Form <b>990-T</b>	E	EXTENDED TO NOVI	ine	ss Incom	e Ta	x Retu	rn į	OMB No. 1545-0047	
		(and proxy tax und	er se	ction 6033(e))	)	1617	·	0040	
	Forca	lendaryear2019 or other tax year beginning		and ending ,		1710		2019	
Department of the Treasury		Go to www.irs.gov/Form990T for in						Open to Public Inspection for	
Internal Revenue Service		Do not enter SSN numbers on this form as it may			<del></del>	on is a 501(c)		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number	
A Check box if address changed		Name of organization ( Check box if name c	hanged	l and see instruction	15.)		[ (Emp	ployer identification number ployees' trust, see uctions)	
B Exempt under section	Print	DESCANSO GARDENS GUILD						95 - 2511202 Nated business activity code	
X 501(C (43 ) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions.								
408A 530(a)		City or town, state or province, country, and ZIP o	r forein	n nostal mde			$\dashv \cdot$		
529(a)		LA CANADA FLINTRIDGE,		91011			531	.190	
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>						
		G Check organization type ► X 501(c) corp	poration				1(a) trust	Other trust	
	•	tion's unrelated trades or businesses.	1			e only (or first	•		
-		TAL OF THE GARDENS				omplete Parts			
		ce at the end of the previous sentence, complete Pa	rts I an	id II, complete a Sch	nedule M	for each add	tionaltrad	e or	
business, then complete			<del></del>	<del></del>	<del></del> :		. — .	. Ten.,	
•	,	oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled gro	oupy	ļ	> Y	es 🗓 No	
		brying number of the parent corporation.			Colomb o o	a aurah ar	01.0	949-4290	
		JENINA GARRETT De or Business Income		(A) Income	elephon	(B) Expe		(C) Net	
		e of Business income	Γ	(A) illulite		(D) Expe	1868	(C) Net	
1a Gross receipts or sale		- Pahasa	۱.		;	`		/ .	
b Less returns and allow		c Balance .	1c						
2 Cost of goods sold (S			3					<del>                                     </del>	
3 Gross profit. Subtract					<del>-  </del> .	<del></del>			
4a Capital gain net incom	•	•	48		<del>-  </del> -			<del> </del>	
		art II, line 17) (attach Form 4797)	4b 4c		<del></del>	······································	_/_	<del> </del>	
c Capital loss deduction		thip or an S corporation (attach statement)	5		<del>-  </del>		<i></i>	<del> </del>	
		mp or an 5 corporation (attack) statement)	6		-			<del>                                     </del>	
<ul><li>6 Rent income (Schedul</li><li>7 Unrelated debt-finance</li></ul>		na (Schadula E)	7		-+	_/_			
		nd rents from a controlled organization (Schedule F)	8			/		<del> </del>	
•		on 501(c)(7), (9), or (17) organization (Schedule G)	9		/	· -· ··-	<del></del>		
10 Exploited exempt activ			10						
11 Advertising income (S	-	•	11						
12 Other income (See ins		· ·	12						
13 Total. Combine lines			13		0.				
		t Taken Elsewhere (See instructions for		ations on deduction				<del></del>	
(Deductions	must b	e directly connected with the unrelated bysin	ess in	come )	,				
14 Compensation of offi	cers. du	rectors, and trustees (Schedule K)					14		
15 Salaries and wages	<b>,</b>						15		
16 Repars and mainten	ance						16		
17 Bad debts				RECEIVE	ΞĎ	1	17		
18 Interest (attach sche	dule) (se	ee instructions)	<b> </b>	1100		18	18		
19 Taxes and licenses			21	4 21	ഹവ	80-5	19		
20 Depreciation (attach	Form 45	562)	0022	JUL 2 0202	μζυ	S			
21 Less depreciation cla	umed or	s Scheduje A and elsewhere on return	191.	218	<u> </u>	一一	216	<u> </u>	
22 Depletion			1 -	OGDEN,	IJΤ		22		
23 Contributions to defe	rred co	mpensation plans	<b></b>	0000			23		
24 Employee benefit pro							24		
25 Excess exempt exper	nges (Sα	hedule I)					25		
26 Excess readership, co	sts (Sci	nedule J)					26		
27 Other deductions (att	ach sch	edule)					27	<u> </u>	
28 Total deductions. A	dd lines	14 through 27					28	0.	
/		come before net operating loss deduction. Subtract	t line 28	3 from line 13			29	0.	
30 Deduction for net op	erating l	oss arısıng in tax years beginning on or after Januai	ry 1, 20	18					
(see instructions)	-						30	0.	
	xable r	come. Subtract line 30 from line 29		. <u></u> .			31	0.	
022701 01 27 20 1 HA FA	r Paner	work Reduction Act Notice see instructions						Form <b>990-T</b> (2019)	

				GARDENS (							<u>95-</u>	<u>-2511</u>	<u> 202</u>	Page 2
Part	: JJK   '	Total Unr	elated	l Business Ta	xat	ole Income								
32	Total of	f unrelated bus	sıness ta	xable income comp	uted	from all unrelated trades or	r businesses (	see instructions)		L	32			0.
33	Amount	ts paid for dis	allowedi	fringes						L	33			
34	Chantal	ble contributio	ons (see	instructions for limit	tatio	n rules)					34			0.
35	Total ur	nrelated busine	ess taxa	ble income before p	re ·20	18 NOLs and specific deduc	ction. Subtrac	at line 34 from the sum o	flines 32 and 3	3	35			
36	Deduct	on for net ope	erating k	oss arising in tax ve	ars b	eginning before January 1,	2018 (see ins	tructions)	STMT 2	ΙГ	36			0.
37		·	-			cific deduction. Subtract lin	•		•	. [	37			
38					•	instructions for exceptions)			٤	7.	38		1,0	00.
39	•		-			3 from line 37. If line 38 is g		ne 37.		<b>′</b> [	Ť			
-		ne smaller of ze					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		i	39			0.
Part	N ·	Tax Comp	outatio	on							<del>Ĭ</del>			
40				rporations. Multiple	v line	39 by 21% (0.21)					40			0.
41	-					ax computation. Income tax	on the amour	nt on line 30 from:	'	-	<del>1</del> 1			
71		ax rate schedu		Schedule D (F		•	on the amoun		ı	_				
42		ax. See instru		ocnounce b (i	01111	1 10+1/					42			
42	•			tc only)						<b>-</b>	48			
43		tive minimum	-							_ <u>}</u>				
44				/ Income. See instr			. •			⊢	44			0.
45 Dove		Tax and P		4 to line 40 or 41, w	/IIIÇII	ievei applies					45			<u> </u>
	<del>/</del>							T T		··· T	<del>-   -</del>			
					s; tru	sts attach Form 1116)		468			- [ ]			
		redits (see ins		•				48b						
		l business cred						46c	<del></del>		- 11			
				tax (attach Form 8	801 (	or 8827)		46d		-				
8		redits. Add lin		•				•		⊢	466			
47	Subtrac	ct line 46e fron			_					⊢	47			0.
48		axes.Check if		Form 4255 L		Form 8611 Form 869	97 Forr	n 8866Other	(attach schedu	le)	48			
49	Total ta	ıx. Add lines 4	17 and 4	8 (see instructions)						L	49			0.
50	2019 no	et 965 tax liabi	ılıty paıd	from Form 965-A o	r Foi	rm 965-B, Part II, column (k	(), line 3			L	50			0.
51 a	Paymer	nts: A 2018 ov	verp aym	ent credited to 2019	)			51a			- 11			
b	2019 €	stimated tax pa	ayments					51b			-			
C	Tax dep	osited with Fo	om 886	8				51c			- 11			
ď	Foreign	organzations	: Tax pa	id or withheld at so i	ırce (	(see instructions)		51d		'	- 11			
е	Backup	withholding (:	see instr	uctions)				51e						
f	Credit f	or small emplo	oyer hea	Ith insurance premi	ums	(attach Form 8941)		51f			- 11			
Q	Other c	redits, adjust n	nents, ar	nd payments:	] Fo	rm 2439					- 11			
_	$\overline{}$	orm 4136			] a	her	Total	<b>▶</b> 5 g			_ _			
52	Total pa	ayments . Add	lines 51	a through 51g			<del></del>				52			
53	Estimat	ed tax penalty	(see ins	tructions). Check if	Forn	n 2220 is attached 🕨 [				Γ	53			
54						, and 53, enter amount owe	nd .			▶┌	54			
55						s 49, 50, and 53, enter amo			i	▶	55			
	•	•		-		20 estimated tax		Re	funded i		56			
Part						Activities and Othe	r Informa				331			
57				<del> </del>		angation have an interest in							Yes	No
٠.	-	•		• •	-	a foreign country? If "Yes," i	-	•						<u> </u>
						al Accounts. If "Yes," enter t								
	here	1 O(1)(114,110	poit of i	orongin bankana i n	10101	a nacouna.n ras, and r	ale name of th	io roloigh walkiy						X
50		the thy year d	lid the ei	manisation monus a	det	ribution from, or was it the	arantar of ar	transforms to a force	an truct?					X
58	•			-		noution from, or was it the join may have to file.	yraniur vi, vi	u au i i i i i i i i i i i i i i i i i i	igii uustf					<del></del>
50	-			_		corued during the tax year	<b>.</b> e .						.	
59				<del>'                                    </del>		this return, including a ccompany.	<i>-</i>	d statements and to the	a hest of my kno	wiedas	end he	loof it is thin		<u> </u>
Sign	8	rrect, and comple	ete. Decla	ration of preparer (other	than	taxpayer) is based on all informa	tion of which pre	parer has any knowledg	19 19			, 10 true	••	
Here	N.	o (),,		4711		St 11/12/2020	OTE O					discuss the		/ith
	1	Signature of	019/201	uso		Date 104 2020	CFO Title					shown belo	·	ا مد
		T	/			r	I LL NG	T	<u> </u>			?   X   Ye	18	No
		Print/Type_pf	re parer's	s name		Preparer's signature		Date	Check	) if	PTIN			
Paid		L				LAUREN A.		66,000	self-employ	ed				
Prep	arer			HAVERLOCE		HAVERLOCK		06/29/20	·	_		0545		
•	Only	Firm's name	► MC	SS ADAMS	L				Firm's El N	<b></b>	91	-018	<u>9318</u>	<u>3</u>
=-	•						JITE 11	L 00						
		Firm's addre	ss 🕨	LOS ANGE	LE:	S, CA 90024			Phone no.	31	0 - 4			
923711	01-27-20											Form 90	<b>30-T</b>	(2019)

Schedule A - Cost of Goods	s Sold. Enter r	method of inven	tory v	aluation > N/A		· <del></del>			-
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
				Cost of goods sold. S					
3 Cost of labor	3			from line 5. Enter here	and in F	Parti,			
4a Additional section 263A costs				ine 2		ļ	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	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u>l</u>	the organization?				<u>, ,  </u>	
Schedule C - Rent Income ( (see instructions)	From Real P	roperty and	Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)									
(2)					_				
(3)		· · · · · · · · · · · ·							
(4)	-								<del></del>
	2. Rent received	d or a ccrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	``ofrentforp	ersonal	onal property (if the percents property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connecte d 2(b) (att	d with the income i ach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<u> </u>			0.	(b) Total de ductions. Enter here and on page 1, Part I, ine 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed I	ncome (see	nstru	ctions)		<del></del>			
			2	. Grass income from		<ol><li>Deductions directly conn to debt-finance</li></ol>			
1. Description of debt-fin	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attech schedule)	ns )
(1)							1		
(2)									
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
<ol> <li>Amount of average a cquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or all debt-finan	djusted basis ocable to sed property schedute)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct dumn 6x total of co 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%		·			
						n ter here and on page 1, Part I, lin e 7, columin (A)		ter here and on pag art I, line 7, column	
Totals				<b>•</b>		0.			0.
Total dividends-received deductions	cluded in column (	8	_			<b>&gt;</b>			0.

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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 col. 3) if a gain, compute cols. 5 through 7 7. Excess readership 2. Gross advertising ncome 6. Readership costs costs (column 6 minus column 5, but not more than column 4) 3. Direct 5. Circulation 1. Name of periodical advertising costs (1) (2) (3) (4) Totals from Part I 0. 0. 0. Enter here and on page 1, Part I, ine 11, col (A) Enter here and on page 1, Part I, Ine 11, col (B) Enter here and on page 1, Part II, line 26. Totals, Part II (In es 1-5) 0. 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1 Name (1) (2) (3) (4) 0. ▶ Total. Enter here and on page 1, Part II, ine 14

Form 990-T (2019)

## FOOTNOTES

STATEMENT 1

THERE WAS NO UBI ACTIVITY DURING 2019 TAX YEAR. FORM 990-T IS BEING FILED IN ORDER TO TRACK AND CARRY OVER PRIOR YEAR NET OPERATING LOSSES.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/13	96,520.	0.	96,520.	96,520.		
12/31/14	10,025.	0.	10,025.	10,025.		
12/31/15	98,678.	0.	98,678.	98,678.		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	205,223.	205,223.		