address, city, sta	ate, ZIP code). Check	if a dual-use. See instru	uctions.	
	A				
	B				
	D	Α	В	С	D
2	Rent received or accrued	А	В	<u> </u>	<u> </u>
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I,	line 6, column (B)		0.
Part	(SS				
1	Description of debt-financed property (street address, ci	ty, state, ZIP code). C	theck if a dual-use. See	instructions.	
	A				
	B				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	Α	5		
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	rt I, line 7, column (A)	<u> </u>	0.
	г		Г	Т	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line	IU			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see instruct	tions)	Page 3
		-						lled Organization		
	Name of controlled organization		2. Employer identification number			4. Tota	al of specified ments made that is include controlling or tion's gross ir		mn 4 in the aniza-	connected with income in column 5
(1)										
(2)										
(3)										
(4)										
				1	Controlled O	-			T	S 1 12 12 11
•	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 sluded in the organization's income	c	Deductions directly connected with to column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attach s	-asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					A del corre	hada in				A del con consta in
					Add amou					Add amounts in column 5. Enter
					here and o	n Part I,				here and on Part I,
Totals					line 9, colu	ımn (A) • 0				line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertisin	g Income	see instructions	)	•
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						, ,			
	lines 5 through 7								4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan tr	ne amount on I	ine	,	
	4. Enter here and on F	art II, III)e	14						1	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				g
1	Name(s) of periodical(s). Check box if reporting to	wo or more periodicals on a d	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the cor	responding column.			
	•	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Par	rt I, line 11, column (A)			0.
а	-				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Par	•			0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	er of the line 8a, columns tot	al or zero here and o	on	
	Part II, line 13				0.
Part	X Compensation of Officers, Direc	tors, and Trustees (Se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
1)				%	
2)				%	
3) 4)				%	
4)				%	
Total	Enter here and on Part II, line 1				0.
Part		estructions)		L	<del></del>
	Zu Cappionioniai mormation (See III	istructions)			

990-T SCH	A POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	7,604. 10,822. 14,261.	0. 0. 0.	7,604. 10,822. 14,261.	7,604. 10,822. 14,261.
NOL CARRYO	VER AVAILABLE THIS	YEAR	32,687.	32,687.



#### TAX RETURN FILING INSTRUCTIONS

**ARIZONA FORM 99T** 

#### FOR THE YEAR ENDING

June 30, 2023

Pre	pa	re	d	F	or	•
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Mesa Community Action Network Incorporated 868 E. University Dr. Mesa, AZ 85203

#### Prepared By:

Baker Tilly US, LLP 2055 E. Warner Rd. Suite 101 Tempe, AZ 85284

#### To be Signed and Dated By:

The authorized individual(s).

#### **Amount of Tax:**

Total tax	\$	50
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	50

#### Overpayment:

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

Arizona Department of Revenue

#### Mail Tax Return and Check (if applicable) To:

Arizona Department of Revenue P.O. Box 52153 Phoenix, AZ 85072-2153

#### **Return Must be Mailed On or Before:**

June 17, 2024

#### **Special Instructions:**

Arizona Form **99T** 

### **Arizona Exempt Organization Business Income Tax Return**

2022

	For the calendar year 2022 or X fiscal year beginning 07/01/2022 and ending 06/30/	/20:	23 .		
СНІ	ECK ONE: Name MESA COMMUNITY ACTION NETWORK	Employ	er Ident	ification Number (EIN)	
X	Original INCORPORATED	86	-05	58407	
	Amended Address - number and street or PO Box				
Busi	ness Telephone Number 868 E UNIVERSITY DR				
(witl	n area code) City, Town or Post Office State		ZIP C	ode	
480	0-969-4024 MESA, AZ 85203				
68 (	Check box if: A This is a first return B Name change C Address change Check box if ret	turn fil	ed un	der extension;	
	Date Arizona operations began 09/25/1986 82 82F X				
			DO N	OT MARK IN THIS ARE	Α.
	Unrelated business activity codes:				
	ARIZONA apportionment for multistate organizations only (check one box):				
	AIR CARRIER 2 STANDARD 3 SALES FACTOR ONLY				
Е	Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included.				
	Indicate the year of the election cycle Yr 1 Yr 2 Yr 3 Yr 4 Yr 5				
F	Check federal form filed: 1 X 990-T 2 Other (specify)			66 RCVD	
				•	
Ari	zona Unrelated Business Taxable Income Computation				
1	Unrelated business taxable income		1		00
2	Additions related to Arizona tax credits claimed		2		00
3	Subtotal: Add line 1 and line 2. Enter the total.		3		00
4	Apportionment ratio for multistate organizations only: See instructions				
5	Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	, i	5		00
	3,				
Ari	zona Tax Liability Computation				
6	Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater		6	50	00
7	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 24		7		00
8	Subtotal: Add line 6 and line 7. Enter the total.		8	50	00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 44		9		00
10	Credit type:				
	Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3				
11	Tax liability: Subtract line 9 from line 8. Enter the difference		11	50	00
Tax	c Payments				
12	Refundable tax credits: Check box(es) and enter amt: 121 308 122 349		12		00
13	Extension payment made with Arizona Form 120/165EXT or online		13		00
14	Estimated tax payments:		14		00
15	Amended returns. Payment made with original return plus all payments made				
	after it was filed: See instructions		15		00
16	Subtotal payments: Add lines 12 through 15. Enter the total.		16		00
17	Overpayments of tax from original return or later adjustments: See instructions		17		00
18	Total Payments: Subtract line 17 from line 16. Enter the difference		18		00
Ö	mputation of Total Due or Overpayment				
19	Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20		19	50	00
20	Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax		20		00
21	Penalty and interest		21		00
22	Estimated tax underpayment penalty: If Form 220/PTE is included, check this box 22A		22		00
23	TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions		23	50	00
24	OVERPAYMENT: See instructions		24		00
25	Amount of line 24 to be applied to 2023 estimated tax 25	00			
26	Amount to be refunded: Subtract line 25 from line 24. Enter the difference		26		00
			Cor	ntinued on page 2	$\rightarrow$

Name (as shown on page 1)				EIN
MES	A COMMUNITY	ACTION	NETWORK	86-0558407

#### **SCHEDULE A** Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA.	LIMITED TO U	JNRELATED BUSINESS A	MOUNTS
Qualifying multistate service providers must include Arizona Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
A1 Property Factor - STANDARD APPORTIONMENT ONLY  Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).			
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY  Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).			
<ul> <li>A3 Sales Factor</li> <li>a Sales delivered or shipped to Arizona purchasers</li> <li>b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP)</li> <li>c Other gross receipts</li> <li>d Total sales and other gross receipts (the sum of lines a through c)</li> <li>e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)</li> <li>f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by</li> </ul>	x2 OR x1		
Column B.)  STANDARD Apportionment, continue to A4.  SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 4  A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2	t, and A3f. Enter the total.		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide on page 1, line 4, (If one of the factors is "0" in both Column A and Column		r (4). Enter the result	

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.							
Please Sign Here	OFFICER'S SIGNATURE	DATE	CAO TITLE					
Paid Preparer's Use Only	SHARLYNN GARZA  PAID PREPARER'S SIGNATURE  BAKER TILLY US, LLP  FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)  2055 E WARNER RD, STE 101  FIRM'S STREET ADDRESS  TEMPE, AZ	05/09/2024 DATE	P02038329 PAID PREPARER'S TIN  39-0859910 FIRM'S EIN 480.839.4900 FIRM'S TELEPHONE NUMBER 85284					
	CITY	STATE	ZIP CODE					

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153