

NOTICE 2018-100

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Form 990-T

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Section A: Check box if address changed; Section B: Exempt under section 501(c)(3); Section D: Employer identification number 84-0404235; Section E: Unrelated business activity codes 532000

Section C: Book value of all assets at end of year 42,571,313; Section F: Group exemption number; Section G: Check organization type 501(c) corporation

Section H: Describe the organization's primary unrelated business activity. DISALLOWED FRINGE

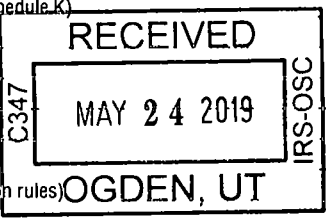
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

Section J: The books are in care of JO-ANN SCHARMANN Telephone number (303) 433-8383

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc. Total income 9,983.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc. Total deductions 1,990. Unrelated business taxable income 6,138.



SCANNED JUL 10 2019

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MILE HIGH UNITED WAY, INC.

84-0404235

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 **SEE STATEMENT 3** **35c** 1,103.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Tax on Non-Compliant Facility Income. See instructions **39**
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **44** **40** 1,103.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**
41b Other credits (see instructions) **41b**
41c General business credit. Attach Form 3800 **41c**
41d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**
41e Total credits. Add lines 41a through 41d **41e** 46
42 Subtract line 41e from line 40 **42** 48
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **43**
44 Total tax. Add lines 42 and 43 **44** 1,103.
45a Payments. A 2016 overpayment credited to 2017 **45a**
45b 2017 estimated tax payments **45b**
45c Tax deposited with Form 8868 **45c**
45d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**
45e Backup withholding (see instructions) **45e**
45f Credit for small employer health insurance premiums (Attach Form 8941) **45f**
45g Other credits and payments: Form 2439 _____ Other _____ Total **45g**
46 Total payments. Add lines 45a through 45g **46**
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **53** **48** 1,103.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49**
50 Enter the amount of line 49 you want: **Credited to 2018 estimated tax** **Refunded** **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**
52 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. **Yes** **No**
53 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer: *[Signature]* Date: 05/15/19 Title: CFO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
Paid Preparer Use Only
 Print/Type preparer's name: DORI J. EGGETT Preparer's signature: DORI J. EGGETT Date: 05/10/19 Check if self-employed: PTIN: P00645252
 Firm's name: PLANTE & MORAN, PLLC Firm's EIN: 38-1357951
 Firm's address: 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237 Phone no: 303-740-9400

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
SECTION 512(A)(7) - QUALIFIED TRANSPORTATION FRINGE BENEFIT		9,983.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		9,983.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	855.	0.	855.	855.
NOL CARRYOVER AVAILABLE THIS YEAR			855.	855.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 3

1.	TAXABLE INCOME		6,138
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		6,138
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		921
9.	25 PERCENT OF LINE 4		0
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		921
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		1,289
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	464
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	639
18.	TOTAL TAX PRORATED	365	1,103