	,		EXTEN	NDED TO SEP	TEMBE	R 15. 2	2021	2939	<b>3</b> 0 7	110337	
Form	990-T	E	Exempt Orga	anization Bu	usine	ss Inco	me T	ax Retu	ıŗn	OMB No 1545-0	
É		For cal	lendar year 2019 or other tax y	•						2019	
Depar	tment of the Treasury			rw.irs.gov/Form990T fo							
	al Revenue Service		Do not enter SSN numi					ation is a 501(c		Open to Public Inspe 501(c)(3) Organization ployer identification nu	
A L	Check box if address changed		Name of organization (	_			•		(En	nployees' trust, see tructions )	
	kempt under section	Print		OSE FESTIVA			1			93-033303 E Unrelated business activity	
<u>X</u>	501(c)(3 <u>9</u> 220(e)	or Type	1020 SW NA	om or suite no. If a P.O.  ITO PARKWAY	<u> </u>			(See instructions )			
<u> </u>	] 408A [] 530(a)			rovince, country, and ZI	P or foreig	n postal code			<sub>4</sub> = 1	3220	
C Box	529(a) ok value of all assets		PORTLAND, C	mber (See instructions.)			-		<b>4</b> .5	3220	
ate	and of year	)3.	G Check organization to		_	501	(c) trust		D1(a) trust	Other	
H.En			tion's unrelated trades o		1			the only (or firs			
Str.a	de or business here 🕨	<u> </u>	EE STATEMEN	T 1		If		complete Parts			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	scribe the first in the bl	ank spa	ce at the end of the prev	ious sentence, complete	Parts I an	d II, complete a	Schedule	M for each add	litional trad	de or	
	siness, then complete l										
			oration a subsidiary in a		arent-subs	idiary controlled	group?	1	<b>▶</b> □ '	Yes 🗓 No	
			tifying number of the par	ent corporation.			Talent		/ 50	3)227-268	
13≥£h	e books are in care of	Trac	JEFF CURTIS de or Business In	rome		(A) Inco		one number D (B) Expe		(C) Net	
سيا			10,741			(A) IIICU	ine	(в) схре	111262	(C) NEI	
	Gross receipts or sale: Less returns and allow		10,741	c Balance	<b>▶</b> 1c	10	741.			$\mathbb{Z}$	
	Cost of goods sold (S		Δ line 7)	C Dalance	2	10,	, 111				
1	Gross profit. Subtract		· ·		3	10.	741.		/	10,7	
12	Capital gain net incom				4a						
Ь			art II, line 17) (attach Fo	rm 4797)	4b	-					
C	Capital loss deduction	for trus	sts		4c	·					
5	Income (loss) from a	artners	ship or an S corporation	(attach statement)	5		_/_	<u> </u>			
6	Rent income (Schedul				6					ļ	
7	Unrelated debt-finance		` '		7					<del>-</del>	
8			nd rents from a controlle	-		/				<del>                                     </del>	
40			on 501(c)(7), (9), or (17)	organization (Schedule	G) 9					<del></del>	
10 11	Exploited exempt active Advertising income (S				11					1	
12	Other income (See ins		· ·		12						
13	Total. Combine lines				13	10,	741.			10,7	
Pa	rt II Deduction	ns No	t Taken Elsewhe	ere (See instruction:	s for limita	ations on dedi	uctions)				
	(Deductions	must b	e directly connected	with the unrelated bu	isiness in	come)⊃⊏(	<u> </u>	/ED		· <b></b>	
14	Compensation of offi	cers, du	rectors, and trustees (Sc	hedule K)					14		
15	Salaries and wages					اين ائن	282	2021	15	<del></del>	
16	Repairs and mainten	ince	/	/			יטע	-0-1	16		
17	Bad debts	lule) (e	ee instructions)			1			17	1	
18 10	Interest (attach scher Taxes and licenses	iuis) (Si	ee manuchons)			<u> </u>	DEN,	, U I	19		
19 20	Depreciation (attach	orm 4	562)				20		19	†	
21			n Schedule A and elsewh	ere on return			1a		216	,	
22	Depletion			-		<u></u>	•		22	<del></del>	
23	Contributions to defe	rred co	mpensation plans						23		
24	Employee benefit pro		/						24		
25	Excess exempt exper								25		
26	Excess readership co					<b>~</b> ==			26		
27	Other deductions (att	/				SEE	STAT	EMENT 2			
28	Total deductions. Ad	/							28	44,0	
29	/		ncome before net operati						29	-33,2	
30	<i>i</i>	rating l	oss arising in tax years t	peginning on or after Jai	nuary 1, 20	Ιδ					
	(see instructions)								30	-33,2	

F		0-T (2019) PORTLAND ROSE FESTIVE		<del>,</del>		73-	U333U36 Page 2
Ĺ	Part				i-	1	22 200
	32	Total of unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructions)	ı	35	-33,288.
	-33	Amounts paid for disallowed fringes				33	
	34	Charitable contributions (see instructions for limitation	·	STMT 3	<b>~</b>	34	0.
	35	Total unrelated business taxable income before pre-20			lines 32 and 33	35	-33,288.
	36	Deduction for net operating loss arising in tax years be	eginning before January 1, 2018 (see inst	ructions)	٠	36	
	37	Total of unrelated business taxable income before spec	cific deduction. Subtract line 36 from line	35	ું	87	-33,288.
	38	Specific deduction (Generally \$1,000, but see line 38 ii	nstructions for exceptions)		8,	38	1,000.
١	39	Unrelated business taxable income. Subtract line 38	from line 37. If line 38 is greater than line	e 37,	11		
١.		enter the smaller of zero or line 37				39	-33,288.
	Part	Tax Computation					
	40	Organizations Taxable as Corporations. Multiply line	39 by 21% (0.21)		<b>•</b>	40	0.
	41	Trusts Taxable at Trust Rates. See instructions for ta	x computation. Income tax on the amoun	t on line 39 from.			
		Tax rate schedule or Schedule D (Form	1041)		<b>•</b>	41	
	42	Proxy tax. See instructions			<b>•</b>	42	
	43	Alternative minimum tax (trusts only)				43	
١I	44	Tax on Noncompliant Facility Income. See instructio	ns			44	
11		Total. Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45	0.
[	Par	Tax and Payments					
	46 a	Foreign tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	46a		] [	
	Ь	Other credits (see instructions)		46b			
	C	General business credit. Attach Form 3800		46c		]	
	d	Credit for prior year minimum tax (attach Form 8801 c	or 8827)	46d		1	
	е	Total credits. Add lines 46a through 46d				46e	
	47	Subtract line 46e from line 45				47	0.
	48	Other taxes. Check if from: Form 4255	Form 8611 🔲 Form 8697 🔲 Form	n 8866 🔲 Other	(attach schedule)	48	
	49	Total tax. Add lines 47 and 48 (see instructions)				49	0.
	50	2019 net 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line 3			50	0.
		Payments: A 2018 overpayment credited to 2019	Q	6 51a	6.		
		2019 estimated tax payments		51b		]	
		Tax deposited with Form 8868		51c		]	
	d	Foreign organizations: Tax paid or withheld at source (	see instructions)	51d			
	е	Backup withholding (see instructions)	•	51e		]	
		Credit for small employer health insurance premiums	(attach Form 8941)	51f			
	Q	OH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rm 2439				
	٠		her Total	▶ 51g			
	52	Total payments. Add lines 51a through 51g	<del></del>			52	6.
	53	Estimated tax penalty (see instructions). Check if Form	2220 is attached			53	
	54	Tax due. If line 52 is less than the total of lines 49, 50			, , ▶	54	
	55	Overpayment, If line 52 is larger than the total of lines			10	√55	6.
	56	Enter the amount of line 55 you want: Credited to 202	0 estimated tax	6. Re	funded	56	0.
ĺ	Pari	t VI   Statements Regarding Certain /	Activities and Other Informa	tion (see instru	ctions)		
٠	57	At any time during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other authority			Yes No
		over a financial account (bank, securities, or other) in					
		FinCEN Form 114, Report of Foreign Bank and Financia					
		here ►					X
	58	During the tax year, did the organization receive a disti	ribution from, or was it the grantor of, or	transferor to, a fore	gn trust?		x
		If "Yes," see instructions for other forms the organizati					
	59	Enter the amount of tax-exempt interest received or ac	•				
-		Under penalties of periury. I declare that I have examined	his return, including accompanying schedules an	d statements, and to the	best of my knowled	dge and be	lief, it is true
;	Sign	correct, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre- CHIEF	EXECUTIV	Ë 📆		
į	Here	· Class P 1-	▶   ► OFFIC		IM.		discuss this return with shown below (see
		Signapure of original Control	<del>Date</del> Title			structions)î	
•		Print/Type preparer's name	Preparer's signature	Date	Check i	f PTIN	
	D-:-	"''	0 4		self- employed	.	
	Paid	ICINATO ATINI	Sang alm	6/10/2021		P0	0540880
	•	PAIC NODONALD TACK		<u> </u>	Firm's EIN		-0900579
	use	Only Firm's name MCDONALD DACK		· · · · · · · · · · · · · · · · · · ·			
		Firm's address PORTLAND,	·		Phone no. (	503)	227-0581
-	923711	01-27-20					Form 990-T (2019)
•			າ				(== : 0)

Schedule A - Cost of Goods	s Sold. Enter i	nethod of inver	itory valuation   N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	<b>I</b> r		6
2 Purchases	2		7 Cost of goods sold. Si	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	<u> </u>
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5_ Total, Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (	(From Real F	roperty and	Personal Property L	.ease	d With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)	· ·		<del> </del>			
(3)			<del></del>			
(4)					T	
	2. Rent receive				3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)			·			
Total	0.	Total		0.	1	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>D.</b>
Schedule E - Unrelated Deb	t-Financed	ncome (see	instructions)			
			2. Gross income from		3. Deductions directly conn 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)
					(attach schedule)	(attach schedule)
(1)	-			<del>                                     </del>	· · · - · · ·	
(2)		<del></del>				
(3)		***************************************	<del></del> -			
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Grass income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
	<del></del>				nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column	8			<b>&gt;</b>	0.
						Form <b>990-T</b> (2019)

15200610 781409 7429

34	edule F - Interest, A	<del>-                                    </del>								tructions	<u></u>
••	4			3. Net unrelated income 4. T							6 Dadustana dusathi
	Name of controlled organization	ider	Employer itification umber	(loss) (see i	lated income nstructions)	<b>4.</b> Tote paym	il of specified lents made	included in the controlling organization's gross income		olling	Deductions directly connected with income in column 5
(1)							<del></del>				
(2)				1							
(3)							•				
(4)	<del></del>			T							
	xempt Controlled Organiz	ations									
	7. Taxable Income	8. Net unrelated inc	ome (loss)	9 Total o	f specified payr	nents	10. Part of colu	mn 9 that is	sincluded	11. Ded	luctions directly connected
	,,	(see instructi			made		in the controlli	ng organiz sincome	ation's	with	income in column 10
(1)											
(2)											
(3)							_				
(4)				1		T 1					
				<u> </u>			Enter here and	nns 5 and 1 on page 1 column (A)		Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)
Totals									0.		0 .
	edule G - Investmer	nt Income of a	Section	501(c)(7)	, (9), or (	17) Org	anization				
	- (see instri										
	1. Descr	iption of income			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
<u></u>					Enter here and e Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				▶		0.					0.
Sch	edule I - Exploited I	=	ty Incom	e, Other	Than Adv	ertisin	g Income				
	Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of ui	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)								T			
(3)											
(4)											
		Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, D, col (B)		*					Enter here and on page 1, Part II, line 25
Totals Sch	edule J - Advertisin					_					<u> </u>
Par					olidated	Basis				· - · -	
	1. Name of periodical	2. Gross advertisin income	_	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin compute	5. Circulat		6. Reade costs		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)											
(2)					_						
(3)	<del></del> -				7						
(4)	<del></del>	<del></del>			1						
	· <u></u>		<u> </u>		1					1	
	(carry to Part II, line (5))	<b>&gt;</b>	0.	0.	1		1	- 1		- 4	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) 4. Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross 5. Circulation 6. Readership costs (column 6 minus 3. Direct advertising income 1. Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more costs (1) (2) (3) (4) 0. Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 26 0. 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to unrelated business time devoted to business 2. Title 1. Name 2.00% 5,098. CEO (1) JEFF CURTIS % (2) % (3) (4) % 5,098. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

## MERCHANDISE AND SOUVENIR REVENUE FROM THE ROSE GARDEN STORE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	ON	
ALLOCATED OVERHEAD COSTS		34,689.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	34,689.

FORM 990-T	CONTRIBUTION	SSUMMARY		STATEMENT	3
	CONTRIBUTIONS SUBJECT TO 1009 CONTRIBUTIONS SUBJECT TO 259	S LIMIT S LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIB YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	BUTIONS 1,871			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS		1,871		
	RIBUTIONS AVAILABLE		1,871 0	_	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS		1,871 0 1,871	-	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			-	0
TOTAL CONT	RIBUTION DEDUCTION				0