# Exempt Organization Business Income Tax Return

Form JJU-I		(and pro	xy tax under :	sect	ion 6033(e	:)) lqo (	l l	മ∩ 4 (	<b>5</b>
	For calenda	r year 2018 or other tax y	ear beginning Jul	1 ,:	2018, and ending	Jun 30,20	19 .	2018	<b>)</b>
Department of the Treasury		► Go to www.irs.gov/F					L	Owen to Dublic trans	otion (or
Internal Revenue Service	▶ Do not	enter SSN numbers on t	his form as it may be	made	public if your org	ganization is a 50	1(c)(3).	Open to Public Inspe 501(c)(3) Organizatio	ons Only
A Check box if address changed	Na	ime of organization (	Check box if name cha	anged a	ind see instruction:	s.)		yer identification i	
B Exempt under section	DENVER YOUTH PROGRAM						(Emplo	oyees' trust, see instr	uctions.)
<b>⊠</b> 501( c )(3 <b>0</b> }	Print N	umber, street, and room or	suite no. If a P.O. box	, see in:	structions.		74-	2486208	
408(e) 220(e		625 EAST 35TH	AVE		`			ted business activit	ty code
☐ 408A ☐ 530(a	1 . 7	ty or town, state or provinc	ce, country, and ZIP or	foreign	postal code		(200 11	nstructions.)	
☐ 529(a)		ENVER, CO 8020	5				81	.2900	
C Book value of all asset at end of year	ts <b>F</b> Grou	exemption number							
385,815	G Chec	k organization type				(c) trust	] 401(a)		er trust
	<del>-</del>	anization's unrelated						ly (or first) unrel	
trade or busines								han one, descri	
	•	he end of the previo	us sentence, com	plete	Parts I and II,	, complete a S	schedule	M for each ad	aitionai
		plete Parts III-V.						NOT 1/	<u> </u>
		orporation a subsidiary							∐ No
		l identifying number	of the parent corp	oratio	n. ▶ <u>peny</u> er	YOUTH PRO	JGRAM	74-2480208	<u> </u>
J The books are					(A) Income		xpenses	03)777-700( (C) Nej	
		or Business Incom	16		(A) Income	(6) 2	Apelises	(0),149,	
1a Gross receip b Less returns ar			<b>c</b> Balance ▶	1c					
		edule A, line 7)		2		<del>                                     </del>			
_		e 2 from line 1c		3					
•		(attach Schedule D)		4a				<del></del>	<del>                                     </del>
, ,		7, Part II, line 17) (atta		4b					<del></del>
• •	, ,	or trusts	·	4c					<del></del>
· ·		ship or an S corporation		5					
, ,	•	C)	•	6			<del></del>		1
	•	income (Schedule E		7					
		rents from a controlled org		8					
	-	501(c)(7), (9), or (17) orga		9					
		y income (Schedule I		10,	N .		`		
	income (Sch			111					
12 Other income	e (See instruc	tions; attach schedule	) See Oth Inc Stmt	12	30,762			30,762	
13 Total. Comb			<u> /. </u>	13	30,762			30,76	2
Part II Deducti	ions Not Ta	<b>ken Elsewhere</b> (Se	e instructions for	r limita	ations on ded	uctions.) (Exc	ept for c	ontributions,	
		directly connected			siness income	ə.)	<del></del>	·- <del></del>	
		s, directors, and trus	tees (Schedule K)				. 1		
15 Salaries and	-	· · · · · /					. 1		<del>8</del>
*	maintenanc	e <i>[</i>					. 10		+-
17 Bad debts							. 1		+-
		) (see instructions) .					. 19		+-
19 Taxes and li		(See instructions for	limitation rules				20		+
<ul><li>20 Charitable c</li><li>21 Depreciation</li></ul>		· //	illillation rules) .		. 21	3,351	, —	<del>-</del>	+-
		ed on Schedule A and	 d elsewhere on rei	··· hum		3,331	22	<b>2b</b> 3,35	1
23 Depletion .	nation claims	d on ochedule A and				<del></del>	. 2		
•	s to deferre	d compensation plan	s / 1	CE	IVED	1	. 2		<del>                                     </del>
	N	ms	5:5				. 2		8
//		s (Schedule I)	. ISI MA	Y 2 (	2020 . 55		. 20		$\top$
	•	(Schedule J)		_ • •	10		. 2		$\top$
28 Other deduc	•	•	See Oth Dec	St	mt		. 2		3
<i>D</i> '	•	ines 14 through 28		1	:, U.I]		. 26 2		<del></del>
		ole income before net	operating loss de	ductio	on. Subtract lin	e 29 from line			
-		g loss arising in tax ye	-				ns), 3		
-		ble income. Subtract				<u> </u>	<u>ට</u> 3		
	ction Act No	tice, see instructions,	DAA				~ ~	Form <b>990-</b>	<b>T</b> (2018)

		<u>,                                     </u>			
Part.		otal Unrelated Business Taxable Income			
`33	Total c	of unrelated business taxable income computed from all unrelated trades or businesses (see	1		
	ınstruc	tions)	33	-42,82	4
34	Amour	nts paid for disallowed fringes	34		
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (see			+-
00		tions)	35	-42,82	<u> </u>
26		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum	33	-42,02	<del>* </del>
36		· ·			
			36		0
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		+-
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			_
	enter t	he smaller of zero or line 36	38		0
Part	:V (∭ T	ax Computation	<u> </u>		
39	Organ	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the am	ount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	40		1
41	Proxv	tax. See instructions	41		
42		tive minimum tax (trusts only)	42		1-
43		Noncompliant Facility Income. See instructions	43		+-
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	(	<del>,                                     </del>
44 Dov		ax and Payments	1 4 1		
			<del>-   -</del>		
45a		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a	-		1
þ		credits (see instructions)	<b>-   </b>   ·		
С		al business credit. Attach Form 3800 (see instructions)	_  -  -		
d		for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>		
е		credits. Add lines 45a through 45d	45e		+
46		ct line 45e from line 44	46	C	4
47	Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		↓
48		ax. Add lines 46 and 47 (see instructions)	48		<u> </u>
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50a	Payme	nts: A 2017 overpayment credited to 2018	]   2		
b	2018 e	stimated tax payments	] [ ]		1
С	Tax de	posited with Form 8868	71		
d		n organizations: Tax paid or withheld at source (see instructions) . 50d	71.1		1
е	•	o withholding (see instructions)	7]		1
f		for small employer health insurance premiums (attach Form 8941) . 50f	71		
g		credits, adjustments, and payments:  Form 2439	<b>1 !</b>		
9	Forr				
51		payments. Add lines 50a through 50g	51	C	اد
52	•	ted tax penalty (see instructions). Check if Form 2220 is attached	52		Ή_
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		+
		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	0	<del>. </del>
54	-	· · · · · · · · · · · · · · · · · · ·	55		<del>'</del>
55 Part		e amount of line 54 you want: Credited to 2019 estimated tax ► Refunded ► tatements Regarding Certain Activities and Other Information (see instructions)	J5		Ь
			41	hority Yes	No
56		time during the 2018 calendar year, did the organization have an interest in or a signature or o		1011ty	+
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	neign co		୳୷
	here ▶			<u></u>	×
57	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	· ·	×
	-	" see instructions for other forms the organization may have to file.			1
58		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$			
:		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		iowiedge and bi	eller, it is
Sign		Von. 4141 4 . 1	May the	IRS discuss this	
Here		1   W U PRESIDENT		preparer shown uctions)? <b>XXY e</b> s	
	Signat	ure of officer Date Title	1		
Paid		Print/Type preparer's name Preparer's signature Date Ct	neck 🔲	of PTIN	
Prepa	arer	JENNIFER SEYFERT 05/14/2020 se	if-employe	d P0044	
•		Firm's name ▶ BENZ SEYFERT & COMPANY, INC. Fir	m's EIN ►	87-07110	)65
Use (	July	Firm's address ▶ 1620 WASHINGTON AVE, GOLDEN, CO 80401 Ph	one no. (	303)668-	6899
				Form <b>990-</b>	

Page	:

	90-T (2018)									- 1	age 3
Sche	dule A - Cost of Goods Sold.	Enter	method of in	ventor	y va	luation ▶					
`1	Inventory at beginning of year	1			6	Inventory a	at end of year	6_			
2	Purchases	2			7	Cost of	goods sold. Subtract				
3	Cost of labor	3				line 6 from	line 5. Enter here and				
4a	Additional section 263A costs					ın Part I, lir	ne 2	7			
	(attach schedule)	4a			8	Do the rul	les of section 263A (with	n res	pect to	Yes	No
b	Other costs (attach schedule)	4b				property p	roduced or acquired for	resale	e) apply		
- 5	Total. Add lines 1 through 4b	5				to the orga	ınızation?				
Sche	dule C-Rent Income (From F	Real F	roperty and	Perso	nal						
	instructions)								•		
<u> </u>	nption of property		* *				·		•		
(1)	<u> </u>									•	
(2)							· · · · · · · · · · · · · · · · · · ·				
(3)									-		
(4)	· · · · · · · · · · · · · · · · · · ·								<del></del>		
(4)	2. Rent rec	eived c	r accrued								
4-15			(h) Europe no al an	d		and the first state of	3(a) Deductions directly	conne	cted with th	e incom	18
	orn personal property (if the percentage of re- personal property is more than 10% but not		(b) From real an ercentage of rent f				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
	more than 50%)		50% or if the rent								
(4)	* * * * * * * * * * * * * * * * * * * *	+									
(1)		+									
(2)			<del></del>	ŧ							
(3)									•		
(4)		То	4-1								
Total							(b) Total deductions.				
	al income. Add totals of columns 2(a)						Enter here and on page				
	nd on page 1, Part I, line 6, column (A)  dule E—Unrelated Debt-Finar			i			Part I, line 6, column (B)				
<u>Scne</u>	dule E-Unrelated Debt-Final	iceu	income (see	1			3. Deductions directly con	nected	with or allo	cable to	
	4 Decoration of dobt-financed n	ronom.				ome from or lebt-financed	debt-financ	ed pro	perty		
Description of debt-financed prop		roperty	perty			erty	(a) Straight line depreciation	(b) Other deductions (attach schedule)		s	
							(attach schedule)		(attach sci	1eaule)	
(1)				-							<del></del>
(2)				ļ							
(3)				<b> </b>							
(4)											
			justed basis cable to		<b>6</b> . Co		7. Gross income reportable		Allocable d		
	llocable to debt-financed debt		d property	į ,	4 dıv	ided umn 5	(column 2 × column 6)	(colu	mn 6 x tota 3(a) and		ımns
р	roperty (attach schedule) (a	ttach so	hedule)		,						
(1)						%					
(2)						%					
(3)						%					
(4)						%					
							Enter here and on page 1,		r here and		
							Part I, line 7, column (A).	Part	: I, line 7, d	olumn	(B).
Totals						▶					
Total c	lividends-received deductions includ	ed in c	olumn 8			<u> </u>					
~									C 0	OO_T	(2010)

Schedule F-Interest, Ann	uities, Royalties,				<b>janizations</b> (se	e instruc	ctions)		
		Exempt	Controlled	d Organizations					
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conn	eductions directly ected with income in column 5	
(1)									
(2)		<del> </del>			- <del> </del> -		<u> </u>		
(3)					1				
(4)		†			1				
Nonexempt Controlled Organiz	zations	<u> </u>			<u>l,</u>		<u> </u>		
3		····			10. Part of colum	an Q that is	11.0	eductions directly	
7. Taxable Income	8. Net unrelated ir (loss) (see instruc		9. Total of specified payments made		included in the corganization's gre	controlling	conne	connected with income in	
(1)							ļ		
(2)							ļ		
(3)								4.14	
(4)									
Totals				1	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B).	
Schedule G-Investment	ncome of a Sec	tion 501(	c)(7), (9),	or (17) Organi	zation (see inst	tructions	s)		
1. Description of income	2. Amount o	of income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Fnter here and Part I, line 9,	column (A)					Part I, Ii	re and on page 1, ne 9, column (B)	
Schedule I—Exploited Exe	empt Activity Inc	ome, Otr	ner Inan	1	<b>icome</b> (see inst	ructions	)		
1. Description of exploited activi	2. Gross unrelated business inco from trade business	ome conn prod or ur	expenses directly directed with duction of hrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attnbu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)						<u> </u>	•		
(2)									
(3)									
(4)									
Totals	Enter here and page 1, Part line 10, cot (	ti, page	here and on e 1, Part I, I0, col (B),	n	·	, , , .	*1	Enter here and on page 1, Part II, line 26	
Schedule J-Advertising I	ncome (see instru	ctions)		Ļ				<u></u>	
Part I Income From P	eriodicals Repo	rted on a	Consoli	dated Basis					
Taret meemerrem	Criodicaio riopo.	100 011 0	00110011	4. Advertising		1	<del></del>	7. Excess readership	
1. Name of periodical	2. Gross advertising income		. Direct tising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)			<del></del>	]				]	
(3)	1	<u> </u>		1					
(4)	<u> </u>			1				]	
Totals (carry to Part II, line (5))									
Totals (carry to Fart II, line (5))	1.5.1			L	l			000 T	

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 6. Readership 3. Direct 5. Circulation advertising 2 minus col. 3) If minus column 5, but 1. Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols. 5 through 7. column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col. (B), Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business (1) % % (2) (3) %

Form 990-T (2018)

%

**DENVER YOUTH PROGRAM** 74-2486208

### Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

## Form 990-T: Exempt Organization Business Income Tax Return

# Other Income

Description	All Income	Net		
GRASP REVENUE	30,762.	30,762.		
Total	30,762.	30,762.		

### Form 990-T: Exempt Organization Business Income Tax Return **Other Deductions**

#### **Continuation Statement**

**Continuation Statement** 

Other beaddings			
Description		Amount	
ADVERTISING		1,889.	
CREDIT CARD FEES		666.	
LEGAL & PROFESSIONAL FEES		1,835.	
OFFICE EXPENSE		2,646.	
POSTAGE		1,097.	
RENT		8,964.	
TELEPHONE		1,658.	
TRAVEL		1,599.	
INSURANCE		2,851.	
MISCELLANEOUS		188.	
REFRESHMENTS		397.	
DUES & SUBSCRIPTIONS		60.	
VOLUNTERING SCREENING		95.	
WEBSITE		684.	
YOUTH SUPPORT		2,119.	
	Total	26,748.	