128

-2.575.

0.

-2,575.

28

29

30

31

Uhrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Total deductions. Add lines 14 through 27

(see instructions)

Form **990-T** (2019)

Form 990)-T (2019)	Global Down Syndrome Foundati	on				26-443100	1 Page 2
Part	IJV]	Total Unrelated Business Taxa	ble Income					
32	Total of	unrelated business taxable income computed	from all unrelated trades or busir	iesses (see	instruction	ons)	32	-2,575.
33	Amount	33						
		ole contributions (see instructions for limitatio	4 4	0.				
35	Total ur	related business taxable income before pre-20	7 35	-2,575.				
		on for net operating loss arising in tax years b	36					
37	Total of	unrelated business taxable income before spe	ecific deduction. Subtract line 36 f	rom line 35	i	, ~	37	-2,575.
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptions)			\mathcal{C}	38	1,000.
39	Unrelat	ed business taxable income. Subtract line 38	3 from line 37. If line 38 is greater	than line 37	7,	ζ,		
	enter th	e smaller of zero or line 37					₹ 39	-2,575.
Part	IV]	Tax Computation						
40	Organiz	ations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)				40	0.
41	Trusts 1	Taxable at Trust Rates. See instructions for ta	ax computation. Income tax on the	e amount oi	n line 39 f	from:		
	L Ta	x rate schedule or Schedule D (Form	1041)			•	41	
42	Proxy t	ax. See instructions				•	42	
43	Alternat	ive minimum tax (trusts only)					43	
44	Tax on	Noncompliant Facility Income. See instruction	ons				44	
-		dd lines 42, 43, and 44 to line 40 or 41, which	never applies				45	0.
Part	<u> </u>	Tax and Payments						
46a	Foreign	tax credit (corporations attach Form 1118; tri	usts attach Form 1116)		46a		_	
b	Other co	redits (see instructions)			46b			
C	General	business credit. Attach Form 3800			46c			
d	Credit fo	or prior year minimum tax (attach Form 8801	or 8827)		46d			
е	Total c	edits. Add lines 46a through 46d					46e	
47	Subtrac	t line 46e from line 45	47	0.				
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8697	Form 88	366	Other (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line	3			50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019			51a		_]	
b	2019 es	timated tax payments			51b		_	
C	Tax dep	osited with Form 8868			51c		_	
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d			
е	Backup	withholding (see instructions)	•		51e			•
f	Credit fo	or small employer health insurance premiums	(attach Form 8941)		51f			
g	Other co	redits, adjustments, and payments: 🔲 Fo	orm 2439					
	Fo	orm 4136 Of	ther	Total >	51g			
52	Total p	syments. Add lines 51a through 51g					52	
53	Estimat	ed tax penalty (see instructions). Check if Fori	n 2220 is attached 🕨 🔲				53	
54	Tax du	Lif line 52 is less than the total of lines 49, 50	, and 53, enter amount owed			•	54	
55	Overpa	yment. If line 52 is larger than the total of line	s 49, 50, and 53, enter amount ov	rerpaid		•	55	
		e amount of line 55 you want: Credited to 20				Refunded	56	
Part	VI S	Statements Regarding Certain	Activities and Other In	nformati	on (see	instructions)		
57	At any t	ime during the 2019 calendar year, did the org	ganization have an interest in or a	signature o	r other au	ithority		Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the or	ganization i	may have	to file		
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the na	me of the fo	oreign co	untry		
	here	-						Х
58	During 1	the tax year, did the organization receive a dist	tribution from, or was it the granto	or of, or trar	nsferor to	, a foreign trust?		Х
	if "Yes,"	see instructions for other forms the organizat	ion may have to file.					1 1 1
59		e amount of tax-exempt interest received or a						
٥.	Ur	der penalties of perjury, I declare that I have examined rect, and complete Declaration of preparer (other that	this return, including accompanying son taxpayer) is based on all information o	chedules and of which prepa	statements	s, and to the best of my kn v knowledge	owledge and belief, i	t is true,
Sign		1 RM	1 4/2/- 170			<u></u>	May the IRS discuss	
Here				esident	€ CEO		the preparer shown b	elow (see
		Signature of officer	Date / Title					Yes No
		Print/Type preparer's name	Preparer's signature	Da	ite	Check	if PTIN	
Paid	I		Laurie Anderson			self- employed	.	
Prep		Laurie Anderson	marine stransom	<u> </u>	/03/20		P0141669	17
Use		Firm's name ▶ Kundinger, Corder,				Firm's EIN	>	
	,	475 Lincoln Str	eet Suite 200					
		Firm's address Denver CO 8020	3			Phone no. :	303-534-5953	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year		6 Inventory at end of year								
2 Purchases	Purchases 2					пе 6				
3 Cost of labor	3 Cost of labor 3				from line 5. Enter here and in Part I,					
4 a Additional section 263A costs	itional section 263A costs line 2						7	1		
(attach schedule)	4a		8	Do the rules of section	with respect to		Y	es	No	
b Other costs (attach schedule)	4b		1	property produced or a	I for resale) apply to					
5 Total. Add lines 1 through 4b	5		7	the organization?						- 1
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)		
(see instructions)				<u> </u>						
1. Description of property										
(1)										
(2)		<u> </u>								
(3)			_							
(4)										
		ed or accrued				3(a)Deductions directi	ly conn	acted with the inco	me in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	i of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age		2(a) and 2(b) (attach schedule)			
(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		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Del		Income (see	ınstru	ctions)		<u> </u>				
			2	Gross income from		3. Deductions directly conto debt-finan				
1. Description of debt-fi	nanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		9
(1)			1							
(2)			1			· · · · · · · · · · · · · · · · · · ·				
(3)			†				1			
(4)		•				-				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to unced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total of 3(a) and 3(of colu	
(1)			1	%			1			
(2)				%						
(3)			1	%			_			
(4)			1	%						
	,					nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				▶		(0.			0.
Total dividends-received deductions in	icluded in column	ı 8		·			► [0.
								Form 99	0-T (2019)

	, , , , , , , , , , , , , , , , , , , ,	103, 11034		Exempt (Controlled O	rganizati	ons		,556,111	3ti dette	
1. Name of controlled organ	ızatıon	2. Em (dentifi num	cation	3. Net unr	elated income instructions)	4. Tot	al of specified nents made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
· · · · · · · · · · · · · · · · · · ·				↓					· . •	-+	
(1)								-			
(2)				 				-			
_(3)				<u> </u>					·		
_(4)								L			70
Nonexempt Controlled Orga	anızatıons										
7. Taxable income	8. N	et unrelated incon (see instruction:		9. Total	of specified pays made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga income	nızatıon's		eductions directly connected th income in column 10
(1)											
(2)				 							
		···-		 							·
(3)	+			 							
_(4)				<u> </u>							
T				•			Add colur Enter here and line 8, d		e 1, Part I, A)	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.	<u> </u>	0.
Schedule G - Investm (see in	nent Inc		Section	n 501(c)(7), (9), or	(17) Or	ganizatior) 			
1. 00	escription of i	ncome		•	2. Amount of	income	 Deduction directly connection (attach schedule) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)					*****						
(3)		· · · · · · · · · · · · · · · · · · ·									
(4)											
					Enter here and	nn nace 1					Enter here and on page 1
					Part I, line 9, co	himm (A) I	• '\				Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploite (see ins	d Exem tructions)	pt Activity	Incom	ne, Othe	r Than Ad	lvertisi	ng Income	9			
1. Description of exploited activity	unrela	Gross ted business come from or business	directly with pi of un	openses connected roduction irrelated ss income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelate business inco	that ted	attribut	oenses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	+		··				·				-
	_										
(3)	-								 		
(2) (3) (4)			• • • • •				·		 		
(4)	Enter	here and on	Enter h	ere and on					l		Enter here and
	pag	je 1, Part i,	page	1, Part I,							on page 1,
	line	10, col (A).	line 10	, col (B)							Part II, line 25
Totals	<u> </u>	0.		0.							0.
Schedule J - Adverti	sing Inc	ome (see i	nstructio	ns)							
Part I Income From	n Perioc	licals Rep	orted o	on a Con	solidated	Başis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, comput	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Magazine		1,6	50.	4,225	5.		 				<u> </u>
			\dashv		-						1
(2)			- 		⊣				 		1
(4)	\longrightarrow										
(4)							 		 		
	1		.	•					į.		1
Totals (carry to Part II, line (5))		1,6	50.	4,225	5.	-2,575			1		0.

Form 990-T (2019) Global Down Syndrome Foundation 26-4431001 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.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. 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)							
Totals from Part i	▶	1,650.	4,225.				0
		Enter here and on page 1, Pert 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
Totals, Part II (lines 1-5)	▶	1,650.	4,225.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

Form 990-T	Contributions	Statement 1
Description/Kind of Property	Method Used to Determine FMV	Amount
Various Down Syndrome Organizations	N/A	614,196.
Total to Form 990-T, Page 2, 1	614,196.	

Form 990-T	Contri	butions Summary		Statement	2
	Contributions Subject Contributions Subject				
Qualified	Concribations Subject	CO 256 DIMIC			
Carryover	of Prior Years Unused	Contributions			
For Tax	Year 2014	1,263,340			
For Tax	Year 2015	929,590			
For Tax	Year 2016	841,025			
For Tax	Year 2017				
For Tax	Year 2018	694,681			
matal Com		·····	3,728,636		
Total Carr Total Curr	rent Year 10% Contribut	ions	614,196		
	cributions Available	_	4,342,832		
Taxable I	ncome Limitation as Adj	usted	0		
Excess Co	ntributions		4,342,832		
Excess 10	% Contributions		. 0		
	ess Contributions		4,342,832		
Allowable	Contributions Deductio	n			0
Total Con	cribution Deduction				0