

2989314214011

EXTENDED TO MAY 17, 2021

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		CASA MYRNA VAZQUEZ, INC.	04-2625710
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
		451 BLUE HILL AVENUE	
		City or town, state or province, country, and ZIP or foreign postal code	
		BOSTON, MA 02121	531120
C Book value of all assets at end of year		F Group exemption number (See instructions.)	
9,864,376.		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here COMMERCIAL RENTAL INCOME. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

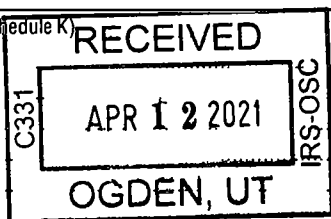
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of VENESSA ROSEMOND, DIRECTOR OF FINA Telephone number (617) 521-0134

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	285,927.	290,359.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	285,927.	290,359.
				-4,432.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
16 Repairs and maintenance	16
17 Bad debts	17
18 Interest (attach schedule) (see instructions)	18
19 Taxes and licenses	19
20 Depreciation (attach Form 4562)	20
21 Less depreciation claimed on Schedule A and elsewhere on return	21a
22 Depletion	21b
23 Contributions to deferred compensation plans	22
24 Employee benefit programs	23
25 Excess exempt expenses (Schedule I)	24
26 Excess readership costs (Schedule J)	25
27 Other deductions (attach schedule)	26
28 Total deductions. Add lines 14 through 27	27
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29
31 Unrelated business taxable income. Subtract line 30 from line 29	30
	31



SEE STATEMENT 1

SCANNED JUN 29 2021

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-5,932.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-5,932.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-5,932.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-5,932.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	7,439.
b	2019 estimated tax payments	51b	1,860.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	9,299.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	9,299.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	9,299.

Part 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 authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		0.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Stephanie Brown

03/22/2021

Signature of officer

Date

CHIEF EXECUTIVE

OFFICER

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name
SANDRA M. BROWN,
CPA

Preparer's signature

Sandra M. Brown

Date

03/22/21

Check ☐ if self-employed

PTIN

P01614103

Firm's name ▶ SMITH, SULLIVAN & BROWN, P.C.

Firm's EIN ▶ 43-1985162

Firm's address ▶ 80 FLANDERS ROAD - SUITE #200

Firm's address ▶ WESTBOROUGH, MA 01581

Phone no. (508) 871-7178

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of 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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 4	STATEMENT 5
(1) 632-636 WARREN ST, BOSTON, MA				
(2) 02121		42,300.	16,447.	50,101.
(3) BLUE HILL AVENUE, BOSTON, MA				
(4) 02121		292,524.	48,594.	224,857.
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) 917,565.	1,073,873.	85.44%	36,141.	56,859.
(3)		%		
(4) 2,189,891.	2,564,646.	85.39%	249,786.	233,500.
STATEMENT 2		STATEMENT 3		
Totals			285,927.	290,359.
Total dividends-received deductions included in column 8				0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 26 0.

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

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

Form 990-T (2019)

FORM 990-T

OTHER DEDUCTIONS

STATEMENT

1

DESCRIPTIONAMOUNT

TAX PREPARATION FEES

1,500.

TOTAL TO FORM 990-T, PAGE 1, LINE 27

1,500.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
632-636 WARREN ST, BOSTON, MA 02121	1	
BEGINNING FIRST MONTH		923,512.
BEGINNING SECOND MONTH		922,075.
BEGINNING THIRD MONTH		921,663.
BEGINNING FOURTH MONTH		920,535.
BEGINNING FIFTH MONTH		919,286.
BEGINNING SIXTH MONTH		918,149.
BEGINNING SEVENTH MONTH		917,006.
BEGINNING EIGHTH MONTH		915,627.
BEGINNING NINTH MONTH		914,475.
BEGINNING TENTH MONTH		913,203.
BEGINNING ELEVENTH MONTH		913,203.
BEGINNING TWELFTH MONTH		912,042.
TOTAL OF ALL MONTHS		11,010,776.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		917,565.

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
BLUE HILL AVENUE, BOSTON, MA 02121	2	
BEGINNING FIRST MONTH		2,208,239.
BEGINNING SECOND MONTH		2,204,765.
BEGINNING THIRD MONTH		2,201,683.
BEGINNING FOURTH MONTH		2,198,452.
BEGINNING FIFTH MONTH		2,194,986.
BEGINNING SIXTH MONTH		2,191,734.
BEGINNING SEVENTH MONTH		2,188,270.
BEGINNING EIGHTH MONTH		2,184,952.
BEGINNING NINTH MONTH		2,181,668.
BEGINNING TENTH MONTH		2,177,950.
BEGINNING ELEVENTH MONTH		2,174,644.
BEGINNING TWELFTH MONTH		2,171,350.
TOTAL OF ALL MONTHS		26,278,693.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		2,189,891.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	STATEMENT	3
	AVERAGE ADJUSTED BASIS		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
632-636 WARREN ST, BOSTON, MA 02121	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		1,082,096.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		1,065,649.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,073,873.

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
BLUE HILL AVENUE, BOSTON, MA 02121	2	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		2,588,943.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		2,540,349.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		2,564,646.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT	4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		16,447.	
- SUBTOTAL -	1		16,447.
DEPRECIATION EXPENSE		48,594.	
- SUBTOTAL -	2		48,594.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			65,041.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT

5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MORTGAGE INTEREST		42,623.	
UTILITIES		4,266.	
REAL ESTATE TAXES		3,212.	
- SUBTOTAL -	1		50,101.
MORTGAGE INTEREST		82,895.	
UTILITIES		20,974.	
REAL ESTATE TAXES		34,198.	
REPAIRS AND MAINTENANCE		39,188.	
MAINTENANCE SALARIES, TAXES & BENEFITS		47,602.	
- SUBTOTAL -	2		224,857.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			274,958.