	_	orm 990-T	Ex	kempt Organ	ization E					Return	an(a	OMB No	1545-0047
	F	orm 330-1		•				• •	•	3U [,	2020	20	19
			1 1	ear 2019 or other tax y				•				20	13
,	Depar	► Go to www.irs.gov/Form990T for instructions and the latest information.  The Treasury al Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a source.										Open to Public 501(c)(3) Orga	Inspection for
	A	Check box if address change	Check box if name changed and see instructions )									mployer identifi Employees' trust	cation number
	BE	xempt under seation	Prin	Casa Solan	a INC						i li	structions)	, 500
		501( c )(3)	01	383 South	13th Str						, '	95-37516	98
	[.	408(e) 1220(	ch, CA 9	3433						Inrelated busine See instructions			
		]408A	a)	,							'	occ manuchons	,
		529(a)											
	C Bo	ook value of all assets	F Grou	up exemption numbe	r (See instruc	tions )	-						
	al	at end of year										trust	Other trust
	H E	Enter the number of the organization's unrelated trades or businesses   1 Describe the only (or first) unrelated											
	t	rade or business he	ere ►						_		If only o	nė, complete	
		f more than one, de				of the	previo	us sentence,	comple	ete Parts	I and II,	complete a S	Schedule M
		or each additional to		<del></del>							<del>,                                      </del>		- G-1 AL
		During the tax year,			-			a parent∙subs	sidiary	controlle	a group?	Yes	s X No
		f 'Yes,' enter the na		<del></del>			on -	•	Tolon			25 401 0	F 0 1
		he books are in care t'l' Unrelated		rinez Tax &		ıng		\\ Income	Telep			05-481-2	
			<del></del>	business incor	ne			A) Income		(B) Exp	enses	(C)	Net २८७७ अस्ट
		Gross receipts or s			<b>c</b> Balance►	1 c					r in the second		
		Less returns and allowated Cost of goods sold			C Balance -	2			34 A			· E 编/ A · 養 / A · A · A · A · A · A · A · A · A · A	
		Gross profit Subtr	-	•		3	<u> </u>			4 ( ( 4	r-forkeller	At materials ships is	<u> </u>
		Capital gain net in			4a			******			<u> </u>	/	
		Net gain (loss) (Form 4	,	.4b			- X	Secretary States	* ************************************	<del>                                     </del>			
		Capital loss deduc	1976	<del>mal Re</del>	<del>Ngqya Sop</del>	r <del>ico 📜</del>	36 46 NAMES (48)		/_				
		Income (loss) from		Rec	<del>pived l</del>	JS Bank - L	JSB	TO COMPANY OF THE PARTY OF THE	Ż				
		(attach statement)						314					
	6	Rent income (Sche			-	6	OCT	1-32020				<u> </u>	
	7	Unrelated debt-fina		,	7	I WHI	1 14 486A		_/_				
	8	Interest, annuities, roya	•	•	•	8			/				
	9	Investment income of a		ION (Schedule G)	9	⊣ <b>O</b> g	den, UT	<i>/</i>			<del> </del>		
	10	Exploited exempt	-	10		/							
	11	Advertising income	(IPIND	_		2063/4	KA WAS OS X	. 18 X 20 54 15 15 15 15 15 15 15 15 15 15 15 15 15					
	12	Other income (See	HISTRUCTIONS	, attach schedule)		12						1	
	12	Total. Combine lin	oc 3 through	12		13	-	<u> </u>	) jar	et Ber March	<u>. 0</u> . 0	<del>  -</del>	
				en Elsewhere	(See instru		for li		on de	ductions		uctions m	Ust be
	2 ( CI )			with the unrelate				iiiitations (	on act	uuctioi i	3.) (500	uctions m	ust be
	14	Compensation of o				/	<b>-</b>				14		
)	15	Salaries and wage	s								15		
>	16	Repairs and maint	enance								16		
2	17	Bad debts									17		
1	18	Interest (attach sc	ich schedule) (see instructions)										
ď	19	Taxes and licenses									19		
Ξ	20	Depreciation (attac						20	_			š	
	21	Less depreciation	claimed on S	Schedule A and els	ewhere on re	turn		21 a			21 t	7	
	22	Depletion									22		
	23										23	<u> </u>	
5	324	Employee benefit	- /								24	<u> </u>	·
_	225									25			
	26 27				-						26 27	ļ	
	27 28		deductions (attach schedule) leductions: Add lines 14 through 27									<del> </del>	
	29		related bysiness taxable income before net operating loss deduction. Subtract line 28 from line 13								28 29	<del>                                     </del>	
	30									10 10	30		
		Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29									31		0.
				<del></del>			<u></u>						

Form	990-T (2019) _Casa Solana INC	95-3751698	Page 2
Par	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 f the sum of lines 32 and 33	from 35	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0.
38 39	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	38	0.
, IPar	Tax Computation		
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶   40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 39 from Tax rate schedule or Schedule D (Form 1041)	► 41 l	
	Proxy tax. See instructions	► 42	<u> </u>
	Alternative minimum tax (trusts only)	43]	
	Tax on Noncompliant Facility Income. See Instructions	44	<del></del>
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
	Tax and Payments  Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  46a	— <del></del>	
	Other credits (see instructions)	<b>─</b>   <b> </b>	
	General business credit Attach Form 3800 (see instructions)  46c	<del>  [</del>	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	<u>                                </u>	
е	Total credits. Add lines 46a through 46d	46 e	0.
47	Subtract line 46e from line 45	47	0.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		
40	Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments A 2018 overpayment credited to 2019 2019 estimated tax payments 51a 51b		
	2019 estimated tax payments  Tax deposited with Form 8868  51b  51c		
	Foreign organizations. Tax paid or withheld at source (see instructions)  51d		
	Backup withholding (see instructions)  51e		
	Credit for small employer health insurance premiums (attach Form 8941)  51f		
g	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 51 g		
52	Total payments. Add lines 51a through 51g	52	0.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	► <u>  53</u>	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>►</b> 55	
	Enter the amount of line 55 you want Credited to 2020 estimated tax Refund	ed ►   56	
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authori		Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fin	TOEN FORM 114,	<u> </u>
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		- X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferon	r to, a foreign trust?	X
50	If 'Yes,' see instructions for other forms the organization may have to file		
	Enter the amount of tax exempt interest received or accrued during the tax year \$ (	) . e best of my knowledge and	<u></u>
Sig	Under penalties of before, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, correct, and complete Declaration of preparer (other than axpayer) is based on all information of which preparer h		IL.2 -24 110 1
Her	United Street	May the IRS discuss the preparer shown be	
	Bignature of officer Date Title	instructions)? XY	res No
Paid	Print/Type preparer s name Preparer s signature Date Check	X if PTIN	
Paic Pre-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>—</b> I	78
pare			
Üse	Firm's address P.O Box 1180 6275 Tecorida		
Only	Templton, CA 93465 Phone n	805-481-2	2501
BAA	TEEA0202L 02/21/20		<b>90-T</b> (2019)

Schedule A - Cost of Goods	Sold. Enter method of inv	ventory valuation					· · · · · · · · ·		
1 Inventory at beginning of year	6 Inventory a			end of year	6				
2 Purchases	7	Cost of	good	s sold. Subtract					
3 Cost of labor	3		line 6 fr	om lir	ne 5 Enter here				
4 a Additional section 263A costs (attach sc	hedule)		and in F	art i,	iine Z	7		т.,	•
	4 a		<b>5</b>					Yes	No
<b>b</b> Other costs (attach sch)	4 b				of section 263A (wit				
5 Total. Add lines 1 through 4b	5				oduced or acquired for resale) apply output				
Schedule C - Rent Income (F	rom Real Property ar	nd Personal Pro	perty	Leas	sed With Real P	ropei	r <b>ty)</b> (see II	nstructi	ons)
1 Description of property									
(1)									
(2)									
(3)	<u></u>			_					
(4)									
21	Rent received or accrued				3(a) Deduction	c dire	etly connec	tod wit	h
(a) From personal property (if the percentage of rent for pe property is more than 10% bu more than 50%)	centage of rent for xceeds 50% or if th	eal and personal property entage of rent for personal ceeds 50% or if the rent is on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		<del></del>			_				
(2)									
(3)									
(4)									
Total	Total						-		
<b>(c) Total income.</b> Add totals of columner and on page 1, Part I, line 6, co	olumn (A)			_	(b) Total deductions. I here and on page 1, Par I, line 6, column (B)	inter t			
Schedule E — Unrelated Debt	-Financed Income (see	e instructions)							
1 Description of debt-fin	anced property	2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or debt-financed property				allocab	le to
					(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)				<b>7</b> Gross income eportable (column 2 x column 6)		Allocable o (column 6 : lumns 3(a)	x total	of	
(1)			%		<del>-</del>				
(2)			્ર						
(3)			ૄ						
(4)			ે						
				Enter Part	here and on page I, line 7, column (A)	1, Ente	er here and t I, line 7,	d on pa column	ige 1, i (B)
Totals.			<b>▶</b>						
Total dividends-received deductions	included in column 8		L			-			
BAA		FFA02031 09/19/19					Form :	990-T (	20191

Schedule F – Interest, A		<del></del>			ganizations	- 5					
organization ide		Employer entification number	3 Net ur income (see inst	(loss)	4 Total of specified payments made		5 Part of that is income the con organizers in	cluded in trolling ation's	conn	eductions directly onnected with ome in column 5	
(1)				<u></u>			<del></del>				
(2)	<del> </del>										
(3)	<del> </del>										
(4)	<del> </del>										
Nonexempt Controlled Organiz	zations				<u></u>			1			
		lat varalatad	O Total	of appoint	10 Port of	f aaluman	0 that is	110		- directly	
inc				of specified ints made	10 Part of column included in the organization's gr		ontrolling	conn	11 Deductions d connected with ii in column 1		
(1) ' (2) (3) (4)		•									
(2)											
(3)							_				
(4)							_	<u> </u>			
Totals					Add column here and on 8, co		Part I, line	here and		and 11 Enter 1, Part I, line n (B)	
Schedule G - Investmer	at Inco	me of a Se	ction 501	(c)(7)_(9	) or (17) Orga	nizati	OR (see ups	tructions)		<del></del>	
1 Description of income		2 Amount of income		3 direc	Deductions ctly connected	7 . 4	4 Set-asides (attach schedule)		et-aside	l deductions and sides (column 3 us column 4)	
				(alla	ch schedule)	<del> </del> -			pius co	——————————————————————————————————————	
(1) (2) (3)				ļ <u> </u>	<del></del> _				<del></del> ,		
_(2)		<u>'</u>		<del>  </del>						<del></del>	
_(3)						-					
_(4)		<del></del> -		7/28 878 1 <sub>2</sub> 61	#	3- * 3 *	<del></del>			<del></del>	
		Enter here and on page 1, Part I, line 9, column (A)		The reflection of the second o				Par	Enter here and on page 1, Part I, lino 9, column (B)		
Totals.	-	A A ativita ( la	Ot	_ ` ` `		<u> </u>			<del></del>		
Schedule I — Exploited E	xemp	<del></del> _							<del></del>		
1 Description of exploited activity		unrelated conne business pro- income from of u		enses directly nected with oduction unrelated ness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activit unrela	ss income from vity that is not lated business income		to exp	7 Excess exempt penses (column 6 nus column 5, but not more than column 4)	
(1)		<del>   </del>		-		1				<del></del>	
(1) (2) (3)		<del> </del>									
(3)	_	+				1	<del></del>				
(4)		+	_			1					
Totals.		Enter here on page. Part I, line column (A	1, on 10, Part	here and page 1, , I, line 10, umn (B)						nter here and on page 1, art II, line 25	
Schedule J - Advertisin	a Inco	me (see instr	uctions)		200-2-4-10-10-10-10-10-10-10-10-10-10-10-10-10-	3 May 0 939 300	1941, July Bally Mark Marketon	1+1"A-000N MONTHS	7.86.3514		
Partil Income From Pe	<u> </u>			nsolida	ted Basis						
Principal Hoome Louis		2 Gross		Direct	4 Advertising gain o	r 5 Cur	culation	6 Readers	hin 7 F	xcess readership	
1 Name of periodical		advertisir income	ig adv	ertising	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	in	come	costs	Cos	sts (col. 6 minus 1 5, but not more than col 4)	
_(1)						042					
(2)			· I		provide the sales of						
(3)					[[] "你们是一个一个一个	*					
(4)						2					
Totals (carry to Part II, line (5)	) '	•		,							
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			•							\/	

Total. Enter here and on page 1, Part II, line 14

•

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 6 Readership 7 Excess readership 5 Circulation costs (col 6 minus col 5, but not more than col 4) advertising advertising income 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 26. on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business 왕 왕 왕

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Form **990-T** (2019)