

Extended to November 15, 2018									
-/ 9 <b>9</b> 0-T	E	Exempt Org <sub>a</sub> i				ax Return	۱ <u> </u>	OMB No 1545-0687	
	r		nd proxy tax und	er se				2017	
	For ca	lendar year 2017 or other tax ye			, and ending ons and the latest inform		-	2017	
Department of the Treasury internal Revenue Service	•	Do not enter SSN numbe					50	pen to Public Inspection for 01(c)(3) Organizations Only	
Check box if		Name of organization (	Check box if name c	hanged	and see instructions.)		<b>D</b> Employ	er identification number yees' trust, see	
acldress changed							instructions)		
Exempt under section							26-4431001 E Unrelated business activity codes		
x 501(c)(3 0)3 408(e) 220(e)	Туре	Number, street, and room 3300 E. First Ave		x, see ii	istructions.			ed business activity codes structions)	
408(e) 220(e) 408A 530(a)		City or town, state or prov	<del>'</del>	r forms	n nostal code				
529(a)		Denver, CO 80206		liolely	ii postai code		51119(	511120	
Book value of all assets		F Group exemption numb		<u> </u>				311120	
at end of year 6,257	,882.	G Check organization type		oration	501(c) trust	401(a)	trust	Other trust	
H Describe the organizatio	n's prim	ary unrelated business acti	vity. 🕨 Publication	n Adv	ertising				
_		poration a subsidiary in an a		nt-subs	idiary controlled group?	<b>→</b> [	Yes	X No	
		tifying number of the paren			<del></del>				
		Michelle Sie Whitt de or Business Inc			Telephi (A) Income	one number > 30		-6277 (C) Net	
Part   Unrelate  1a Gross receipts or sale		de or busilless inc	Onle		(A) Illicome	(B) Expenses		(C) Net	
b Less returns and allo			c Balance	1c					
2 Cost of goods sold (S		A. line 7)	• Bulance	2			-+	<del></del>	
3 Gross profit. Subtrac				3					
4a Capıtal gain net incor	ne (attac	ch Schedule D)		4a				<del></del>	
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	4797)	4b		-			
c Capital loss deduction for trusts									
5 Income (loss) from partnerships and S corporations (attach statement) 5									
6 Rent income (Schedu		ma (Cabadula E)		6	-				
<ul><li>7 Unrelated debt-finance</li><li>8 Interest, annuities, ro</li></ul>		me (Scriedule E) and rents from controlled o	raanizations (Sch. E)	7 8			-+	<del></del>	
•		on 501(c)(7), (9), or (17) or	• •	<del>–</del>		·			
10 Exploited exempt acti			gamzation (constant d)	10	-				
11 Advertising income (	-	,		11	2,550.	·			
12 Other income (See in	structio	ns; attach schedule)		12				· · · · · · · · · · · · · · · · · · ·	
13 Total. Combine lines				13	2,550.	3,	379.	-829.	
		ot Taken Elsewher utions, deductions must							
<u>-</u>		<u> </u>		J WILLI	the unrelated business	income)	44 1		
15 Salaries and wages	iicers, ui	rectors, and trustees (Sche	uule K)			ŀ	14		
16 Repairs and mainter	nance					ŀ	16		
17 Bad debts						•	17		
18 Interest (attach schedule)						ļ	18		
19 Taxes and licenses RECEIVED							19		
20 Charitable contributions (See instructions for limitation rules)						: 1	20		
21 Depreciation (attach Form 4562)									
22 Less depreciation claimed on Schedule A and elsewhere a return 22a 22a						22b			
23 Depletion 24 Contributions to deferred compensation plans  OGDEN, UT						23			
25 Employee benefit pro		inpensation plans		· · · · · · · · · · · · · · · · · · ·		}	24		
26 Excess exempt expenses (Schedule I)						ŀ	26		
27 Excess readership c	•	,				ļ	27		
28 Other deductions (at		•					28		
29 Total deductions A	dd lines	14 through 28					29	1,699.	
		ncome before net operating		t line 29	from line 13	[	30	-2,528.	
•		(limited to the amount on					31		
		ncome before specific dedu			30	-	32	-2,528.	
·		y \$1,000, but see line 33 ins			than line 20 anter the	ollor of	33	1,000.	



line 32

Form 990-		Global Down Syndrome F	oundation			26-443	1001			Page 2
Part I	11	Tax Computation								
35	Orga	nizations Taxable as Corporations S	ee instructions for tax computation.							
	Contr	folled group members (sections 1561	and 1563) check here 🕨 🔲 See ii	nstructions an	d:					
a	Enter	your share of the \$50,000, \$25,000, a	and \$9,925,000 taxable income brackets	s (in that order	·):		- (			
	(1)	\$ (2) {	\$	\$		1		İ		
b	Enter	organization's share of: (1) Additiona	15% tax (not more than \$11,750)	\$		Ī				
	(2) A	dditional 3% tax (not more than \$100,	,000)	\$		Ī				
C	Incor	ne tax on the amount on line 34	_			-	▶ 3	5c		0.
36	Trus	ts Taxable at Trust Rates. See instruc	tions for tax computation. Income tax o	n the amount	on line 34 t	from:				
		Tax rate schedule or Schedul	le D (Form 1041)				▶   3	36		
37	Prox	y tax. See instructions	•				▶ [3	37		
38		native minimum tax						38		
39	Tax	on Non-Compliant Facility Income, Se	ee instructions					39		
40		L Add lines 37, 38 and 39 to line 35c o					_	10		0.
Part I		Tax and Payments								
41a		ign tax credit (corporations attach Forn	n 1118; trusts attach Form 1116)		41a			<del></del>		
b		r credits (see instructions)	•		41b		$\dashv$			
c		eral business credit. Attach Form 3800			41c		-	İ		
d		it for prior year minimum tax (attach Fo	orm 8801 or 8827)		41d		$\dashv$	İ		
e		credits. Add lines 41a through 41d					$\dashv_{\blacktriangle}$	1e		
42		ract line 41e from line 40					_	12		0.
43		r taxes. Check if from: Form 4255	5	Form 886	s6 🗀 c	Ther (attach schedu		13		_ <del></del> :
44		I tax Add lines 42 and 43		7 01111 001		ATTOT (BRIBETT SCHOOL	· -	14		0.
		nents: A 2016 overpayment credited to	2017		45a		<del>                                   </del>	<del>-</del>		
	_	estimated tax payments	, 201,		45b		$\dashv$			
		deposited with Form 8868			45c		$\dashv$			
		ign organizations: Tax paid or withheld	at course (ene instructions)		<del></del>		$\dashv$			
		• •	at source (see manuchons)		45d					
•		up withholding (see instructions) it for small employer health insurance j	oramume (Attach Form 9041)		45e		$\dashv$	1		
'_		' '	Form 2439		45f					
9	Cuit	r credits and payments: Form 4136	<del></del>	Table N	45-					
40	Tota	<del></del>	Other	Total 🕨	45g		┥,			
46		l payments. Add lines 45a through 45g					· -	6		
47		nated tax penalty (see instructions). Ch	-				_	7		<del></del> -
48		due. If line 46 is less than the total of li	•				_	8		<u> </u>
49			otal of lines 44 and 47, enter amount over	erpaio	1		· -	9		0.
50		the amount of line 49 you want Cred		informati.		Refunded	5	0_		
Part \			rtain Activities and Other						<del></del>	T
51			did the organization have an interest in o	_		-			Yes	No
		•	r other) in a foreign country? If YES, the	•	•					
			nd Financial Accounts. If YES, enter the	name of the f	oreign cou	ntry			1 '	
	here	·	<del></del>						-	X
52			eive a distribution from, or was it the gr	antor of, or tra	nsferor to,	, a foreign trust?				X
		S, see instructions for other forms the							]	
53			eived or accrued during the tax year							<u> </u>
Gian	CC	nder penalties of perjury, I declare that I have a prect, and complete. Declaration of preparer (	examined this return, including accompanying other than taxpayer) is based on all information	schedules and s of which prepare	latements, a er has any kr	nd to the best of my rowledge	knowled	ge and belief, it	. is true,	
Sign Here	- } .	1 PM I	· clasho .			_	May th	e IRS discuss t	his return	with
nere				resident &	CEO			parer shown be	alow (see_	_
		Signature of officer	Date Titl	e			instruc	tions)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	8	Check	lf	PTIN		
Paid		1	Da	1		self- employ	red			
Prepa	rer	Laurie Anderson	ouru strouro	08/	14/18			P0141669	7	
Use C		Firm's name > Kundinger, Co	rder, & Engle, P.C.			Firm's EIN	<b></b>			
		475 Lincol	n Street Suite 200							
		Firm's address Denver, CO	80203			Phone no.	303-	534~5953		

Form 990-T	Contributions Summary		Statement	1
Qualified C	ontributions Subject to 100% Limit			
Carryover of For Tax Y For Tax Y For Tax Y For Tax Y	Pear 2013 Fear 2014 1,263,340			
For Tax 1	• =			
Total Carry Total Curre	over ent Year 10% Contributions	3,033,955		
	ributions Available come Limitation as Adjusted	3,033,955		
Excess 100%	Contributions Contributions s Contributions	3,033,955 0 3,033,955		
Allowable C	ontributions Deduction			0
Total Contr	ribution Deduction			0