I the latest information. Icc if your organization is a 501(c)(3).			Open to Public Inspection for 501(c)(3) Organizations Only		
e instructions.)			D Employer identification number (Employees' trust, see		
3		instr	(Employees' trust, see instructions)		
			34-1196155		
ons.		E Unre	elated business activity code instructions)		
)					
al code					
		l			
3	404(-)		Other trust		
501(c) trust	401(a)		Other trust		
	the only (or first) ur				
	complete Parts I-V.				
implete a Schedule	M for each addition	ai ifāū	t UI		
ontrolled group?	▶ [es X No		
ontrolled group.			00 [==] 110		
Telepho	one number \blacktriangleright 7	20-	-305-9803		
(A) Income	(B) Expenses		(C) Net		
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0.		_			
on deductions.)					
related business	ruconie.)		1		
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AMENDED RETURN - SECTION 512A7 **Exempt Organization Business Income Tax Beturn** Form 990-T (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made pub Name of organization (Check box if name changed and se Check box if address changed ROCKY MOUNTAIN MUTUAL HOUSING ASSOCIATION, INC. B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instruction X 501(c)(3) Type 408(e) 220(e) 225 EAST 16TH AVENUE, NO. 600 1408A 7530(a) City or town, state or province, country, and ZIP or foreign posta DENVER, CO 80203 529(a) C Book value of all assets F Group exemption number (See instructions.) ,664,335. G Check organization type ► X 501(c) corporation H Enter the number of the organization's unrelated trades or businesses. trade or business here describe the first in the blank space at the end of the previous sentence, complete Parts I and II, co business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary c If "Yes," enter the name and identifying number of the parent corporation. The books are in care of TRACY J GARGARO Part I Unrelated Trade or Business Income 1a Gross receipts or sales c Balance b Less returns and allowances 2 2 Cost of goods sold (Schedule A, line 7) Gross profit, Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) R 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations (Except for contributions, deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 16 Repairs and maintenance <u>ш</u>. 17 Bad debts Interest (attach schedule) (see instructions) 18 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 0. 29 29 Total deductions. Add lines 14 through 28 Ō. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 0. 32 Unrelated business taxable income. Subtract line 31 from line 30 Form **990-T** (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

ROCKY MOUNTAIN MUTUAL HOUSING

Form 990-T		3 4-1 19	96155	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35 }	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
•	enter the smaller of zero or line 36		38	0.
Part I	· · · · · · · · · · · · · · · · · · ·			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from.	_		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	-
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V			44	
			┥ ┃	
-	Other credits (see instructions) 45b		┤	
	General business credit. Attach Form 3800		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		- \- <u></u>	
-	Total credits. Add lines 45a through 45d		45e	0.
46	Subtract line 45e from line 44		46	<u> </u>
47		ch schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
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		4	
b	2018 estimated tax payments		-	
C	Tax deposited with Form 8868		4	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		4	
е	Backup withholding (see instructions) 50e		」	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		」	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 <u>X</u> Other <u>5,653.</u> Total ▶ <u>50g</u>	5,653.		
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1		51	<u>5,653.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	5,653.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	ied 🕨	55	5,653.
Part V		ns)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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			ı İ x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		$-\frac{1}{x}$
37	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			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	t of my knowle	edge and belief. i	t is true,
Sign	correct, and complete Deplaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		
Here	Tracy Jagar 10/14/2020 COO/CFO		•	ss this return with
	Signature of except		he preparer shownstructions)?	
	Date Title			7 162 140
	Docustillier by	eck	if PTIN	
Paid		f- employed		050470
Prepa	rer PHILIP H. CORNBLATT 868FB4A5FE4D489			252478
Use C	Only Firm's name COHNREZNICK ELP	rm's EIN 🕨	· 22-1	L478099
	500 EAST PRATT STREET, 4TH FLOOR		410 801	4000
	Firm's address ► BALTIMORE, MD 21202	none no.	<u>410-783</u>	
823711 01-	09-19		Fo	rm 990-T (2018)

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ROCKY MOUNTAIN MUTUAL HOUSING ASSOCIATI

FOOTNOTES	3		STATE	MENT	1

ON DECEMBER 20, 2019 PRESIDENT TRUMP SIGNED INTO LAW THE FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020 ("H.R. 1865") WHICH HAS REPEALED IRC SECT 512(A)(7) RETROACTIVELY TO THE PASSAGE OF THE TAX CUTS AND JOBS ACT. THEREFORE, THE 990-T IS BEING AMENDED TO REMOVE ANY QUALIFIED TRANSPORTATION FRINGE BENEFITS THAT WERE PREVIOUSLY REPORTED AS INCOME SINCE THERE IS NO LONGER A TAX IMPOSED ON SUCH BENEFITS. A REFUND IS BEING REQUESTED FOR ALL TAX PAYMENTS THAT HAVE ERRONEOUSLY BEEN PAID UNDER THE REPEALED SECTION 512(A)(7) AND ANY ESTIMATED TAX PAYMENTS THAT HAVE BEEN MADE.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
2018 PAYMENT WITH 990T	5,653.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	5,653.