Amended Return - Section 512(a)(7) Repeal

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90-T	•	Exempt Organization Bus					Return		F	OMB No 1545-0	1687
3U-1		(and proxy tax unde	er sect	ion 6	033(e	<del>?</del> ))				2018	2
	For cale							19 .			
of the Treasury		•						( . \ (a)	Open	to Public Inspe	ction for
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under section	Print MILE HIGH UNITED WAY, INC.										, ,
	or		box, see ir	struction	s		-	F Unre			ı code
											Code
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ue of all assets	E Gr		ne l 🕨				L			532000	
fyear				n .	☐ 501	(c) trus	t $\Box$	401(a	) trus	st 🗆 Othe	r trust
the number of						<del></del>					
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		at the end of the previous sentence.									
		•									
g the tax year.	was the	e corporation a subsidiary in an affiliated	group or	a parent	t-subsidi	ary cor	ntrolled gr	oup?	)	► ☐ Yes [	√ No
						•	Ū	•			_
				-	Tele	ephone	e number	•		303-533-838	3
Unrelated	Trad	e or Business Income		(4	A) Income	;	(B) Ex	penses		(C) Net	
iross receipts	or sale	es									
ess returns and a	llowance	es c Balance	<b>▶</b> 1c								
ost of goods	sold (S	schedule A, line 7)	2							·····	
iross profit. S	ubtract	: line 2 from line 1c	3								
			4a	1							<u> </u>
et gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797	7) 4b								
apital loss de	ductio	n for trusts	4c								<u> </u>
come (loss) fro	m a par	inership or an S corporation (attach stateme	ent) 5								ļ
ent income (S	Schedu	le C)				L					<u> </u>
inrelated debt	t-financ	ced income (Schedule E)	. 7								↓
terest, annuities, i	royalties,	and rents from a controlled organization (Schedu	le F) <b>8</b>								
vestment income	e of a sec	tion 501(c)(7), (9), or (17) organization (Schedule	e G) <b>9</b>		İ						<u> </u>
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		•	•		ا مو ا			_	20		<b>-</b>
					<del></del>			<del></del>	22b		
		imed on Schedule A and elsewhere or			22a				23		+
		wad componention plans				• •					+
		rred compensation plans			• •	• • •		. ⊢	24		+
		uidii15				• • •		<b>—</b>	25 26		
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mployee ben xcess exemp	t exper	nses (Schedule I)									-
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mployee beno xcess exemp xcess readers other deduction	t expership coons (att	nses (Schedule I)						· [	27 28		
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mployee beno xcess exemp xcess readers other deduction otal deduction	t expership coons (attorns, Acons, Ac	nses (Schedule I)	  s deducti	   on. Sub	  otract lin		   om line 1	3	27 28		
eren i de la companya	of the Treasury * enue Service Ck box is ress changed inder section c ) ( 3 ) ) 220(e) 530(a) ) pe of all assets ryear in the number of or business, in the blank is or business, generated the tax year, es," enter the blank is or business, generated the cooks are in company to the decimal pain in the section of goods in the section of goods in the section of goods in the section of the section of goods in the se	of the Treasury enue Service  Ck box (i) ress changed ander section c ) ( 3 ) pe of all assets fyear business here so the business here so the business, then c or business are in care of the tax year, was the service of the tax year, was the service of the control of the	of the Treasury enue Service    Do not enter SSN numbers on this form as it may be complete service	of the Treasury enue Service   Do not enter SSN numbers on this form as it may be made (xb bx fires section c ) ( ] 3 )   220(e)   530(a)   7   7ype   7   7   7   7   7   7   7   7   7	of the Treasury requeservice borness of the Sin numbers on this form as it may be made public in the Sin numbers on this form as it may be made public in the Sin numbers on this form as it may be made public in the Sin number of the Sin numbers on this form as it may be made public in the Sin number of organization (	The Treasury of the Treasury	Po to www.irs.gov/Form9907 for instructions and the latest informence Service    Do not enter SSN numbers on this form as it may be made public if your organization (Schedule F)	Colito Treasury	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Critical base changed under section c 1 (3)   Name of organization (	of the Treasury   Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	of the Treasury   Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)[3].    Name of organization   C   C   C   C   C   C   C   C   C

For Paperwork Reduction Act Notice, see instructions.

	00-T (2018)			<del>-</del>	Page
Part 33	Total Unrelated Business Taxable Income  Total of unrelated business taxable income computed from all unrelated trade	on or huginoscop /coo	Т		т—
33	instructions)		33		
24	Amounts paid for disallowed fringes		-34		
34 35	Deduction for net operating loss arising in tax years beginning before J	34		0 00	
33	Instructions)	•	35	١,	İ
36	Total of unrelated business taxable income before specific deduction. Subtract		33		+
-	of lines 33 and 34		36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exception		37		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is				
<b>a</b> :	enter the smaller of zero or line 36		38		
Part	IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>&gt;</b>	39	<del></del>	
40	Trusts Taxable at Trust Rates. See instructions for tax computation				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 104	1)	40		
41	Proxy tax. See instructions		41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		
Part	V Tax and Payments				_
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) .	45a	1		
b	Other credits (see instructions)	45b	.		
С	General business credit. Attach Form 3800 (see instructions)	45c	<b>↓</b>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	*Total credits. Add lines 45a through 45d		45e		+
46	Subtract line 45e from line 44		46		<u> </u>
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	•	47		<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)		48		-
49 50-	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	(K), line 2	49		-
50a	Payments. A 2017 overpayment credited to 2018	50b	-		
b	Tax deposited with Form 8868	50c	1		
c d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	-		
e	Backup withholding (see instructions)	50e	1 1		
f	Credit for small employer health insurance premiums (attach Form 8941) .	50f	1 1	-	
g	Other credits, adjustments, and payments:   Form 2439		1		
9		50g 3,501 00			
51	Total payments. Add lines 50a through 50g		51	3,50	00
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶□	52		0 00
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov	ved <b>&gt;</b>	53		0 00
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter am		54	3,50	
55	Enter the amount of line 54 you want	Refunded ►	55	3,50	1 00
Part	VI Statements Regarding Certain Activities and Other Information	i (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interes	t in or a signature or o	ther au	thority Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," er	nter the name of the fo	reign c	ountry	_
	here >				<b>✓</b>
57	During the tax year, did the organization receive a distribution from, or was it the granton	of, or transferor to, a for	eign tru:	st? .	✓
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year	r ▶ \$			4
Sian	Under penalties of perion, I declare that I have examined this return, including accompanying schedules true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which	and statements, and to the be- ch preparer has any knowledge.			
Sign	2/0/->	)	May th	e IRS discuss the preparer show	
Here	7/10/			structions)?	

Paid
Preparer
Use Only

Print/Type preparer's name
Preparer's signature
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Preparer's signature
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	30-1 (2018)						···		raye 🔾	
Sche	dule A—Cost of Goods Sold.	Enter n	nethod of ir	ventory	valuation 🕨	- <u>-</u>				
1	Inventory at beginning of year	1		6	Inventory	at end of year	6			
2	Purchases	2		7		goods sold. Subtract	!			
3	Cost of labor ?	3				n line 5 Enter here and				
4a	Additional section 263A costs				ın Part I, lı	ne 2	7			
	(attach schedule)	4a		8	Do the ru	les of section 263A (wit	th respect to	Yes	No	
b	Other costs (attach schedule)	4b				produced or acquired for				
5	Total. Add lines 1 through 4b	5				anization?				
Sche	dule C-Rent Income (From F	Real Pr	operty and	Person	al Property	Leased With Real Pro	perty)			
(see	instructions)									
1. Desc	ription of property									
(1)										
(2)										
(3)										
(4)										
<u> </u>	2. Rent red	eived or a	ccrued							
(a) Fro	om personal property (if the percentage of re	nt	(b) From real ar	nd nersonal r	roperty (if the	3(a) Deductions directly connected with the income				
	personal property is more than 10% but not	per	centage of rent	for personal	property exceeds					
	more than 50%)	50	% or if the rent	is based on	profit or income)					
(1)										
(2)					···			•		
(3)						-		•		
(4)										
Total		Tota	I				·			
	al a como Add Achala af adurana O(a)		-			(b) Total deductions. Enter here and on page	4			
	al income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)	and 2(b)	. Enter			Part I, line 6, column (B)				
	dule E—Unrelated Debt-Finar	nced In	come (see	instructio	ns)	T art i, into o, column (b)				
00110	date E Officiated Best Finds	.004				3. Deductions directly cor		ocable to	<del></del>	
	1. Description of debt-financed p	roperty			income from or to debt-financed		ced property			
		. ,		t	property	(a) Straight line depreciation (b) Other display (attach schedule) (attach schedule)			s	
(1)	<del></del>			<u> </u>		(20000000000000000000000000000000000000	(	,		
(2)				<b> </b>			<del> </del>			
(3)							1			
							<del> </del>			
(4)	4. Amount of average 5. Ave	rage adjus	sted basis	<del>                                     </del>			0.411			
	acquisition debt on or	f or allocal	ble to		Column divided	7. Gross income reportable	8. Allocable of (column 6 × total			
		-financed ttach sche			column 5	(column 2 x column 6)	3(a) and		2	
	roperty (attach schedule) (a	ttaci i sone		<u> </u>			<del> </del>			
(1)				<u> </u>	<u>%</u>		<del> </del>			
(2)				<del>                                     </del>	<u>%</u>		ļ			
(3)				ļ <u> </u>	%		<u> </u>			
(4)				L	%	<b>C-4</b>	 	1 :		
						Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,			
						, art i, iii o 7, coldinii (A).	1 212 1, 1110 1,		(2).	
Totals			_		. ▶					
Total o	dividends-received deductions includ	ed in col	umn 8				1			

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	janizations (se	e instruc	ctions)	
Name of controlled organization	2. Employer identification number		ated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's great	controlling,	eonn	eductions directly ected with income in column 5
(1)							<del>  , ; ,</del>	···
(2)								· · · · · · · · · · · · · · · · · · ·
(3)					-			
(4)	.,							
Nonexempt Controlled Organi	zations	1			L		1	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the corganization's great transfer of the corganization of the column in the corganization of the column in the	controlling	conne	leductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h	columns 6 and 11. nere and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Sect	ion 501(	c)(7), (9),	or (17) Organi	zation (see inst	tructions	s)	
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)							·	` `
(3)		-						
(4)								
Totals .	Enter here and Part I, line 9, o	column (A).					Part I, lı	re and on page 1, ne 9, column (B).
Schedule I-Exploited Ex	empt Activity Inc	ome, Oth	ner Than	Advertising Ir	icome (see inst	tructions	.)	1
1. Description of exploited activ	2. Gross unrelated business inco from trade of business	me conn proc	Expenses directly ected with duction of nrelated 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	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)							·	
Totals	Enter here and page 1, Part line 10, col (a	I, page	here and on e 1, Part I, IO, col (B)			-		Enter here and on page 1, Part II, line 26
Schedule J-Advertising	Income (see instrue	ctions)		1				·
	Periodicals Repor		Consoli	dated Basis				
				4. Advertising				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)				]				]
(3)								]
(4)								
Totals (carry to Part II, line (5))	<b>•</b>							

Totals, Part II (lines 1-5)

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						_
	Enter here and on page 1, Part 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 27

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)	,		%	
Total. Enter here and or	page 1, Part II, line 14 .		🕨	

Form **990-T** (2018)