6 990-T	Í	Extended to No Exempt Organization Bu	vembe	r 15, 2019 s Income T	ax Retu	rn L	OMB No 1545-0687		
Form 330-1		(and proxy tax un	der sec	tion 6033(e))			0040		
;	For cal	endar year 2018 or other tax year beginning		2018					
		Go to www.irs.gov/Form990T for	instruction	, and ending ns and the latest inform	ation.				
Department of the Treas Internal Revenue Service	e D	Do not enter SSN numbers on this form as it m	ay be mad	e public if your organiz	ation is a 501 <u>(</u> c)	<b>3</b> ). 5	pen to Public Inspection 1 01(c)(3) Organizations Only		
A X Check box	t T	Name of organization ( Check box if name	changed a	ind see instructions.)		DEmploy (Employ	yer identification number iyees' trust, see		
address cha		,	-			instruc			
B Exempt under section   Print Global Down Syndrome Four			tion				26-4431001		
x 501(c )(3 C	Number, street, and room or suite no. If a P O. bo		ox, see ins	see instructions.			E Unrelated business activity code (See instructions)		
408(e)	220(e) Type	3239 E. 2nd Avenue					•		
408A5	530(a)	City or town, state or province, country, and ZIP	or foreign	postal code					
529(a)		Denver, CO 80206				51119	0		
C Book value of all asset		F Group exemption number (See instructions.)	<u> </u>						
7		G Check organization type ► x 501(c) cc		501(c) trust		(a) trust	Other trust		
		tion's unrelated trades or businesses.	1	<del>.</del>	the only (or first)				
		ication Advertising			complete Parts I-				
describe the first i	n the blank spa	ce at the end of the previous sentence, complete	Parts I and	II, complete a Schedule	M for each addit	ional trade	or		
business, then co						T 1v-	x No		
		oration a subsidiary in an affiliated group or a par	ent-subsid	lary controlled group?		Yes	s X No		
		tifying number of the parent corporation.		Toloph	one number 🕨	720-549	-5619		
		tacy Hutchcraft de or Business Income		(A) Income	(B) Expen		(C) Net		
		de di Busiliess income	<del></del>	(71) 111001110	(5) 2.75.	<del></del>			
1 a Gross receipts		<b>c</b> Balance ▶	.   1c		_	٧	9.		
<ul><li>b Less returns a</li><li>2 Cost of goods</li></ul>			2	<del></del>	z -		70 }		
_	ubtract line 2 fr		3		<u> </u>	٠, ٠			
4a Capital gain ne			4a			_	-		
. •	•	•	4b	<del></del>	o ' '4'	<del>*                                    </del>			
	<ul> <li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li> <li>c Capital loss deduction for trusts</li> </ul>				3 '				
•		thip or an S corporation (attach statement)	4c 5		May Com	17,5			
6 Rent income (S	•	mip of an o corporation (attach statement)	6		**				
	-	ne (Schedule E)	7				<del></del>		
4		nd rents from a controlled organization (Schedule F	8				•		
	•	on 501(c)(7), (9), or (17) organization (Schedule (							
		me (Schedule I)	10						
11 Advertising inc	ome (Schedule	: J)	11	6,150.					
12 Other income (	See instruction	s, attach schedule)	12			,			
13 Total. Combin	ne lines 3 throu	gh 12	13	6,150.		4,225.	1,925		
Part II Dedi	uctions No	t Taken Elsewhere (See instructions	for limitat	ions on deductions)					
/	ot for contribu	utions, deductions must be directly connect	ed with th	ne unrelated business	s income )				
14 Compensation	n of officers, di	rectors, and trustees (Schedule K)				14			
	Salaries and wages			RECEIVE	D {	15			
16 Repairs and n	naintenance		٦ .		OI	16			
	17 Bad debts		<u>@</u>	= 004	RS-OS	17			
•	, ,	ee instructions)	A018	AUG 2 7 201	3 S	18	<del></del>		
	19 Taxes and licenses				1 🕰	19	<del></del>		
	20 Charitable contributions (See instructions for limitation rules)				<b>57</b> \	20	<del> </del>		
21 Depreciation (attach Form 4562)			L	OGDEN,		22b			
•	22 Less depreciation claimed on Schedule A and elsewhere on return			22a		23	***		
,	23 Depletion 24 Contributions to deferred companyation plans					24			
	24 Contributions to deferred compensation plans 25 Employee henefit programs					25			
<ul><li>25 Employee benefit programs</li><li>26 Excess exempt expenses (Schedule I)</li></ul>					•	26			
	ship costs (Sc					27			
	ons (attach sch					28			
	ons Add lines	•				29	1,925		
		ncome before net operating loss deduction. Subtra	act line 29	from line 13		30	0		
		oss arısıng ın tax years beginning on or after Janı				31			
		ncome. Subtract line 31 from line 30				32	0		

32 Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2018)

}	S								
Form 990-	01	Pa	age 2						
Part I	II Total Unrelated Business Tax	able Income							
33	Total of unrelated business taxable income comp	uted from all unrelated trades or businesse	es (see instructions)	)	33		0.		
34	Amounts paid for disallowed fringes				34				
35	Deduction for net operating loss arising in tax year	35							
36	Total of unrelated business taxable income before	e specific deduction. Subtract line 35 from	the sum of						
	lines 33 and 34				36				
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,0	00.		
38	Unrelated business taxable income. Subtract lin	ne 37 from line 36. If line 37 is greater than	line 36,						
	enter the smaller of zero or line 36				38		0.		
Part I	V Tax Computation								
39	Organizations Taxable as Corporations. Multiply	/ line 38 by 21% (0.21)			39		0.		
40	Trusts Taxable at Trust Rates. See instructions f	or tax computation. Income tax on the ame	ount on line 38 from	1;					
	Tax rate schedule or Schedule D (F	<b>&gt;</b>	40						
41	Proxy tax. See instructions			<b>•</b>	41				
42	Alternative minimum tax (trusts only)				42		_		
43	Tax on Noncompliant Facility Income. See instru	ections			43				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w				44		0.		
Part \	Tax and Payments								
45a	Foreign tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	45a		P .				
b	Other credits (see instructions)		45b						
C	General business credit. Attach Form 3800		45c		1				
ď	Credit for prior year minimum tax (attach Form 88	301 or 8827)	45d		]a,				
е	Total credits. Add lines 45a through 45d	•			45e				
46	Subtract line 45e from line 44				46		0.		
47	Other taxes. Check if from. Form 4255	Form 8611  Form 8697  Form	m 8866 🔲 Othei	(attach schedule)	47		_		
48	Total tax. Add lines 46 and 47 (see instructions)				48		0.		
49	2018 net 965 tax liability paid from Form 965-A o	r Form 965-B, Part II, column (k), line 2			49		0.		
50 a	Payments: A 2017 overpayment credited to 2018		50a				_		
	2018 estimated tax payments		50b		1^				
	Tax deposited with Form 8868		50c		b .0				
	Foreign organizations. Tax paid or withheld at sou		1						
	Backup withholding (see instructions)	,	50d 50e		5.4				
	Credit for small employer health insurance premiu	ıms (attach Form 8941)	50f						
		Form 2439			1 ::				
•		Other Total	▶ 50g		' t				
51	Total payments. Add lines 50a through 50g				51				
	Estimated tax penalty (see instructions). Check if	Form 2220 is attached			52		_		
53	Tax due If line 51 is less than the total of lines 48			•	53		_		
54	Overpayment. If line 51 is larger than the total of	•	54	-	_				
55	Enter the amount of line 54 you want: Credited to	efunded <b>&gt;</b>	55		_				
	I Statements Regarding Certain				1				
	At any time during the 2018 calendar year, did the					Yes N	No		
	over a financial account (bank, securities, or other	_		-			$\neg$ i		
	FinCEN Form 114, Report of Foreign Bank and Fin	, , , ,	-			1 1	.		
	here >		•	•			$\overline{}$		
57	·	oreign trust?	<del></del>	- <del>                                     </del>	<u>.                                    </u>				
	57 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.								
58	Enter the amount of tax-exempt interest received of	•							
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanying schedules	and statements, and to	the best of my know	wledge and belief, i				
Sign	correct, and complete Declaration of pregarer (other th	rrect, and complete. Declaration of predarer (other than taxpayer) is based on all information of which preparer has any knowledge							
Here	IN JUDDULJ	President & CEO							
	Signature of officer								
··-	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN				
Paid		A		self- employed					
Prepa	Laurie Anderson	1 801.01 Maria 120.00 1 212.0010 1							
Use O	Constant by Variable and Constant	Firm's EIN			_				
236 O	475 Lincoln St	root Suite 200					_		

Firm's address Denver, CO 80203

475 Lincoln Street Suite 200

Phone no. 303-534-5953