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Form 990-1		exempt Organization					ax Returi	1	OMB NO 1545-0687
b		(and proxy t							2040
	Forca	lendar year 2018 or other tax year beginning JU	L 1, 20	18	, and e	anding JUN	30, 2019		2018
Department of the Treasury		► Go to www.irs.gov/Forms							On an to Dublin Inconstrue for
Internal Revenue Service		Do not enter SSN numbers on this form	as it may	be ma	de public if y	our organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name changed and see instructions.)							ployer identification number ployees' trust, see
address changed									ructions)
B Exempt under section	Print	MILE HIGH UNITED WAY, INC.	ļ	84-0404235					
X 501(c (23)	Type	Number, street, and room or suite no. If		elated business activity code instructions)					
408(e) 220(e)	',,,,	711 PARK AVENUE WEST						4	
408A530(a)		City or town, state or province, country,	and ZIP or	foreigi	n postal code				
529(a)		DENVER, CO 80205						5320	00
C Book value of all assets at end of year		F Group exemption number (See instru	ctions.)	<u> </u>					
		G Check organization type ► X	501(c) carp	oration	50	01(c) trust	401(a) trust	Other trust
		· ·	>			Describe	the only (or first) t	ınrelated	t
trade or business here	SI	EE STATEMENT 1				If only one,	, complete Parts I-V	/. If mor	e than one,
		ace at the end of the previous sentence, co	omplete Par	rts I an	d II, complete	a Schedule	M for each additio	nal trad	e or
business, then complete	-	·							
During the tax year, was	the corp	poration a subsidiary in an affiliated group	or a paren	t-subsi	diary controll	led group?	>	Y	'es No
		tifying number of the parent corporation.			•				
J The books are in care of						Teleph	ione number	(303)	433-8383
		de or Business Income			(A) Inc		(B) Expense		(C) Net
1a Gross receipts or sale	ıs								
b Less returns and allow		c Balance	•	1c					
2 Cost of goods sold (S				2			1		
3 Gross profit. Subtract		•		3					
				4a					
• •	•	Part II, line 17) (attach Form 4797)	ł	4b					
			ł	4c					
c Capital loss deduction			٠,	5					
, ,		ship or an S corporation (attach statemen	')						
6 Rent income (Schedu	•	(Cabadula E)	ŀ	6 7			 		
7 Unrelated debt-financ		,	}	_					
• • •		and rents from a controlled organization (\$	ì	8			-		
		on 501(c)(7), (9), or (17) organization (Sc	nedule G) (9					
10 Exploited exempt activ	-	·	}	10			<u> </u>		
11 Advertising income (S			}	11					
12 Other income (See ins		·	}	12					
13 Total, Combine lines				13		0.	l		<u> </u>
Part II Deductio	ns No	ot Taken Elsewhere (See instru	uctions for	r limita	itions on de	ductions)			
		utions, deductions must be directly o	RECE	- TV)	- D	business	income)	1	
•	ıcers, dı	rectors, and trustees (Schedule 🕻)				ļ		14	
15 Salaries and wages		C180	NOV a	1 1	019			15	
16 Repairs and mainten	ance	티	NOV 2	1 (16	
17 Bad debts		ſ <u>L</u>]≝	1		17	
18 Interest (attach sche	dule) (s	ee instructions)	OGDE	N	HT			18	<u></u>
19 Taxes and licenses								19	867.
20 Charitable contribution	ons (Se	e instructions for limitation rules) STA	TEMENT 4	4	SEE	STATEMEN	NT 2	20	1,778.
21 Depreciation (attach	Form 45	562)				21			_
22 Less depreciation cla	aimed oi	n Schedule A and elsewhere on return				22a		22b	
23 Depletion								23	
24 Contributions to defe	erred co	mpensation plans						24	
25 Employee benefit pro								25	
26 Excess exempt exper	-	chedule I)						26	
27 Excess readership co	•	•						27	
28 Other deductions (at	•	•			SEE	STATEMEN	NT 3	28	800.
29 Total deductions. A		•						29	3,445.
		ncome before net operating loss deductio	n. Suhtract	line 20) from line 13	1		30	-3,445.
		loss arising in tax years beginning on or a						31	†
			irioi valludi	y 1, ZU	יה לפפה ווופנון	outions)		32	-3,445.
		ncome. Subtract line 31 from line 30	ione					<u>52</u>	Form 990-T (2018)
823/01 01-09-19 LMA 10	ıı raper	work Reduction Act Notice, see instructi	10115.				\sim 2		701111 (2010)

Part	II Total Unrelated Business Taxal	ble Income							
33	Total of unrelated business taxable income comput	ed from all unrelated trades or businesses	(see instructions)		33	-3,445.			
34	Amounts paid for disallowed fringes					21,301.			
35	Deduction for net operating loss arising in tax years	35	855.						
36									
	lines 33 and 34	36	17,001.						
37	Specific deduction (Generally \$1,000, but see line 3	37	1,000.						
38	Unrelated business taxable income. Subtract line								
	enter the smaller of zero or line 36								
Part	V Tax Computation								
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		•	39	3,360.			
40	Trusts Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on the amo	unt on line 38 from	-					
	Tax rate schedule or Schedule D (Fo	rm 1041)		>	40				
41	Proxy tax. See instructions			>	41	<u> </u>			
42	Alternative minimum tax (trusts only)				42				
43	Tax on Noncompliant Facility Income. See instruc	ctions			43				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies			44	3,360.			
Part '	/ Tax and Payments				, ,				
45a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		4				
b	Other credits (see instructions)		45b		」 │				
C	General business credit. Attach Form 3800		45c		_				
d	Credit for prior year minimum tax (attach Form 880	01 or 8827)	45d		J				
е	Total credits Add lines 45a through 45d				45e				
46	Subtract line 45e from line 44				46	3,360.			
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Othei	(attach schedule)	47				
48	Total tax. Add lines 46 and 47 (see instructions)				48	3,360.			
49	2018 net 965 tax liability paid from Form 965-A or	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		4				
C	Tax deposited with Form 8868		50c		4				
d	Foreign organizations: Tax paid or withheld at sour	_							
e	Backup withholding (see instructions)		50e		_				
f	Credit for small employer health insurance premiur	ns (attach Form 8941)	50f		_				
g	Other credits, adjustments, and payments: F	orm 2439							
	Form 4136 0	ther Total	► 50g						
51	Total payments. Add lines 50a through 50g				51				
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 🔛			52	141.			
53	Tax due. If line 51 is less than the total of lines 48,	•		>	53	3,501.			
54	Overpayment. If line 51 is larger than the total of I			>	54				
55	Enter the amount of line 54 you want: Credited to			efunded 🕨	55				
Part									
56	At any time during the 2018 calendar year, did the $$	•				Yes No			
	over a financial account (bank, securities, or other)								
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	the foreign country	<i>!</i>					
	here -								
57	During the tax year, did the organization receive a		or transferor to, a fo	oreign trust?		- 			
	If "Yes," see instructions for other forms the organi								
58	Enter the amount of tax-exempt interest received o								
Sign	Under penalties of periory, I declered hat I have examined correct, and complete Declaration of preparer (other than	ithis return, including accompanying schedules an h taxpayer) is based on all information of which pre	parer has any knowled	ge	eage and beli	er, it is true,			
Here	16/hu-	11/12/12 > ==		N	May the IRS d	scuss this return with			
11616	Sandy of office	Date CFO				hown below (see			
	Signature of officer	<u>'</u>	1		nstructions)?	X Yes No			
	Pfint/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN				
Paid		Lanz 7 965		self- employed		646060			
Prepa	nrer DORI J. EGGETT	DORI J. EGGETT	10/17/19	Front Str. N		645252			
Use (Only Firm's name ► PLANTE & MORAN, P			Firm's EIN		-1357951			
	8181 E TUFTS A	·		Dhona na	303-740-	9400			
	Firm's address DENVER, CO 802	3 /	<u>-</u>	Phone no.					
823711 0	-09-19					Form 990-T (2018			

FORM 990-T	DESCRIPTION O	F ORGANIZATION'S	PRIMARY U	NRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ľΥ			

SECTION 512(A)(7) - QUALIFIED TRANSPORTATION FRINGE BENEFIT

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	16,474,139.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	16,474,139.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DESCRIPTION TAX PREP FEES		AMOUNT 800.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	UNUSED CONTRIBUTIONS 16,252,057			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% (CONTRIBUTIONS	16,252,057 16,474,139		
TOTAL CONTRIBUTIONS AVAI TAXABLE INCOME LIMITATIO		32,726,196 1,778	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTION TOTAL EXCESS CONTRIBUTION	IS	32,724,418 0 32,724,418		
ALLOWABLE CONTRIBUTIONS	DEDUCTION _		_ 1,	778
TOTAL CONTRIBUTION DEDUC	TION		1,	778

FORM 990-T	NET	OPERATING I	oss	DEDUCTION	STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/13	855.		0.	855.		355.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		855,		355. ——