17	0
c Inspection for nizations Only	9
tion number	∞
see	
	_

Form 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0687						
	(and proxy tax under section 6033(e)) 4606	2047						
. -	or calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018							
Department of the Treasury	► Go to www irs.gov/Form990T for instructions and the latest information	► Go to www.irs.gov/Form990T for instructions and the latest information						
Department of the Treasury Internal Revenue Service	▶ 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						
A Check box if address changed	Name of organization (Check box if name changed and see instructions.) EL SOL SCIENCE AND ARTS ACADEMY OF	Employer identification number (Employees' trust, see instructions)						
B Exempt under section	Print SANTA ANA	33-0960964						
X 501(c <u>003</u>)		Unrelated business activity codes						
408(e) 220(e)	Type 1010 N BROADWAY	(See instructions)						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code							
529(a)		312930						
Book value of all assets	F Group exemption number (See instructions.)	_						
at end of year 33,317,8	301. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) t	rust Other trust						
	n's primary unrelated business activity. SEE STATEMENT 1							
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No						
•	and identifying number of the parent corporation.							
J The books are in care of		19-266-3230						
Part I Unrelate	d Trade or Business Income (A) Income (B) Expenses	(C) Net						
1a Gross receipts or sale	es							
b Less returns and allow	wances c Balance							
2 Cost of goods sold (S	Schedule A, line 7)							
3 Gross profit. Subtract	t line 2 from line 1c							
4a Capital gain net incon	me (attach Schedule D)							
b Net gain (loss) (Form	1 4797, Part II, line 17) (attach Form 4797)							
c Capital loss deduction								
5 Income (loss) from p	partnerships and S corporations (attach statement) 5							
6 Rent income (Schedu								
	ced income (Schedule E)							
	syalties, and rents from controlled organizations (Sch. F)							
	f a section 501(c)(7), (9), or (17) organization (Schedule G)							
•	ivity income (Schedule I)							
11 Advertising income (S		F0 000						
	structions; attach schedule) STATEMENT 2 12 50,002.	50,002.						
13 Total. Combine lines Part II Deduction	s 3 through 12 13 50,002. ons Not Taken Elsewhere (See instructions for limitations on deductions)	50,002.						
(Except for	contributions, deductions must be directly connected with the unrelated business income)							
14 Compensation of off	ficers, directors, and trustees (Sche <u>dule K)</u>	14						
15 Salaries and wages	RECEIVED	15						
16 Repairs and mainter	nance S	16						
17 Bad debts	$\frac{8}{5}$ JUN 0 5 2019 $\frac{8}{5}$	17						
18 Interest (attach sche	JUN 0 5 2019	18						
19 Taxes and licenses	<u> </u>	19						
20 Charitable contributi	ions (See instructions for limitation rules) OGDEN, UT	20						
21 Depreciation (attach	, and the same of	226						
•	laimed on Schedule A and elsewhere on return	22b						
23 Depletion	forward commonoction plans	23 24						
-	ferred compensation plans	25						
25 Employee benefit pro 26 Excess exempt expe		26						
		27						
27	·	28						
	tach schedule) Add lines 14 through 28	29 0.						
• I	taxable income before net operating loss deduction. Subtract line 29 from line 13	30 50,002.						
_	leduction (limited to the amount on line 30)	31						
	taxable income before specific deduction. Subtract line 31 from line 30	32 50,002.						
	(0	33 1,000.						
34 Unrelated business	Generally \$1,000, but see line 33 instructions for exceptions) staxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or							
Line 32	38	34 49,002.						
- Uli		5 000 T (0047)						

Form **990-T** (2017)

Form 990-	Г (2017)	SANTA ANA	33-0960	964		Page 2
Part I	11 7	Tax Computation				
35	Orgai	nizations Taxable as Corporations See instructions for tax computation.				
	Contr	olled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:				
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
		\$ (2) \$ (3) \$				
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)				
		dditional 3% tax (not more than \$100,000)		_		
c		ne tax on the amount on line 34	▶ 3	35c 1	0,2	90.
36		s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:				
		Tax rate schedule or Schedule D (Form 1041)	▶ 3	36		
37	Prox	tax See instructions	▶ [3	37		
38	-	native minimum tax	· -	38		
39		n Non-Compliant Facility Income See instructions		39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies			0,2	90.
Part I		Fax and Payments	+			
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b		credits (see instructions)				
c		ral business credit. Attach Form 3800 41c				
d		t for prior year minimum tax (attach Form 8801 or 8827)				
_		credits Add lines 41a through 41d	. 4	11/e		
42		act line 41e from line 40			0,2	90.
43				48	<u> </u>	
44		tax Add lines 42 and 43			0,2	90.
		ents: A 2016 overpayment credited to 2017	**			
		estimated tax payments 45b				
		eposited with Form 8868 45c				
		gn organizations: Tax paid or withheld at source (see instructions) 45d				
		up withholding (see instructions) 45e				
f		t for small employer health insurance premiums (Attach Form 8941) 45f				
		credits and payments: Form 2439				
y		Form 4136 Other Total • 45g				
46		payments. Add lines 45a through 45g		- 46		
47		ated tax penalty (see instructions). Check if Form 2220 is attached		47		
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			0,2	90.
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	-	49	<u> </u>	
50			· · ·	50		
Part \		Statements Regarding Certain Activities and Other Information (see instruct		, , , , , , , , , , , , , , , , , , , 		
51		y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	·		Yes	No
31		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			1.00	
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				
	here					X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	inn trust?	.		X
32		s, see instructions for other forms the organization may have to file.	igii ii ust			
53		the amount of tax-exempt interest received or accrued during the tax year > \$				
		the amount of tax-exempt interest received of accorded during the tax year. The amount of tax-exempt interest received of accorded during the tax year. The amount of tax-exempt interest received of accorded during the tax year.	e best of my knowled	dge and belief, it is	s true.	1
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	е			
Here		15/15/PI EXECUTIVE DIREC		the IRS discuss the		with
		Signature of officer Date Title		reparer shown belongtions)?	`	No
			heck If	PTIN		
		The type property is a second of the second	elf- employed	I I HN		
Paid			en- embioaga	P00591	016	
Prepa			Firm's EIN	$\frac{100331}{41-074}$		
Use (Only		I III II S E IIV	- 41-014	:0/4	<u> </u>
		2210 EAST ROUTE 66	Phone no. 62	6-857-7	7300	

Form 990-T (2017) **SANTA ANA**

Schedule A - Cost of Goods	s Sold. Enter	method of inven	itory 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				
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs			line 2	,	7			
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	•	· ·			
5 Total Add lines 1 through 4b	5	•	the organization?		, 101 100 may apply 12			
Schedule C - Rent Income ((see instructions)		Property and		Lease	ed With Real Pro	pert	y)	
1 Description of property								
(1)			· · · · · · · · · · · · · · · · · · ·					
(2)	•							
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly columns 2(a) ai	connected (b) (cted with the income i attach schedule)	in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	<u> </u>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	ot-Financec	l Income (see	instructions)	T		_		
			2 Gross income from		Deductions directly cor to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		ns
(1)						\neg		
(2)								
(3)					<u> </u>			
(4)		·					•	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co	
(1)			%					
(2)			%					
(3)		·	%					
(4)			%					
	-				nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in	cluded in columi	ı 8	•			-		0.
						•	Form 000-T	

Schedule F Interes	est. Annuiti	es. Roval	lties. and	d Rents	From Co	ontrolle	ed Organiz	atio	<u>33-09</u> 1S (see ins		
-3.104410 1, 1110110	,				Controlled O					30401	<u>-,</u>
1. Name of controlled or	ganızatıon	2. Emj Identifii num	ployer	3. Net unre	elated income instructions)	4. Tota	al of specified nents made	Includ	t of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)		 						-	_		
(2)								_			
(3)		 	1						•		
(4)		<u> </u>	- †								
Nonexempt Controlled O	rganizations		1			L		_			
7. Taxable Income	8 Net	unrelated incom (see instructions		9 Total o	of specified payi made	ments	10. Part of column the controllingross	mn 9 tha ing orgai s income	nization's		ductions directly connected n income in column 10
(1)											
(2)										-	
(3)											
											-
(4)			I				Add colum	nns 5 an	d 10	Ac	id columns 6 and 11
							Enter here and		e 1, Part I,	l	nere and on page 1, Part I, line 8, column (B)
Totals						•			0.		0
Schedule G - Inves	tment Inco	me of a	Section	501(c)(1	7), (9), or	(17) Or	ganization	1			
	Description of inc	ome			2. Amount of	ıncome	3 Deduction directly connected (attach scheool	ected	4. Set-	-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							(41144111	,			(co, o process sy
(2)											
(3)										-	
(4)											
(')	····				Enter here and Part I, line 9, co				I		Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploi	ted Exemp	t Activity	Income	e, Other	Than Ad		ng Income)			
1 Description of exploited activity	unrelate incor	Gross d business ne from r business	3 Expedirectly co- with product of unrel business	nnected duction lated	4 Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-								
(2)											
(3)											
(4)							_				
	page	ere and on 1, Part I, 0, col (A)	Enter here page 1, line 10, c	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.			_				0
Schedule J - Adve						<u> </u>					"
Part I Income From	om Periodi	cals Rep	orted on	a Con	solidated	Basis					
1. Name of periodi	cal	2. Gross advertising income		Direct tising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, computi hrough 7	5 Circula e income		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_									
(2)					7						
(3)					┑		_				
(4)					┪						
			\neg				1				
Tatala /ossauto Dort II. lung /			^	^	1						١

orm 990-1 (2017) SANTA ANA					33-096096	1 Page 5
Part II Income From Perio columns 2 through 7 on a	-		rate Basis (For eac	ch periodical liste	d in Part II, fill in	
Columns 2 through 7 on a	i iiile by iiile basis)			<u>_</u>		
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	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)						
otals from Part I	0.	0.				0.
-	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
otals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers,	Directors, and	d Trustees (see in:	structions)		
	•			3. Perce		pensation attributable

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

Form 990-T (2017)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return

► Go to www.irs.gov/Form4626 for instructions and the latest information

2017

Vame	EL SOL SCIENCE AND ARTS ACADEMY OF					Employer identification number
	SANTA ANA					33-0960964
	Note: See the instructions to find out if the corporation is a small corporation exempt					
	from the alternative minimum tax (AMT) under section 55(e).					
						40.000
1	Taxable income or (loss) before net operating loss deduction			}	_1_	49,002.
2	Adjustments and preferences:			İ	_	
a	Depreciation of post-1986 property			}	2a_	
b	Amortization of certified pollution control facilities			-	2b	
C	Amortization of mining exploration and development costs			-	2c	
d	Amortization of circulation expenditures (personal holding companies only)			}	2d	
е	Adjusted gain or loss			ŀ	2e	
f	Long-term contracts			-	2f	
g	Merchant marine capital construction funds			-	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			1	2h	
į	Tax shelter farm activities (personal service corporations only)			-	2i	
j	Passive activities (closely held corporations and personal service corporations only)			-	2j	
k	Loss limitations			1	2k	
ı	Depletion T			ŀ	21	
m	Tax-exempt interest income from specified private activity bonds			}	2m	
П	Intangible drilling costs				2n	
0	Other adjustments and preferences				20	49,002.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	49,002.
4	Adjusted current earnings (ACE) adjustment:	1 44 1		49,002.		
-	ACE from line 10 of the ACE worksheet in the instructions	4a		49,002.		
D	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	4b		0.		
_	negative amount. See instructions	4c		<u> </u>		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	40				
a	Enter the excess, if any, of the corporation's total increases in AMTI from prior					
	year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note : You must enter an amount on line 4d					
	(even if line 4b is positive)	4d				
	ACE adjustment.	_ 1 0	· -			
e	If line 4b is zero or more, enter the amount from line 4c	_				
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}			4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	J			5	49,002.
6	Alternative tax net operating loss deduction. See instructions				6	27,002
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	a residual				
•	interest in a REMIC, see instructions				7	49,002.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on 8	line 8c):				
	Subtract \$150,000 from line 7. If completing this line for a member of a controlled					
u	group, see instructions If zero or less, enter -0-	8a		0.		
h	Multiply line 8a by 25% (0.25)	8b		0.		
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	olled				
Ĭ	group, see instructions. If zero or less, enter -0-				8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-				9	9,002.
0	Multiply line 9 by 20% (0.20)				10	1,800.
1	Alternative minimum tax foreign tax credit (AMTFTC). See instructions				11	
2	Tentative minimum tax. Subtract line 11 from line 10 STMT 3	BLEN	IDED	RATE	12	907.
3	Regular tax liability before applying all credits except the foreign tax credit				13	10,290.
4	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her	re and on				
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return				14	0.
WA	For Paperwork Reduction Act Notice, see separate instructions.					Form 4626 (2017

Adjusted Current Earnings (ACE) Worksheet

, ,	See ACE Workshee	t Instructions.				
 Pre-adjustment AMTI. Enter the amount from In 	ne 3 of Form 4626		1	<u>49,002.</u>		
2 ACE depreciation adjustment:		1 1				
a AMT depreciation		2a				
b ACE depreciation:						
(1) Post-1993 property	2b(1)					
(2) Post-1989, pre-1994 property	2b(2)					
(3) Pre-1990 MACRS property	2b(3)					
(4) Pre-1990 original ACRS property	2b(4)					
(5) Property described in sections						
168(f)(1) through (4)	2b(5)					
(6) Other property	2b(6)					
(7) Total ACE depreciation. Add lines 2b(1)	through 2b(6)	2b(7)				
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c			
3 Inclusion in ACE of items included in earnings	and profits (E&P):					
a Tax-exempt interest income		3a				
b Death benefits from life insurance contracts		3b				
c All other distributions from life insurance contri	acts (including surrenders)	3c				
d Inside buildup of undistributed income in life in	3d					
e Other items (see Regulations sections 1.56(g)-	1(c)(6)(III) through (IX)					
for a partial list)						
f Total increase to ACE from inclusion in ACE of	3f					
4 Disallowance of items not deductible from E&P	:					
a Certain dividends received		4a				
b Dividends paid on certain preferred stock of public utilit	ies that are deductible under section 247	(as	1 1			
affected by P L 113-295, Div A, section 221(a)(41)(A), [Dec 19, 2014, 128 Stat 4043)	4b				
c Dividends paid to an ESOP that are deductible	under section 404(k)	4c				
d Nonpatronage dividends that are paid and dedi	ictible under section			•		
1382(c)		4d				
e Other items (see Regulations sections 1.56(g)-	1(d)(3)(i) and (ii) for a					
partial list)		4e				
f Total increase to ACE because of disallowance	of items not deductible from E&P. A	Add lines 4a through 4e	4f			
5 Other adjustments based on rules for figuring 8	E&P:					
a Intangible drilling costs		5a				
b Circulation expenditures		5b				
c Organizational expenditures						
d LIFO inventory adjustments		· 5d				
e Installment sales		5e				
f Total other E&P adjustments. Combine lines 5a	ı through 5e		5f			
6 Disallowance of loss on exchange of debt pools						
7 Acquisition expenses of life insurance compani	es for qualified foreign contracts		7			
8 Depletion			8			
9 Basis adjustments in determining gain or loss			9			
10 Adjusted current earnings Combine lines 1, 2	c, 3f, 4f, and 5f through 9. Enter the	e result here and on line 4a of				
Form 4626			10	49,002.		

	· · · · · · · · · · · · · · · · · · ·		-			
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		BUSINESS ACTIVIO	TY			

QUALIFIED TRANSPORTATION FRINGE EMPLOYEE PARKING COST

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION	•	AMOUNT
QTF		50,002.
TOTAL TO FORM 990-T, PAGE	1, LINE 12 -	50,002.