Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

| | | 2023 Calendar year, or tax year beginning() / | /UI/Z3 , and ending UU/. | 30/Z | - | 5 - 1 | |
|-----------------------------|--|--|---|----------|----------------------|--------------------|---|
| <u>B</u> | Check if a | pplicable: C Name of organization | 4 * | | | D Employe | r identification number |
| | Address c | hange MILE HIGH | UNITED WAY, INC. | SK | | | M/ |
| 一 | Name cha | Doing business as | | | | 84 - 0 | 404235 |
| \vdash | ivallic cha | Number and street (or P.O. box if mail is not delive | ered to street address) | | Room/suite | E Telephon | e number |
| Ш | Initial retu | | | | | 303-4 | <u>433-8383 </u> |
| | Final retur | | foreign postal code | | | | |
| $\overline{}$ | terminated | DENVER | CO 80205 | | | G Gross rec | ceipts\$ 33,779,521 |
| Ш | Amended | return F Name and address of principal officer: | | | | | |
| | Application | pending CHRISTINE BENERO | | | H(a) Is this a gro | oup return for | subordinates? Yes X No |
| ш | | CINCIDITIVE DENERIO | nm | | H(b) Are all sub | ardinatas ins | duded? Yes No |
| | | 711 PARK AVENUE WES | | | | | .aaca. |
| | | <u> DENVER</u> | CO_80205 | | II INO, | attach a list. | . See instructions |
| <u></u> | Tax-exen | npt status: X 501(c)(3) 501(c) () (inse | ert no.) 4947(a)(1) or 527 | | | | |
| J | Website: | WWW.UNITEDWAYDENVER.OF | RG — — | | H(c) Group exe | mption numb | er |
| ĸ | Form of o | organization: X Corporation Trust Association | Other | L Ye | ar of formation: 1 | | M State of legal domicile: CO |
| | art I | Summary | | 1 | | | |
| • | Т | | algorificant activities | | | | |
| a | 1 6 | Briefly describe the organization's mission or most | | | | | |
| ဋ | | MILE HIGH UNITED WAY'S MISSI | ON IS TO UNITE PEOPLE | i.,I.D | EAS, AND | RESOL | RCES TO |
| na | | ADVANCE THE COMMON GOOD. | | | | | |
| Governance | | | | | | | |
| Ô | 2 (| Check this box if the organization discontinued | its operations or disposed of more th | nan 25% | of its net ass | ets. | |
| ∞ | 1 | lumber of voting members of the governing body | (Deat) (L. Bara 4 -) | | | ا م ا | 50 |
| | | lumber of independent voting members of the gov | | | | . — | 49 |
| Activities | | | | | | | 189 |
| ું | 1 | otal number of individuals employed in calendar y | | | | | |
| Ą | 1 | otal number of volunteers (estimate if necessary) | | | | | 900 |
| | 1 | otal unrelated business revenue from Part VIII, co | . 7a | 0 | | | |
| | b١ | let unrelated business taxable income from Form | 990-T, Part I, line 11 | | | . 7b | 0 |
| | | | | \vdash | Prior Yea | | Current Year |
| <u>a</u> | 8 0 | Contributions and grants (Part VIII, line 1h) | | L | 26,625 | | 24,003,621 |
| Revenue | 9 F | · | | | 3,776 | ,638 | 6,294,684 |
| Š | 10 h | nvestment income (Part VIII, column (A), lines 3, 4 | , and 7d) | | 2,052 | ,855 | 955,941 |
| Ř | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | ,965 | -14,981 | | |
| | | otal revenue – add lines 8 through 11 (must equa | | 32,551 | | 31,239,265 | |
| | | Grants and similar amounts paid (Part IX, column (| A) lines (2) | | 16,663 | | 14,874,856 |
| | 1 | | | ⊢ | 10,003 | 0 | |
| | 1 | Benefits paid to or for members (Part IX, column (A | | ⊢ | 10 000 | | 11 040 011 |
| Expenses | | Salaries, other compensation, employee benefits (F | | | 12,296 | _ | 11,042,011 |
| ŝuŝ | 16a F | Professional fundraising fees (Part IX, column (A), | line 11e) | | | 0 | 0 |
| ğ | b⊺ | otal fundraising expenses (Part IX, column (D), lir | ne 25) 3,825,073 | 📙 | | | |
| Ш | | Other expenses (Part IX, column (A), lines 11a-11 | | L | 5,338 | ,257 | 4,767,032 |
| | 18 T | otal expenses. Add lines 13-17 (must equal Part | IX, column (A), line 25) | Г | 34,297 | ,700 | 30,683,899 |
| | | Revenue less expenses. Subtract line 18 from line | | | -1,746 | | 555,366 |
| Po | | | ·= | | Beginning of Cur | | End of Year |
| Net Assets or Find Balances | 20 ⊺ | otal assets (Part X, line 16) | | | 61,130 | | 70,028,359 |
| ASS | 21 T | | | | 3,215 | | 9,264,857 |
| l et | 22 1 | let assets or fund balances. Subtract line 21 from | | | 57,915 | | 60,763,502 |
| | art II | Signature Block | III C 20 | | JI, J 1 J | , , , , , , | 00,103,304 |
| | | | | | | | |
| | | nalties of perjury, I declare that I have examined this return to and appropriate Declaration of property (athor) than a | | | | | y knowledge and belief, it is |
| | ue, corre | ct, and complete. Declaration of preparer (other than of | incer) is based on all information of which | prepare | nas any knowi | euge. | |
| | | | | | | | |
| Sig | gn | Signature of officer | | | | Date | |
| He | re | MICHAEL BURKE | CFO | | | | |
| | | Type or print name and title | | | | | |
| _ | | Print/Type preparer's name | Preparer's signature | | Date | Check | if PTIN |
| Pai | d | | | | | | □ " |
| | parer | | TIFFANY KNIGHT | 7 | | 24 self-em | |
| | Only | - | DER & MONTOYA, P.O | <u>.</u> | F | irm's EIN | 84-1255164 |
| USE | Unity | | REET, SUITE 200 | | [| | 202 524 5252 |
| | | , | 203 | | P | hone no. | 303-534-5953 |
| May | the IR | S discuss this return with the preparer shown abo | ve? See instructions | | | | X Yes No |

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses 25,526,042

| | · | | Yes | No |
|----------|---|-----------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Χ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _X_ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 7.7 | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| t | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 37 |
| 40. | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40. | | 77 |
| | Schedule D, Parts XI and XII | 12a | | X |
| α | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 125 | Х | |
| 12 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b 13 | Λ | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 14a | | X |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 144 | | |
| IJ | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| . • | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| • | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| - | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Χ | |
| | | | 000 | |

| Form | 1 990 (2023) MILE HIGH UNITED WAY, INC. 84-0404235 | | Р | age |
|-------------|---|------|----------|--------------|
| | art IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | _ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | ١١. | / | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X | |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | <u>^</u> | |
| 24 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | l |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | 27 | | _v |
| 28 | persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule | 27 | | X |
| 20 | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | | | | |
| - | "Vas." complete Schodule I. Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | l |
| | complete Schedule N, Part II | 32 | <u> </u> | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | 37 | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X | \vdash |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35a | or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | JJa | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 00.0 | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | <u></u> | 上 |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 205 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | | | | | | |
|-----|--|------------|-----|----|--|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 189 | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | | | | |
| | and services provided to the payor? | 7a | Х | ĺ | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Χ | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | | | |
| | required to file Form 8282? | 7c | | Х | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | l | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | ł | | | | | | | |
| b | | 9b | | | | | | | | | |
| 10 | | | | | | | | | | | |
| а | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | l | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | l | | | | | | | |
| а | Gross income from members or shareholders 11a | | | l | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | | | | | |
| | against amounts due or received from them.) | | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | | | |
| | the organization is licensed to issue qualified health plans 13b | | | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities | | | l | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | | |

| 1 0 | response to line 20. She or 10h below, describe the circumstances, processes, or changes on Schodule O | | | iotioni |
|------------|---|-----------|----------|----------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | II ISU U | ICIIOI K |
| <u></u> | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | <u> </u> | |
| <u>Sec</u> | tion A. Governing Body and Management | | | Τ |
| 4- | Enter the number of voting members of the governing body at the end of the tax year | | Yes | No |
| 1a | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| _ | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | <u> </u> | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | 1 | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | <u> </u> | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <u> </u> | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <u> </u> | X |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | 1 | |
| | one or more members of the governing body? | 7a | <u> </u> | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | 1 | |
| | stockholders, or persons other than the governing body? | 7b | <u> </u> | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | : | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | 1 | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Co | de.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 1 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| _ | describe on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the expenientian have a written decument retention and destruction relia? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | X | |
| D | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 130 | 21 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| IUa | with a tayable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | IUa | | 1 |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | | 4Ch | | |
| 500 | organization's exempt status with respect to such arrangements? | 16b | | <u> </u> |
| | tion C. Disclosure | - T | 7 | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,K | . ¥. , 14 | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| _ | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |
| | ICHAEL BURKE 711 PARK AVENUE WEST | _ | _ | |
| וח | ENVER CO 80205 303- | _42 | 3-2 | 383 |

| Part VII | Compensation | of Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|--------------|--------------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent | Contractors | | | | | | | | |

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week | box | , unle | ss pe | ition more rson i | than on s both a or/trustee | an e) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|-----------------------|---|--------------------------------|-----------------------|---------|-------------------------|-----------------------------------|----------|---|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) CHRISTINE BENER | | | | | | | | | | |
| CEO | 40.00 | Х | | X | | | | 366,790 | 0 | 27 602 |
| (2) MICHAEL BURKE | 0.00 | Λ | | | | | | 300,790 | 0 | 27,603 |
| CFO | 40.00 | | | Х | | | | 144,163 | 0 | 21,475 |
| (3) JAMES TREICHLER | | | | | | | | | | |
| | 40.00 | | | | | Х | | 156,762 | 0 | 25,030 |
| (4) VANECIA KERR | 40.00 | | | | | | | | | |
| CIO | 40.00 | | | | | Х | | 155,504 | 0 | 21,047 |
| (5) ERIC ARTIS | 40.00 | | | | | | | | | |
| CHIEF HR OFFICER | 40.00 | | | | | X | | 148,455 | 0 | 21,426 |
| (6) CHELSEA CARVER | | | | | | | | | | |
| CDO | 40.00 | | | | | Х | | 142,207 | 0 | 21,475 |
| (7) DAWN ROCKY | 40.00 | | | | | | | | | |
| VP PHILANTHROPY | 0.00 | | | | | Х | | 120,734 | 0 | 16,231 |
| (8) DOUGLAS DELL | | | | | | | | | | |
| TREASURER | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (9) DIANE GARCIA | 0.00 | | | | | | | | | |
| SECRETARY | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (10) CHRISTOPHER MCD | ONALD | | | | | | | | | |
| VICE CHAIR | 2.00 | Х | | X | | | | 0 | 0 | 0 |
| (11) CARLOS PACHECO | | | | | | | | | | |
| BOARD CHAIR | 2.00 | Х | | Х | | | | 0 | 0 | 0 |

| (A) Name and title | (B) Average hours per week | Position (do not check more than or box, unless person is both a officer and a director/truster | | | | | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amou of other compensation | | amount ner | |
|---|--|---|--------------------------|------------------------|----------------------|------------------------------|-----------------------|--|--|--|--------------------|----------------|-------------|
| Publ | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | | from togganization | the on and | s |
| (12) KATHY AMBROS (12) TRUSTEE | E 1.00 0.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (13) TATIANA ARGU (13) TRUSTEE | ELLO 1.00 0.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (14) GREG BANTE (14) TRUSTEE | 1.00 | X | | | | | | 0 | 0 | | | | 0 |
| (15) DAMON BARRY (15) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (16) RYAN BEISER (16) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (17) MARK BELFANC (17) TRUSTEE | E 1.00 0.00 | х | | | | | | 0 | 0 | | | | 0 |
| (18) DERON BROWN (18) TRUSTEE | 1.00 | х | | | | | | 0 | 0 | | | | 0 |
| (19) MAGGIE DEHN (19) TRUSTEE | 1.00 | х | | | | | | 0 | 0 | | | | 0 |
| 1b Subtotal c Total from continuation she d Total (add lines 1b and 1c) | eets to Part VII | | ction | Α. | | | | 1,234,615 | | | 154,28° | | |
| Total number of individuals (ir reportable compensation from | ncluding but not | | | thos | se li | sted | abo | | an \$100,000 of | • | | Yes | No |
| Did the organization list any feemployee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization." | " complete Schene 1a, is the sun inizations greate | edule n of i r tha | J for report n \$1 | r suc table 50,0 | ch ir e co 00? | ndivia mper If "Y | iual nsat 'es,' | ion and other compensation complete Schedule J for | n from the | | 3 | X | Х |
| Did any person listed on line for services rendered to the of Section B. Independent Contract | organization? If ' | crue | con | npen | satio | n fro | om a | any unrelated organization | | · · · · · · · · · · · · · · · · · · · | 5 | | Х |
| Complete this table for your f compensation from the organ | ive highest com | | | | | | | ndar year ending with or w | | year. | T | (C) mpensat | tion |
| DIVERGENT BUSINESS CHICAGO INTEGER, LLC | CONSULTIN | | LLC 06 | 11 | 33 | | | ICHIGAN AVE SUIT CONSULTING WNSYLVANIA AVE. | ГЕ 1200 | | | | ,765 |
| WASHINGTON DC 20004 | | | | | | | ı | ADVISORY | NW 51E 725 5. | | | 110 | <u>,000</u> |
| | | | | | | | | | | | | | |
| Total number of independent received more than \$100,000 | contractors (incl | uding | g but | t not ne or | limi gani | ted to | o th | ose listed above) who | 2 | | | | |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (D) Revenue excluded (B) Related or exempt function revenue from tax under sections 512-514 business revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 690,318 1c **d** Related organizations 1d **e** Government grants (contributions) 4,981,687 Contributions, and Other Sim 1e All other contributions, gifts, grants, 18,331,616 and similar amounts not included above 1f **g** Noncash contributions included in 795,472 lines 1a-1f h Total. Add lines 1a-1f 24,003,621 Business Code 5,807,978 5,807,978 2a GOVERNMENT CONTRACTS 900099 Program Service Revenue 900099 b SERVICE CONTRACTS 486,706 486,706 f All other program service revenue **g Total.** Add lines 2a–2f 6,294,684 3 Investment income (including dividends, interest, and other similar amounts) 1,101,642 1,101,642 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 193,877 6a Gross rents 6a 239,889 6b **b** Less: rental expenses -46,012c Rental inc. or (loss) 6c d Net rental income or (loss) -46,012-46,012Gross amount from (i) Securities (ii) Other sales of assets 1,743,273 7a other than inventory Revenue **b** Less: cost or other 839 1,888,135 basis and sales exps. 7b -144,862-839 c Gain or (loss) 7c Other -145,701 -145,701 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 690,318 of contributions reported on line 411,393 **b** Less: direct expenses 411,393 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10a** Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code scellaneous Revenue 900099 31,031 31,031 11a MISCELLANEOUS d All other revenue 31,031 e Total. Add lines 11a-11d 31,239,265 6,325,715 909,929 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must | _ | other organizations must o | complete column (A). | |
|----------|--|-----------------------------|------------------------------|-------------------------------------|---|
| | Check if Schedule O contains a res | ponse or note to any line i | | | |
| | not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII. | b, (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 14,874,856 | 14,874,856 | | Py |
| 2 | Grants and other assistance to domestic | _ | | | - 0 |
| 3 | individuals. See Part IV, line 22 Grants and other assistance to foreign | | | | |
| J | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 565 430 | 154 005 | 024 006 | 155 550 |
| • | trustees, and key employees | 567,432 | 174,927 | 234,926 | 157,579 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 8,222,156 | 5,450,317 | 500,139 | 2,271,700 |
| 8 | Pension plan accruals and contributions (include | , -, | ,,, | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | section 401(k) and 403(b) employer contributions) | 425,221 | 290,626 | 25,118 | 109,477 |
| 9 | Other employee benefits | 1,072,368 | 717,059 | 76,788 | 278,521 |
| 10 | Payroll taxes | 754,834 | 535,885 | 51,672 | 167,277 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| a | Legal Accounting | | | | |
| | Lobbying | 184,000 | 184,000 | | |
| | Professional fundraising services. See Part IV, line | | | | |
| | Investment management fees | 80,843 | | 80,843 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 613,834 | 434,234 | 60,636 | 118,964 |
| | Advertising and promotion | 83,793 | 31,003 | 838 | 51,952 |
| 13 | Office expenses | 278,539 573,757 | 109,013 354,331 | 91,318 67,574 | 78,208 151,852 |
| 14 15 | Information technology Royalties | 373,737 | 334,331 | 07,574 | 131,032 |
| 16 | Occupancy | 558,389 | 452,067 | 19,550 | 86,772 |
| 17 | Travel | 32,282 | 24,999 | 1,367 | 5,916 |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 121 -22 | | | |
| 19 | Conferences, conventions, and meetings | 131,509 | 78,009 | 21,805 | 31,695 |
| 20 | Interest | 255,478 | 145,197 | 37,044 | 73,237 |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization | 955,079 | 821,720 | 34,492 | 98,867 |
| 23 | Insurance | 140,979 | 110,159 | 10,005 | 20,815 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 622 464 | 622 222 | 1 000 | 6 500 |
| a | PROGRAM COSTS | 639,464 | 630,898 | 1,977 | 6,589 |
| b | CAMPAIGN MATERIALS SEASONAL & TEMP HELP | 95,464 82,996 | 50,725 | 2,971 11,225 | 92,493 21,046 |
| c d | MISCELLANEOUS | 60,626 | 56,017 | 2,496 | 21,046 |
| u e | All other expenses | 00,020 | 30,017 | ۵, ۹۶۵ | ۷,113 |
| 25 | Total functional expenses. Add lines 1 through 24e | 30,683,899 | 25,526,042 | 1,332,784 | 3,825,073 |
| 26 | | | | • | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | | | | Form 990 (2023) |

| Pa | art 2 | | 4 | line in this Dort V | | | | | | | | |
|--------------------|-------|---|---------------------------|------------------------|-----------------------|-----|-----------------|--|--|--|--|--|
| | | Check if Schedule O contains a response or note | | | (A) Beginning of year | | (B) End of year | | | | | |
| | 1 | Cash—non-interest-bearing | 210 | | 1,692,076 | Ĺ | 2,549,008 | | | | | |
| | 2 | Savings and temporary cash investments | | | 4,320,362 | 2 | 3,347,745 | | | | | |
| | 3 | Pledges and grants receivable, net | | | 5,430,175 | 3 | 4,534,749 | | | | | |
| | 4 | Accounts receivable, net | | | 116,477 | 4 | 75,794 | | | | | |
| | 5 | Loans and other receivables from any current or forme | r officer | , director, | | | | | | | | |
| | | trustee, key employee, creator or founder, substantial of | | | | | | | | | | |
| | | controlled entity or family member of any of these person | ons | | | 5 | | | | | | |
| | 6 | Loans and other receivables from other disqualified per | | | | | | | | | | |
| ţ | | under section 4958(f)(1)), and persons described in se | ction 49 | 958(c)(3)(B) | | 6 | | | | | | |
| Assets | 7 | Notes and loans receivable, net | | | 193,000 | 7 | 153,000 | | | | | |
| ٦ | 8 | Inventories for sale or use | | | | 8 | | | | | | |
| | 9 | Prepaid expenses and deferred charges | , , . | | 594,039 | 9 | 663,657 | | | | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 32,098,680 | | | | | | | | |
| | b | Less: accumulated depreciation | 10b | 7,255,581 | 22,068,561 | 10c | | | | | | |
| | 11 | Investments—publicly traded securities | | | 26,716,207 | 11 | 33,861,307 | | | | | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | | | | | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | | | | | | |
| | 14 | Intangible assets | | | | 14 | | | | | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 33) | | 61,130,897 | 16 | 70,028,359 | | | | | |
| | 17 | Accounts payable and accrued expenses | | | 1,597,862 | 17 | 1,794,468 | | | | | |
| | 18 | Grants payable | | | | 18 | | | | | | |
| | 19 | Deferred revenue | | | | 19 | | | | | | |
| | 20 | Tax-exempt bond liabilities | x-exempt bond liabilities | | | | | | | | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of | of Sche | dule D | | 21 | | | | | | |
| es | 22 | Loans and other payables to any current or former office | | | | | | | | | | |
| # | | trustee, key employee, creator or founder, substantial of | | | | | | | | | | |
| Liabilities | | controlled entity or family member of any of these person | | | | 22 | | | | | | |
| - | 23 | Secured mortgages and notes payable to unrelated thir | | | 150,000 | 23 | 5,177,324 | | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third p | | | | 24 | | | | | | |
| | 25 | Other liabilities (including federal income tax, payables | | | | | | | | | | |
| | | parties, and other liabilities not included on lines 17-24) | . Comp | lete Part X | 1 465 045 | | 0 000 065 | | | | | |
| | | of Schedule D | | | 1,467,247 | | 2,293,065 | | | | | |
| \dashv | 26 | Total liabilities. Add lines 17 through 25 | | | 3,215,109 | 26 | 9,264,857 | | | | | |
| es | | Organizations that follow FASB ASC 958, check he | ere X | | | | | | | | | |
| Š | | and complete lines 27, 28, 32, and 33. | | | F0 0F0 000 | | FF 400 0FF | | | | | |
| Balances | 27 | | | | 52,072,282 | 27 | 55,488,955 | | | | | |
| 힐 | 28 | | | ·· _[] ····· | 5,843,506 | 28 | 5,274,547 | | | | | |
| Net Assets or Fund | | Organizations that do not follow FASB ASC 958, cl | neck h | er | | | | | | | | |
| <u>ا</u> | •• | and complete lines 29 through 33. | | | | | | | | | | |
| ts | 29 | Capital stock or trust principal, or current funds | | | | 29 | | | | | | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or equipmer | | | | 30 | | | | | | |
| ķ | 31 | Retained earnings, endowment, accumulated income, or | | | E7 01E 700 | 31 | 60 762 500 | | | | | |
| Š | 32 | Total net assets or fund balances | | | 57,915,788 | 32 | 60,763,502 | | | | | |
| | 33 | Total liabilities and net assets/fund balances | | | 61,130,897 | 33 | 70,028,359 | | | | | |

Form **990** (2023)

| OIII | 1990 (2025) MILLE HIGH UNITED WAI, INC. 04-0404255 | | | | гaц | Je IZ |
|------|---|----|----|------|------|-------------|
| Pa | art XI Reconciliation of Net Assets | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | _X_ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | .,23 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 30 |),68 | 3,8 | <u> </u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 55,3 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 57 | 7,91 | 5,7 | 7 <u>88</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | 2,29 | 2,3 | 348 |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | 60 | 76 | 3,5 | 502 |
| Pa | art XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Χ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Χ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both. | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| - | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |
| | | | | | 990 | (0000 |

Form **990** (2023)

| Form 990 (2023) MILE HIG | | | | | | | | 84-040 | | Pag | е 8 |
|---|---|--------------------------------|-------------------------------|----------------------------|------------------------|---------------------------|---------------------------------------|---|--|---|------------|
| Part VII Section A. Officer | s, Directors, T | ruste | ees, | Key | Emp | loye | es, | and Highest Compens | ated Employees (continu | ed) | |
| (A) Name and title | box | k, unle | Positi check m ss pers | on nore th son is I | both ar | n | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | |
| Publ | list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | |
| (20) CHRISTINA DO (12) | RFHUBER 1.00 0.00 | Х | | | | d | | 0 | 0 | | 0 |
| (21) HELEN DREXLE (13) | R 1 00 | 21 | | | | | | 0 | 0 | | |
| TRUSTEE (22) VERONICA FIG | 0.00 | Х | | | + | + | | 0 | 0 | | 0 |
| TRUSTEE (23) TODD FILSING | 0.00 | Х | | | _ | | | 0 | 0 | | 0 |
| (23) TODD FILSING (15) TRUSTEE | 1 1 00 | Х | | | | | | 0 | 0 | | 0 |
| (24) BRIAN FITZPA (16) | 1.00 | 37 | | | | | | 0 | 0 | | _ |
| TRUSTEE (25) RYAN FRAZIER (17) | 1 00 | X | | | | | | 0 | 0 | | 0 |
| TRUSTEE (26) LEE GASH-MAX | 0.00 EY | X | | | + | | | 0 | 0 | | 0 |
| TRUSTEE (27) CATHERINE HA | 0.00 | Х | | | 4 | | | 0 | 0 | | 0 |
| (19) TRUSTEE | 1 1 00 | X | | | | | | 0 | 0 | | 0 |
| Subtotal Total from continuation sh Total (add lines 1b and 1c) | | | | | | | | | | | |
| Total number of individuals (i reportable compensation from | ncluding but not | limit | | | | | | ve) who received more that | an \$100,000 of | Yes N | No |
| 3 Did the organization list any f employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization." | <i>" complete Sche</i> ne 1a, is the sun | edule n of r tha | <i>J fo</i> repo in \$1 | or suc rtable 150,00 | h ind com 00? If | lividua pens f "Yes | al j ations," | on and other compensation complete Schedule J for | on from the | 3 | |
| 5 Did any person listed on line for services rendered to the | 1a receive or acorganization? <i>If "</i> | ccrue | con | npens | ation | from | n a | ny unrelated organization | | 5 | |
| Section B. Independent Contract 1 Complete this table for your factors. | | neno | ated | indor | nend: | ent c | ont | tractors that received mor | e than \$100,000 of | | |
| compensation from the organ | ization. Report of | | | | | | | dar year ending with or w | rithin the organization's tax | | |
| Name and | (A) d business address | | | | | _ | | Descrip | (B) tion of services | (C) Compensation | |
| | | | | | | | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | ose listed above) who | | | |

| (A) Name and title | Name and title Average box, unless person is both a officer and a director/truste | | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | | | | |
|--|--|--------------------------------|--------------------------|---------------------------------------|--|--|---------------------------|--|--|-------|---------------------------------|----------------|
| Publ | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | or | from the ganization ted organiz | and |
| (28) KATHY HODGSO (12) TRUSTEE | N 1.00 0.00 | X | | | | | | 0 | 0 | | | 0 |
| (29) JIM HOLDER (13) TRUSTEE (30) CARRIE HUDAK | 1.00 | X | | | | | | 0 | 0 | | | 0 |
| (30) CARRIE HUDAK (14) TRUSTEE (31) VERNON IRVIN | 1.00 | Χ | | | | | | 0 | 0 | | | 0 |
| (15) TRUSTEE (32) ALICE JACKSO | 1.00 0.00 | Х | | | | | | 0 | 0 | | | 0 |
| (16) TRUSTEE (33) CHARLES JOHN | 1.00 | Х | | | | | | 0 | 0 | | | 0 |
| TRUSTEE (34) GEOFFREY KEY | | Χ | | | | | | 0 | 0 | | | 0 |
| TRUSTEE (35) BROOK KRAMER | | Χ | | | | | | 0 | 0 | | | 0 |
| TRUSTEE 1b Subtotal c Total from continuation she | | | | | | | | 0 | 0 | | | 0 |
| d Total from continuation she d Total (add lines 1b and 1c) 2 Total number of individuals (ir reportable compensation from | ncluding but not | limite | | | <u></u> | | | ve) who received more that | an \$100,000 of | | | |
| 3 Did the organization list any form employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization individual. 5 Did any person listed on line for services rendered to the organization. | " complete Sche e 1a, is the sum nizations greater 1a receive or ac organization? If " | dule of of tha ocrue | J for report n \$1 | table 50,00 | coi coi co? satic | mper If "Y | lual nsat 'es,' | on and other compensation complete Schedule J for any unrelated organization | on from the such or individual | | 3 4 5 | es No |
| Section B. Independent Contract 1 Complete this table for your fi compensation from the organi | ive highest comp | | | | | | | dar year ending with or w | | year. | (| C) ensation |
| Name and | business address | | | | | | | Descrip | tion of services | | Comp | ensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | ose listed above) who | | | Form § | 990 (2023) |

| Fait VII Section A. Officers | T | | <u> </u> | | | 1 | | i · | | / |
|--|---|--------------------------------|-----------------------|--------------------------------------|------------------------------------|------------------------------|--------|--|--|---|
| (A) Name and title | (B) Average hours | kod | , unle | Posi check i ess per nd a c | ition more rson i directo | s both | an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| Publ | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (36) KATHY KRANZ | | | | | | <u> </u> | | | | |
| (12) | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0 | 0 | (|
| (37) STEVE LAKE | | | | | | | | | | |
| (13) | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0 | 0 | |
| (38) STERLING LEB | | | | | | | | | | |
| (14) | 1.00 | | | | | | | | | |
| TRUSTEE CANCELLE | 0.00 | X | | | | | | 0 | 0 | (|
| (39) DEREK LONGWE | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0 | 0 | (|
| (40) MASHENKA LUN | | Λ | | | | | | | 0 | |
| (16) | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0 | 0 | (|
| (41) MARTIN MAHAL | CHICK | | | | | | | | | |
| (17) | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | X | | | | | | 0 | 0 | (|
| (42) JASON MAPLES | 1 00 | | | | | | | | | |
| (18) | 1.00 | 37 | | | | | | | _ | , |
| TRUSTEE (43) RODD MERCHAN | 0.00 | X | | | | | | 0 | 0 | (|
| (40) | 1.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0 | 0 | (|
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation she | ets to Part VII, | Sec | ction | 1 A . | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |
| 2 Total number of individuals (in | • | | ed to | tho | se li | sted | abo | ve) who received more that | an \$100,000 of | |
| reportable compensation from | the organization | n | | | | | | | | Yes No |
| 3 Did the organization list any for | | | | | | | | | ted | |
| employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on lin | | | | | | | | | n from the | 3 |
| 4 For any individual listed on lin organization and related orga | | | | | | | | | | |
| individual | | | | | | | | | | 4 |
| 5 Did any person listed on line for services rendered to the or | | | | | | | | | | 5 |
| Section B. Independent Contract | | 165, | COI | пріє | 16 3 | CHEC | iuie | J for such person | | 3 |
| 1 Complete this table for your fi | | ens | ated | inde | epen | dent | cor | ntractors that received more | e than \$100.000 of | |
| compensation from the organi | zation. Report of | | | | | | | ndar year ending with or w | rithin the organization's tax | |
| Name and | (A) business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | L | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | ose listed above) who | | |

| Fait VII Section A. Officer | | l | ,00, | | | picy | - | | l continu | |
|--|---|--------------------------------|-----------------------|----------------------------------|---------------------------------|------------------------------|---------------------|---|--|---|
| (A) Name and title | (B) Average hours per week | òox | k, unle | Posi heck ress per and a d | tion nore son i irecto | s both | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| Publ | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (44) ERIK MITISEK | 1 00 | | 0 | | | be | | | | |
| (12) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (45) KEVIN NEHER | | | | | | | | | | |
| (13) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (46) NEIL OBERFEL | Þ | | | | | | | | | |
| (14) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (47) BETH OPPERMA | N | 21 | | | | | | | 0 | <u> </u> |
| (15) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (48) MICHAEL RAMS | | Λ | | | | | | 0 | 0 | 0 |
| (16) | 1.00 | 3.7 | | | | | | | | |
| TRUSTEE (49) ROBIN RICKET | 0.00 TS | X | | | | | | 0 | 0 | 0 |
| (17) | 1.00 | | | | | | | | | |
| TRUSTEE (50) ETHAN ROJHAN | 0.00 | X | | | | | | 0 | 0 | 0 |
| (18) | 1.00 | | | | | | | _ | _ | |
| TRUSTEE (51) MARTY RUFFAL | 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) | 1.00 | | | | | | | | | |
| TRUSTEE 1b Subtotal | 0.00 | X | | | | | | 0 | 0 | 0 |
| c Total from continuation she d Total (add lines 1b and 1c) | ets to Part VII | , Sec | ction | Α. | | | | | | |
| 2 Total number of individuals (in | ncluding but not | limite | | | | | | ve) who received more that | an \$100,000 of | |
| reportable compensation from 3 Did the organization list any for | J | | or tr | ustee | ke | av er | nnlo | wee or highest compensa | ted | Yes No |
| employee on line 1a? If "Yes, For any individual listed on lin organization and related orga | " complete Sche | edule n of a | J fo | or suc rtable | ch ir | ndivid mpei | <i>dual</i> nsat | ion and other compensation | on from the | 3 |
| individualDid any person listed on line for services rendered to the or | | crue | con | npen | satio | on fro | | | | 5 |
| Section B. Independent Contract 1 Complete this table for your fi | | oone | atod | indo | non | dont | cor | atractors that received mor | o than \$100,000 of | |
| compensation from the organ | ization. Report of | | | | | | | ndar year ending with or w | rithin the organization's tax | |
| Name and | (A) I business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent | | | | | | | | ose listed above) who | | |
| received more than \$100,000 | | | | | | | | · | | Form 990 (2023) |

| (A) Name and title | (B) Average hours per week | box | , unle | (C) Positi heck m ss pers id a di | ion nore son i | s both | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|--|---|--------------------------------|------------------------|-----------------------------------|----------------------|------------------------------|----------------------|--|--|---|
| Publ | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (52) TONETTE SALA | ZAR | | | | | - | | | | |
| (12) | 1.00 | | | | | | | | | |
| TRUSTEE (53) TERESA VAN D | 0.00 E BOGART | X | | | | | | 0 | 0 | 0 |
| (13) TRUSTEE | 1.00 0.00 | Х | | | | | | 0 | 0 | 0 |
| (54) BLAINE VERSA | W | | | | | | | | | |
| (14) TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (55) CAROL WADDEL | | 21 | | | | | | | 0 | 0 |
| TRUSTEE | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (56) ENID WADE (16) | 1.00 | 7.7 | | | | | | | | |
| TRUSTEE | 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal c Total from continuation she d Total (add lines 1b and 1c) | ets to Part VII, | Sec | ction | Α | | | | | | |
| Total number of individuals (ir reportable compensation from | | | ed to | thos | e li | sted | abo | ove) who received more that | an \$100,000 of | Vaa Na |
| 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization individual 5 Did any person listed on line | " complete Sche le 1a, is the sum nizations greate | dule of tha | J fo repor n \$1 | r suc table 50,00 | h ir co 00? | ndivid mpen If "Y | lual isat es,' | ion and other compensation complete Schedule J for | on from the such | Yes No |
| for services rendered to the c | | Yes, | " cor | nplete | e S | chedi | ule | J for such person | | 5 |
| Section B. Independent Contract1 Complete this table for your fi | | ens | ated | inde | pen | dent | cor | ntractors that received mor | e than \$100,000 of | |
| compensation from the organi | ization. Report c | | | | | | | ndar year ending with or w | rithin the organization's tax | year. (C) |
| Name and | (A) I business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | _ | _ | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent | | | | | | | | ose listed above) who | | |
| received more than \$100,000 | | | | | | | | | | Form 990 (2023) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2023

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number MILE HIGH UNITED WAY 84-0404235 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(E)

MILE HIGH UNITED WAY, INC. 84-0404235

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | 4 | | | |
|-----------|---|-----------------------|--------------------|-------------------------|--------------------|-----------------|-------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | 1112 | he | GUU | | JUP | y |
| | include any "unusual grants.") | 49,248,523 | 48,652,854 | 22,992,993 | 26,625,119 | 24,003,621 | 171,523,110 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 49,248,523 | 48,652,854 | 22,992,993 | 26,625,119 | 24,003,621 | 171,523,110 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 240,967 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 171,282,143 |
| | tion B. Total Support | | | | | | 1/1,202,143 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 49,248,523 | 48,652,854 | 22,992,993 | 26,625,119 | 24,003,621 | 171,523,110 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 632,807 | 622,470 | | 1,102,875 | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 722,081 | 5,386,046 | 113,424 | 25,819 | 31,031 | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 182,951,649 |
| 12 | Gross receipts from related activities, etc | | | | | | 44,345,114 |
| 13 | First 5 years. If the Form 990 is for the o | • | | | | (| |
| 500 | organization, check this box and stop he tion C. Computation of Public S | re | ntago | | | | |
| | • | <u> </u> | <u>-</u> | (5) | | 144 | 02.50.0/ |
| 14 | Public support percentage for 2023 (line 6 | o, column (f) alvide | a by line 11, colu | ımn (t)) | | 14 | 93.62% |
| 15 16a | Public support percentage from 2022 Sch 33 1/3% support test — 2023. If the org | edule A, Part II, III | hook the box on li | ing 12 and line 14 | | no chock this | 93.96% |
| IVa | box and stop here. The organization qua | | | · | | | X |
| b | 33 1/3% support test — 2022. If the org | | | | ne 15 is 33 1/3% | | |
| b | this box and stop here. The organization | | | | | | |
| 17a | | | | | | | |
| | 10% or more, and if the organization mee | _ | | | | | |
| | Part VI how the organization meets the fa | | | | | | |
| | organization | | | - | | • | |
| b | 10%-facts-and-circumstances test — | 2022. If the organiz | zation did not che | ck a box on line 1 | 3. 16a. 16b. or 17 | a. and line | |
| | 15 is 10% or more, and if the organization | • | | | | • | |
| | in Part VI how the organization meets the | | | • | • | • | |
| | organization | | | - | | * * | |
| 18 | Private foundation. If the organization d | id not check a box | on line 13, 16a. | 16b, 17a, or 17b. o | check this box and | d see | |
| | instructions | | | | | | |
| | *************************************** | | | | | | ····· |

MILE HIGH UNITED WAY, INC. Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990) 2023 Part III Support

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|--------------------------|----------------------|---------------------------------------|---------------------|-----------------|--------------------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | DE | JUU | | | $\overline{\mathcal{Y}}$ |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | T | I | · | | T | T |
| Caler | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | • | , second, third, fou | urth, or fifth tax yea | ar as a section 50 | 1(c)(3) | |
| | organization, check this box and stop he | | | | | | |
| | tion C. Computation of Public | | | | | | |
| 15 | Public support percentage for 2023 (line | | | | | | |
| 16 | Public support percentage from 2022 Sch | | | | | 16 | % |
| Sec | tion D. Computation of Investm | | | | | | |
| 17 | Investment income percentage for 2023 | (line 10c, column (| (f), divided by line | 13, column (f)) | | 17 | + |
| | nvestment income percentage from 2022 | | | | | | % |
| 19a | 33 1/3% support tests — 2023. If the or | rganization did not | check the box on | line 14, and line 1 | 15 is more than 33 | 1/3%, and line | _ |
| | 17 is not more than 33 1/3%, check this b | oox and stop here | . The organization | n qualifies as a pu | ublicly supported o | rganization | L |
| b | 33 1/3% support tests — 2022. If the or | = | | | | | |
| | line 18 is not more than 33 1/3%, check t | | = | · · · · · · · · · · · · · · · · · · · | | = | |
| 20 | Private foundation. If the organization of | did not check a box | x on line 14, 19a, | or 19b, check this | box and see instr | uctions | |

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| Л | | Yes | No |
|------|--------|----------|----------|
| | | y | |
| | 1 | | |
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| | 10a | | |
| | | | |
| | 10b | | |
| Sche | dule A | (Form 9 | 90) 2023 |
| | | | |

| Par | t IV Supporting Organizations (continued) | | | |
|-------|--|----------|------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1_ | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | | | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Schedule A (Form 990) 2023 MILE HIGH UNITED WAY, INC. | | 84-0404 | 235 Page 6 |
|--|---------|------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C |)rgan | izations | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N | Nov. 20 |), 1970 (explain in Part VI |). See |
| instructions. All other Type III non-functionally integrated supporting organizations m | ust co | mplete Sections A through | E. |
| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| Priblic Inchaction | | (V) That Toda | (optional) |
| 1 Net short-term capital gain | 1 | | IL) V |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | |
| of gross income or for management, conservation, or maintenance of | | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | 1 | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrate | • | e III supportina organizatio | n |
| (see instructions). | 7123 | | |
| · · · · · · · · · · · · · · · · · · · | | | |

Schedule A (Form 990) 2023

| Par | t V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organ | izations (continu | ed) | |
|----------|---|-----------------------------|--|-----|---|
| Sect | ion D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purp | oses | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity | es of supported | | 2 |) DV |
| 3 | Administrative expenses paid to accomplish exempt purposes of sup | ported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | - |
| 5 | Qualified set-aside amounts (prior IRS approval required-provide de | etails in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organizations | zation is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 1 | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution: Pre-2023 | s | (iii) Distributable Amount for 2023 |
| 1_ | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | |
| | (reasonable cause required-explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| d | From 2021 | | | | |
| | From 2022 | | | | |
| | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| <u>C</u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Employer identification number

2023

MILE HIGH UNITED WAY Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number 84-0404235

| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is | s needed. |
|------------|--|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 1 | | \$ 2,884,889 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 2 | | \$ 1,500,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| . 3 | | \$ 700,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No | Name, address, and ZIP + 4 | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

| • 5 | Section 501(c)(4), (5), or (6) organizations: Complete Part I | II. | | | |
|----------|--|----------------------------------|---------------------|---|--|
| | e of organization | | | Employer iden | tification number |
| | MILE HIGH UNITED WA | Y, INC. | | 84-04042 | 35 |
| Pa | rt I-A Complete if the organization is exe | mpt under section 501 | (c) or is a sec | ction 527 organiz | zation. |
| 1 | Provide a description of the organization's direct and indir | ect political campaign activitie | s in Part IV. See i | nstructions for | |
| | definition of "political campaign activities." | | | | |
| 2 | Political campaign activity expenditures. See instructions | | | \$ | |
| 3 | Volunteer hours for political campaign activities. See instr | ructions | | | |
| Pa | rt I-B Complete if the organization is exe | | | | |
| 1 | Enter the amount of any excise tax incurred by the organi | zation under section 4955 | | \$ | |
| 2 | Enter the amount of any excise tax incurred by organizati | on managers under section 49 | 955 | \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file F | orm 4720 for this year? | | | Yes No |
| 4a | Was a correction made? | | | | . Yes No |
| <u>b</u> | If "Yes," describe in Part IV. | | | | |
| Pa | rt I-C Complete if the organization is exe | <u> </u> | · /· | ection 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | | | | |
| | activities | | | \$ | |
| 2 | Enter the amount of the filing organization's funds contrib | S | | | |
| | 527 exempt function activities | | | \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Er | | • | | |
| | line 17b | | | \$ | |
| 4 | Did the filing organization file Form 1120-POL for this ye | | | | |
| 5 | Enter the names, addresses, and employer identification | , | | | · · |
| | organization made payments. For each organization listed | • | 0 0 | | |
| | the amount of political contributions received that were pr | | | _ | |
| | as a separate segregated fund or a political action commi | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
| (1) | | | | | <u> </u> |
| (') | | | | | |
| (2) | | | | | |
| (-) | | | | | |
| (3) | | | | | |
| (0) | | | | | |
| (4) | | | | | |
| , | | | | | |
| (5) | | | | | |
| . , | | | | | |
| (6) | | | | | |
| . , | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| | ation is exempt under section 501(c)(3) | and filed Form 5768 | | | | | | |
|--|---|----------------------------------|-----------------------------|--|--|--|--|--|
| section 501(h)). | | | (olootion andol | | | | | |
| | elongs to an affiliated group (and list in Part IV | each affiliated group m | ember's name, | | | | | |
| address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | | |
| Check if the filing organization checked box A and "limited control" provisions apply. | | | | | | | | |
| | ying Expenditures ans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | |
| 1a Total lobbying expenditures to influence pub | olic opinion (grassroots lobbying) | 0 | | | | | | |
| b Total lobbying expenditures to influence a le | gislative body (direct lobbying) | 184,000 | | | | | | |
| c Total lobbying expenditures (add lines 1a an | d 1b) | 184,000 | | | | | | |
| d Other exempt purpose expenditures | | 30,499,899 | | | | | | |
| e Total exempt purpose expenditures (add line | es 1c and 1d) | 30,683,899 | | | | | | |
| f Lobbying nontaxable amount. Enter the amo | | | | | | | | |
| columns. | | 1,000,000 | | | | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | |
| not over \$500,000, | 20% of the amount on line 1e. | | | | | | | |
| over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | |
| over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | |
| over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | |
| over \$17,000,000, | \$1,000,000. | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of | of line 1f) | 250,000 | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, | enter -0- | 0 | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, | | 0 | | | | | | |
| j If there is an amount other than zero on eith | er line 1h or line 1i, did the organization file Form 472 | 0 | | | | | | |
| reporting section 4911 tax for this year? | | | Yes No | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| L | obbying Expenditu | res During 4-Year | Averaging Period | | |
|--|-------------------|-------------------|------------------|-----------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 64,500 | 75,000 | 158,000 | 184,000 | 481,500 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | 0 | |

Schedule C (Form 990) 2023

| s" response on lines 1a through 1i below, provide in Part IV a detailed | ount | |
|--|--------|------|
| e year, did the filing organization attempt to influence foreign, national, state, or local n, including any attempt to influence public opinion on a legislative matter or im, through the use of: is? if or management (include compensation in expenses reported on lines 1c through 1i)? divertisements? to members, legislators, or the public? ins, or published or broadcast statements? other organizations for lobbying purposes? intact with legislators, their staffs, government officials, or a legislative body? lemonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | ount | |
| n, including any attempt to influence public opinion on a legislative matter or imm, through the use of: is? is or management (include compensation in expenses reported on lines 1c through 1i)? divertisements? to members, legislators, or the public? ons, or published or broadcast statements? other organizations for lobbying purposes? intact with legislators, their staffs, government officials, or a legislative body? lemonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| for management (include compensation in expenses reported on lines 1c through 1i)? divertisements? to members, legislators, or the public? ons, or published or broadcast statements? other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| to members, legislators, or the public? Instantial or published or broadcast statements? In other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Idemonstrations, seminars, conventions, speeches, lectures, or any similar means? Idemonstrations or any similar means? Idemonstrations or any similar means? Identity titles? Identity the amount of any tax incurred under section 4912 | | _ |
| to members, legislators, or the public? Instant or published or broadcast statements? In other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Idemonstrations, seminars, conventions, speeches, lectures, or any similar means? It ivities? Id lines 1c through 1i It ctivities in line 1 cause the organization to not be described in section 501(c)(3)? Interest the amount of any tax incurred under section 4912 | | |
| ons, or published or broadcast statements? other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? lemonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Idemonstrations, seminars, conventions, speeches, lectures, or any similar means? It ivities? Id lines 1c through 1i Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? Intervities in line 1 cause the organization to not be described in section 501(c)(3)? | | _ |
| ntact with legislators, their staffs, government officials, or a legislative body? lemonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | _ |
| d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| tivities? d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| d lines 1c through 1i ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | _ |
| ctivities in line 1 cause the organization to not be described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | _ |
| enter the amount of any tax incurred under section 4912 | | |
| | | |
| ANTO THE AMERICAN UNITED BY CIVANICALIDIT INGHALES WHILE SCUIDIT 4812 | | _ |
| g organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section | | _ |
| 501(c)(6). | | |
| | Yes | N |
| ostantially all (90% or more) dues received nondeductible by members? | | L |
| rganization make only in-house lobbying expenditures of \$2,000 or less? | | L |
| rganization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | L. |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, | line 3 | 3, i |
| answered "Yes." | | _ |
| sessments and similar amounts from members | | — |
| 62(e) nondeductible lobbying and political expenditures (do not include amounts of | | |
| expenses for which the section 527(f) tax was paid). | | |
| rear 2a | | — |
| r from last year 2b | | — |
| 2C 2C | | — |
| | | — |
| · | | |
| | | |
| | | |
| | | — |
| e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the pes the organization agree to carryover to the reasonable estimate of nondeductible lobbying cal expenditures next year? amount of lobbying and political expenditures. See instructions Supplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a | and | and |

DAA Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

10

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Employer identification number

Inspection

| M | ILE HIGH UNITED WAY, INC. | ACTION | 84-0404235 |
|----|--|--|---------------------------------|
| | art I Organizations Maintaining Donor Advised Fu | inds or Other Similar Funds | |
| | Complete if the organization answered "Yes" on | Form 990. Part IV. line 6. | or Addodnito |
| | Complete ii the organization anomered i ee on | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 8 | (S) Furial and other accounts |
| 2 | Aggregate value of contributions to (during year) | 491,676 | |
| 3 | Aggregate value of grants from (during year) | 138,115 | |
| 4 | Aggregate value at end of year | 2,696,162 | |
| 5 | Did the organization inform all donors and donor advisors in writing the | | |
| J | funds are the organization's property, subject to the organization's exc | | X Yes |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | A les [No |
| Ū | only for charitable purposes and not for the benefit of the donor or dor | | |
| | conferring impermissible private benefit? | | X Yes No |
| P | art II Conservation Easements | | 103 10 |
| | Complete if the organization answered "Yes" on | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check | | |
| • | Preservation of land for public use (for example, recreation or edu | | important land area |
| | Protection of natural habitat | Preservation of a certified h | - |
| | Preservation of open space | 1 reservation of a certified in | istorio structuro |
| 2 | Complete lines 2a through 2d if the organization held a qualified consi | ervation contribution in the form of a con | nservation |
| _ | easement on the last day of the tax year. | orvation contribution in the form of a con | Held at the End of the Tax Year |
| а | | | |
| b | - | | |
| C | | cluded on line 2a | 2c |
| | Number of conservation easements included on line 2c acquired after | | |
| - | | | 2d |
| 3 | Number of conservation easements modified, transferred, released, ex | | . ——— |
| | tax year | kangalonoa, or terrimatoa by the ergani | zation daming the |
| 4 | Number of states where property subject to conservation easement is | located | |
| 5 | Does the organization have a written policy regarding the periodic mo | | |
| | violations, and enforcement of the conservation easements it holds? | | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of vio | olations, and enforcing conservation eas | sements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the | the requirements of section 170(h)(4)(B) | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easen | | nent and balance |
| | sheet, and include, if applicable, the text of the footnote to the organization | zation's financial statements that describ | es the |
| _ | organization's accounting for conservation easements. | | |
| Pa | art III Organizations Maintaining Collections of Art | | er Similar Assets |
| | Complete if the organization answered "Yes" on | · · · · · · · · · · · · · · · · · · · | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to | | |
| | of art, historical treasures, or other similar assets held for public exhib | | nce of public |
| | service, provide in Part XIII the text of the footnote to its financial state | | |
| b | If the organization elected, as permitted under FASB ASC 958, to report this trained to a second ball for each bid for each bid. | | |
| | art, historical treasures, or other similar assets held for public exhibition | on, education, or research in furtherance | e or public service, |
| | provide the following amounts relating to these items. | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, o | _ | provide the |
| | following amounts required to be reported under FASB ASC 958 relati | = | • |
| a | * ************************************* | | |
| h | Assets included in Form 990. Part X | | S |

| Part III Organizations Maintaining | | | | Treasure | | | | sets (co | | ued) |
|--|--------------------------------|-----------------------|-------------------------------|---------------|-------------------------|----------------|-----------------|---|------------|---|
| Using the organization's acquisition, accessio collection items (check all that apply). | | | | | - | | | , , , , , , , , , , , , , , , , , , , | | <u> </u> |
| a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's co XIII. | Ins | Loan or exch Other | Ct | 101 | n's exempt p | ourpose i | n Part | ЭУ | 7 | |
| 5 During the year, did the organization solicit o | | | | | | | | \Box ,, | _ | 1 |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements | | | | | | | | | | |
| Complete if the organization 990, Part X, line 21. | | es" on Forr | n 990, | Part IV, lin | e 9, or re _l | ported | an amo | unt on | Form | 1 |
| 1a Is the organization an agent, trustee, custodia included on Form 990, Part X? | | | | | | | | Ye | s [|] No |
| b If "Yes," explain the arrangement in Part XIII | and complete the | following tabl | e. | | | | | Amount | | |
| Paginning halange | | | | | | 1 | _ | Amoun | · | — |
| c Beginning balanced Additions during the year | | | | | | · · · · — | | | | |
| e Distributions during the year | | | | | | 10 | | | | |
| f Ending balance | | | | | | | | | | |
| 2a Did the organization include an amount on Fo | orm 990, Part X, lir | ne 21, for esc | crow or c | ustodial acco | unt liability? | | | Ye | s [| No |
| b If "Yes," explain the arrangement in Part XIII. | Check here if the | explanation h | nas been | provided on | Part XIII | | | | | |
| Part V Endowment Funds | 1.007 | – | 000 | 5 (N / P | 4.0 | | | | | |
| Complete if the organization | | | | | | (-I) There are | | (2) 52 | | |
| 12 Paginning of year balance | (a) Current year | (b) Prior | year | (c) Two yea | ITS DACK | (d) Three y | ears back | (e) Four | years t | заск |
| h Ossatsila atlanta | | | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | | |
| Other expenditures for facilities and programs | | | | | | | | | | |
| | | | | | | | | | | |
| g End of year balance | | | | | | | | | | |
| 2 Provide the estimated percentage of the curre | ent year end balan | ce (line 1g, c | column (a |)) held as: | | | | | | |
| a Board designated or quasi-endowment | % | | | | | | | | | |
| b Permanent endowment % | | | | | | | | | | |
| c Term endowment % | uld agual 1000/ | | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c sho 3a Are there endowment funds not in the posses | • | zation that ar | a hald ar | nd administer | ed for the | | | | | |
| organization by: | ssion of the organi. | zalion inal al | e neid ai | ia administer | ed for the | | | ſ | Yes | No |
| <i>(</i>) | | | | | | | | 3a(i) | 100 | |
| (") D. I. () () () | | | | | | | | 0.(") | | |
| b If "Yes" on line 3a(ii), are the related organization | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the | | dowment fun | ds. | | | | | | | |
| Part VI Land, Buildings, and Equ | | | | | | _ | | | | |
| Complete if the organization | | | | | | | <u>1 990, P</u> | | | <u>0. </u> |
| Description of property | (a) Cost or other (investment) | basis | (b) Cost or o othe) | I | (c) Accu | | | (d) Book | value | |
| 1a Land | (IIIAeariilelir) | | • | 34,934 | чергес | oiduoi i | | 2,53 | <u>4</u> C | 34 |
| 1a Land | | | | 57,859 | 5 2 | 78,8 | 51 | <u>2,33</u> 20,97 | | |
| c Leasehold improvements | | | | 00,000 | | 30,0 | | | 70,C | |
| d Equipment | | | | 05,887 | | 46,7 | | | 59,1 | |
| e Other | | | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must e | equal Form 990, Pa | art X, line 10 | c, column | n (B)) | | | : | 24,84 | 3,0 | 199 |

| Part VII | Investments – Other Securities Complete if the organization answered "Yes" or | n Form 990 Part IV | line 11h See Form 990 Part X line 1 | 2 |
|------------------|--|-----------------------------|---|----------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: | <u> </u> |
| _ | (including name of security) | ., | Cost or end-of-year market value | |
| (1) Financial | derivatives | Octio | n Conv | |
| (2) Closely he | ld equity interests | | | |
| (3) Other | | 00410 | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) (H) | | | | |
| | n (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII | Investments – Program Related | I | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, | line 11c. See Form 990, Part X, line 1 | 3. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: | |
| | | | Cost or end-of-year market value | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) (9) | | | | |
| | n (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX | Other Assets | I | | |
| 2 22 2 22 | Complete if the organization answered "Yes" or | n Form 990, Part IV, | line 11d. See Form 990, Part X, line 1 | 5. |
| | (a) Description | , , | (b) Book value | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (h) mare 1 = mare 1 = mare 2000 Part V Fina 4 = -1 (P)) | | | |
| Part X | n (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities | | | |
| raitA | Complete if the organization answered "Yes" or | n Form 990 Part IV | line 11e or 11f See Form 990 Part X | |
| | line 25. | Tromin 550, raitiv, | ille The of Thi. Oce Form 590, Fait A | , |
| 1. | (a) Description of liability | | (b) Book value | |
| | income taxes | | , | |
| | IDABLE ADVANCES | | 1,412,7 | 775 |
| | JED DESIGNATIONS | | 880,2 | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | | | · |)65 |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of the fo | otnote to the organization' | s financial statements that reports the | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

| Γč | Reconciliation of Revenue per Audited Financial Staten | | - | Keti | arri |
|--|--|---------------------------|---|-------------------|--|
| | Complete if the organization answered "Yes" on Form 990, | Part | IV, line 12a. | | 00 000 000 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 29,976,589 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | M/ |
| b | | 2b | 530,538 | | |
| С | | 2c | 000 000 | | |
| d | Other (Describe in Part XIII.) | 2d | 239,889 | | |
| е | Add lines 2a through 2d | | | 2e | 3,062,775 |
| 3 | Subtract line 2e from line 1 | | | 3 | 26,913,814 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 80,843 | | |
| | Other (Describe in Part XIII.) | 4b | 4,244,608 | | |
| _ | Add lines 4a and 4b | | | 4c | 4,325,451 |
| 5 | | | | 5_ | 31,239,265 |
| Pa | art XII Reconciliation of Expenses per Audited Financial State | | | er R | eturn |
| | Complete if the organization answered "Yes" on Form 990, | Part | IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 27,128,875 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 530,538 | | |
| b | ,,,,,,,, . | 2b | | | |
| С | | 2c | | | |
| d | • (2 5 5 5 •)) | 2d | 239,889 | | |
| е | Add lines 2a through 2d | | | 2e | 770,427 |
| 3 | Subtract line 2e from line 1 | 1 1 | | 3 | 26,358,448 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 80,843 | | |
| b | Other (Describe in Part XIII.) | 4b | 4,244,608 | | |
| | Care (Booting in Fair Aim) | | | | |
| С | Add lines 4a and 4b | | | 4c | 4,325,451 |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 4c 5 | 4,325,451 30,683,899 |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information | | | 5 | 30,683,899 |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /, lines | 1b and 2b; Part V, line 4 | 5 | 30,683,899 |
| 5 Pa Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines | 1b and 2b; Part V, line 4 dditional information. | 5 ; Part : | 30,683,899 X, line |
| 5 Pa Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /, lines | 1b and 2b; Part V, line 4 dditional information. | 5 ; Part : | 30,683,899 X, line |
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| Provide Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ART XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED ENTAL EXPENSE ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED ENTAL EXPENSE ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS | V, lines any a D IN | 1b and 2b; Part V, line 4 dditional information. I FINANCIALS I RETURN - OT IN FINANCIALS | 5; Part | 30,683,899 X, line OTHER 239,889 4,244,608 OTHER 239,889 |
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| Provide Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ART XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED ENTAL EXPENSE ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED ENTAL EXPENSE ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ONOR DESIGNATED CONTRIBUTIONS | V, lines any a D IN | 1b and 2b; Part V, line 4 dditional information. I FINANCIALS I RETURN - OT IN FINANCIALS | 5; Part | 30,683,899 X, line PTHER 239,889 4,244,608 OTHER 239,889 |

| Public Inspection Copy | Part XIII | Supplemental | Information (| (continued) | | | | | |
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Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

| Name of the organization MILE HIGH UNITED | MAV INC | | | 4100 | Employer identificate 84-04042 | |
|---|--|-------------------------|--|--|--|---|
| Part I Fundraising Activities. Complete Form 990-EZ filers are not required | if the organiz | ation | | vered "Yes" on For | | |
| Indicate whether the organization raised funds through | | | | . Check all that apply. | | |
| a Mail solicitations | | _ | | vernment grants | | |
| b Internet and email solicitations | | | _ | nent grants | | |
| | g Special fu | _ | | _ | | |
| d In-person solicitations | 5 1 -1 -1 | | 3 | | | |
| 2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit | with any individu y in connection v | ıal (incl vith pro | uding fessio | officers, directors, trust nal fundraising services | tees, s? | Yes No |
| b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization. | (fundraisers) purs | uant to | agre | ements under which the | e fundraiser is to be | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | raiser custo cont | d fund- have dy or ol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | 1 | | | | | |
| List all states in which the organization is registered or registration or licensing. | | it contr | butior | ns or has been notified | it is exempt from | |
| | | | | | | |

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| е | | Pub | (a) Event #1 TURKEY TROT (event type) | (b) Event #2 LUNCHEON (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----------|--|---|--|---------------------------------------|--|
| Revenue | 1 | Gross receipts | 725,861 | 375,850 | | 1,101,711 |
| | | Less: Contributions Gross income (line 1 minus | 524,530 | 165,788 | | 690,318 |
| | <u> </u> | line 2) | 201,331 | 210,062 | | 411,393 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| nses | 6 | Rent/facility costs | 2,245 | 109,232 | | 111,477 |
| Direct Expenses | 7 | Food and beverages . | 1,345 | 5,765 | | 7,110 |
| Direc | 8 | Entertainment | 53,975 | 85,774 | | 139,749 |
| | 9 | Other direct expenses | 143,766 | 9,291 | | 153,057 |
| | 10 | Direct expense summary | . Add lines 4 through 9 in column | (d) | | 411,393 |
| P | | III Gaming. Com | aplete if the organization and orm 990-EZ, line 6a. | (d) swered "Yes" on Form 990 | , Part IV, line 19, or re | ported more than |
| - anc | | ψ10,000 011 1 0 | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| s | | Cash prizes | | | | |
| Direct Expenses | | Noncash prizes | | | | |
| ect Ey | | Rent/facility costs | | | | |
| ΙĪ | | Other direct expenses | | | | |
| | | Volunteer labor | Yes % | Yes % | Yes % | |
| | | | | (d) | | |
| | | | | column (d) | | |
| а | Ent | ter the state(s) in which the | ne organization conducts gaming a o conduct gaming activities in eac | activities: h of these states? | | Yes No |
| | | | | ended, or terminated during the ta | | Yes No |
| | | | | | | |

| Sche | dule G (Form 990) 2023 | MILE HIGH | UNITED | WAY, | INC. | 84 | -0404235 | | Р | age 3 |
|------|---|---------------------------|------------------|-----------------|--------------------|-------------------|-------------------|---------------|---------|----------|
| 11 | Does the organization cond | | | | | | | | Yes | No |
| 12 | Is the organization a granto | r, beneficiary or trustee | e of a trust, or | a member | r of a partnership | p or other entity | / | ···· — | | _ |
| | formed to administer charita | able gaming? | | | | | | | Yes | No |
| 13 | Indicate the percentage of | gaming activity conduc | ted in: | | 4.1 | | | | | |
| а | The organization's facility | | | | | | | 13a | | <u>%</u> |
| b | An outside facility Enter the name and address | | | | 7 (L.I.) | | | 13b | | <u>%</u> |
| 14 | Enter the name and address | s of the person who p | repares the o | rganization | n's gaming/specia | al events books | and | | | |
| | records: | | | | | | | | | |
| | | | | | | | | | | |
| | Name | | | | | | | | | |
| | A 1.1 | | | | | | | | | |
| | Address | | | | | | | | | |
| 150 | Door the organization have | a contract with a third | I norty from w | hom the e | ranjation rocci | voc goming | | | | |
| ısa | Does the organization have | | | | - | | | | Yes | □ No |
| h | revenue? | of gaming revenue rec | eived by the o | raanization | | | and the | Ц | 163 | 140 |
| D | amount of gaming revenue | | | | | | and the | | | |
| С | If "Yes," enter name and ad | | | | | | | | | |
| Ŭ | ii 100, ontoi namo ana ac | iarooo or the tima part | y. | | | | | | | |
| | Name | | | | | | | | | |
| | | | | | | | | | | |
| | Address | | | | | | | | | |
| | | | | | | | | | | |
| 16 | Gaming manager information | on: | | | | | | | | |
| | | | | | | | | | | |
| | Name | | | | | | | | | |
| | | | | | | | | | | |
| | Gaming manager compens | ation \$ | | | | | | | | |
| | December of continuous | dala a | | | | | | | | |
| | Description of services prov | viaea | | | | | | | | |
| | Director/officer | Employee | ☐ Inde | ependent | contractor | | | | | |
| | Director/officer | Employee | | ependent | CONTRACTOR | | | | | |
| 17 | Mandatory distributions: | | | | | | | | | |
| | Is the organization required | under state law to ma | ake charitable | distribution | ns from the gami | ina proceeds to |) | | | |
| _ | retain the state gaming lice | | | | | | | | Yes | No |
| b | Enter the amount of distribu | utions required under s | tate law to be | distributed | d to other exemp | ot organizations | or | ⊔ | , | |
| | spent in the organization's of | own exempt activities | during the tax | year \$ | · | | | | | |
| Pa | rt IV Supplementa | I Information. P | rovide the e | explanati | ons required | by Part I, lir | ne 2b, columns (i | ii) and (v | /); and | d |
| | | 9, 9b, 10b, 15b, 1 | 5c, 16, and | l 17b, as | applicable. A | Also provide | any additional ir | nformatio | n. | |
| | See instructio | ns. | | | | | | | | |
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

MILE HIGH UNITED WAY, INC.

Employer identification number 84 - 0404235

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) 15 MIN LLC DBA I HEART DENVER STORE 500 16TH STREET #264 OTHER CO 80202 45-0783857 15,000 DENVER (2) 211 WISCONSIN INC 2059 ATWOOD AVE OTHER 20-1376669 6,137 MADISON WI 53704 LLC (3) 2SOUTH INDUSTRIES, 2 S BROADWAY OTHER DENVER CO 80209 46-1832404 15,000 (4) 3 LITTLE BIRDS SALON LLC 837 EAST 17TH AVE, SUITE 101 OTHER 44-0948712 15,000 CO 80218 DENVER (5) ABIDING HOPE LUTHERAN CHURCH 6337 SOUTH ROBB WAY DESIG CO 80127-2898 84-1074390 501C3 8,340 LITTLETON (6) ABILITY CONNECTION COLORADO INC 801 YOSEMITE STREET DESIG, SIG 84-0420225 501C3 DENVER CO 80230 51,516 (7) ABSOLUTE ELITE MOVING & HAULING 4960 E 33RD AVE OTHER CO 80207 86-2903518 7,500 DENVER (8) ACCENT TOUCH LLC 1045 ACOMA ST., UNIT 2 OTHER DENVER CO 80204 52-2158320 15,000 (9) ACCESS GALLERY 909 SANTA FE DR. OTHER CO 80204 74-2131682 501C3 30,000 DENVER 233 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 226

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 84-0404235

MILE HIGH UNITED WAY, Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government noncash assistance noncash assistance or assistance grant other) (if applicable) (1) ACE SCHOLARSHIPS 5251 DTC PARKWAY SUITE 300 DESIG 84-1531066 501C3 22,803 GREENWOOD VILLAGE CO 80111 (2) ADAMS ARAPAHOE SCHOOL DIST 28J 15701 E. 1ST AVENUE SUITE 106 OTHER CO 80011 84-6000870 14,146 **AURORA** (3) ADAMS COUNTY EMERGENCY FOOD BANK 7111 E 56TH AVE DESIG, SIG COMMERCE CITY CO 80022 30-0754165 501C3 15,002 (4) ADRIFT DENVER, LLC DBA ADRIFT 218 S. BROADWAY OTHER CO 80209 81-2959517 DENVER 15,000 (5) AETHER MECHANICAL, 1630 WELTON ST OTHER 86-2192430 15,000 DENVER CO 80202 (6) AFC WINGS DBA AFC WINGS 3690 KEARNEY ST OTHER 86-1536252 7,500 DENVER CO 80207 (7) AGAVE SHORE LLC 2736 WELTON ST STE 100 OTHER 86-2166251 15,000 DENVER CO 80205 (8) AK, INC. DBA SUPER 99+ 2155 S SHERIDAN BLVD OTHER DENVER CO 80227 38-4140122 15,000 (9) ALL SOULS CATHOLIC PARISH 4950 SOUTH LOGAN STREET DESTG 80-0010721 501C3 10,000 ENGLEWOOD CO 80113

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

| Part I General Informa | tion on Grants ar | nd Assistance | | | | | | |
|---|--------------------------|----------------|---------------------------------------|-----------------------------|----------------------------------|-------------------------------|---------------------------------------|------------------------------------|
| Does the organization maintain the selection criteria used to aw | ard the grants or assist | ance? | | | | | | Yes No |
| 2 Describe in Part IV the organiza | | | | | | Camplete if the | organization | anautored "Vee" on Form 000 |
| | or any recipient tha | | | | | | | answered "Yes" on Form 990, |
| | | I | | | · • | (f) Method of valuation | | (b) Durnoss of grant |
| 1 (a) Name and address of or governmen | • | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) ANA MARINA STUDIO I | | | (п аррпсавіс) | 3 | | Outer) | | |
| 4727 W MONCRIEFF PL | | | | | | | | OTHER |
| DENVER | | 85-3728463 | | 7,500 | | | | |
| (2) ANG CONSTRUCTION LT | D | | | , | | | | |
| 1843 S IVY ST | | | | | | | | OTHER |
| DENVER | CO 80224 | 86-2354387 | | 7,500 | | | | |
| (3) ANGELA TAEIM MACAUL | EN | | | | | | | |
| 26 N BROADWAY | | | | | | | | OTHER |
| DENVER | CO 80203 | 45-3127540 | | 7,500 | | | | |
| (4) ANOTHER LAYER LLC D | BA EVOLUTION | | | | | | | |
| 1450 S SANTA FE DR | UNIT 102 | | | | | | | OTHER |
| DENVER | CO 80223 | 80-0738208 | | 15,000 | | | | |
| (5) ANTI-DEFAMATION LEA | GUE | | | | | | | |
| 1120 LINCOLN STREET | | | | | | | | DESIG |
| DENVER | CO 80203-2136 | | 501C3 | 7,500 | | | | |
| (6) ANTOINETTE CHAVEZ D | | | | | | | | |
| 901 W 10TH AVE APT | | | | | | | | OTHER |
| DENVER | | 93-1640194 | | 7,500 | | | | |
| (7) ARIZONA STATE UNIVE | | | | | | | | |
| PO BOX 875812 | | | | | | | | OTHER |
| TEMPE | AZ 85287-5812 | 86-0196696 | | 238,766 | | | | |
| (8) ARRUPE JESUIT HIGH | SCHOOL | | | | | | | |
| 4343 UTICA STREET | | | = 0.1 = 0 | | | | | DESIG |
| DENVER | CO 80212-2435 | 02-0628872 | 501C3 | 7,000 | | | | |
| (9) ART FROM ASHES, INC | | | | | | | | |
| 1310 W. 10TH STREET | | 00 0000000 | F01 G3 | 15 000 | | | | OTHER |
| DENVER | CO 80204 | 20-0273372 | 20TG3 | 15,000 | | 1 | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC (e) Amount of 1 (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) BIG BROTHERS BIG SISTERS COLORADO 750 W. HAMPDEN AVENUE SUITE 450 DESIG, SIG CO 80110 23-7161796 501C3 102,469 DENVER (2) BIRDIE AND ACE LLC DBA BIRDIE & 3419 W 16TH AVE OTHER 86-1379992 7,500 DENVER CO 80204 (3) BLUE BENCH PO BOX 18951 DESTG DENVER CO 80218-0951 84-0905184 501C3 5,856 (4) BLUE BRIDAL LLC 425 THIRD STREET, #1294 OTHER CO 80513 27-5163500 30,000 BERTHOUD (5) BLUE HAUS COLLECTIVE 66 S BROADWAY OTHER 59-2770539 15,000 DENVER CO 80211 (6) BOND ADVISORS, INC. DBA EVERGREEN 1114 W 7TH AVE STE 240 OTHER 85-1069213 DENVER CO 80204 15,000 (7) BOSTIC SOULFOOD LLC 3298 HUDSON ST STE B OTHER 99-0498780 15,000 DENVER CO 80207 (8) BOXING FITNESS GROUP, LLC 1999 N PENNSYLVANIA ST OTHER DENVER CO 80203 36-4977548 15,000 (9) BSA DENVER AREA COUNCIL 10455 WEST 6TH AVE, SUITE 100 DESTG CO 80215-5783 84-0404225 501C3 65,807 DENVER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84 - 0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of section or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) BOYS AND GIRLS CLUBS METRO DENVER 2017 WEST 9TH AVENUE DESIG, SIG 84-0510404 501C3 99,069 DENVER CO 80204 (2) BOYS AND GIRLS CLUBS SAN LUIS PO BOX 1032 OTHER 84-1215393 501C3 ALAMOSA CO 81101 40,499 (3) BRAVE CHURCH 3800 EAST HAMPDEN AVE DESTG ENGLEWOOD CO 80113 27-3428395 501C3 15,000 (4) BRECKENRIDGE CREATIVE ARTS DESIG PO BOX 4269 47-2066832 501C3 BRECKENRIDGE CO 80424 10,000 (5) BRODERICK & COMPANY DBA UNCLE TIM'S 1150 S LIPAN ST OTHER 85-1924590 15,000 DENVER CO 80223 (6) BRONCOBUFFS LLC DBA PAPA MURPHY'S 8960 E. HAMPDEN AVE OTHER 47-1937725 DENVER CO 80231 15,000 (7) BROOMFIELD VETERANS MEM MUS. OTHER 12 GARDEN CENTER CO 80020 84-1596827 501C3 15,000 BROOMFIELD (8) BUG OFF PESTS LLC 3070 W 41ST AVE OTHER DENVER CO 80211 92-3823061 7,500 (9) BUILD PAGOSA INC PO BOX 5363 OTHER 82-4651317 49,900 PAGOSA SPRINGS CO 81147 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number QA = OAOA235

MILE HIGH UNITED WAY, 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of section or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) BUSBY BAKER LLC DBA FITWALL 2795 N SPEER BLVD SUITE 2 OTHER DENVER CO 80211 47-2441703 15,000 (2) CALVARY BAPTIST CHURCH 6500 E. GIRARD AVE. DESIG 84-0402646 501C3 13,500 DENVER CO 80224 (3) CALVARY BIBLE EVANG FREE CHURCH 3245 KALMIA AVENUE DESTG BOULDER CO 80301 84-6039364 501C3 11,750 (4) CAMPO SCHOOL DISTRICT RE6 480 MAPLE ST OTHER CO 81029 84-6013868 12,659 CAMPO (5) CASA DE PAZ PO BOX 111351 DESIG, SIG 81-2239384 12,500 **AURORA** CO 80042 (6) CAT CARE SOCIETY 5787 W. 6TH AVE DESIG CO 80214-2403 |84-0869447 | 501C3 7,622 LAKEWOOD (7) CATHOLIC CHARITIES & COMMUNITY SVCS DESIG 6240 SMITH ROAD CO 80216 84-0686679 501C3 65,421 DENVER (8) CHAI LIFELINE 151 WEST 30TH STREET DESIG NEW YORK NY 10001 11-2940331 10,000 (9) CHAIN LIGHTNING LLC 1215 20TH ST OTHER 15,000 CO 80202 45-4315134 DENVER 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MILE HIGH UNITED WA | AY, INC. | | | | | 84 | 1-0404235 |
|---|---------------------|---------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and | d Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assista Describe in Part IV the organization's procedures for mo | ince? | - | | | | | Yes No |
| Part II Grants and Other Assistance to D | omestic Ora | anization | s and Domestic | · Governments | Complete if the | organization | answered "Ves" on Form 990 |
| Part IV, line 21, for any recipient that | received mor | e than \$ | 5 000 Part II can | be duplicated if | additional spac | e is needed | answered res on roini 990 |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) CHAMPU SALON LLC | | (4) | | | , | | |
| 2620 E LOUISIANA AVE | | | | | | | OTHER |
| DENVER CO 80210 | 84-2111028 | | 7,500 | | | | |
| (2) CHEESE MEAT BOARD, LLC DBA CHEESE | | | | | | | |
| 2054 N BROADWAY | | | | | | | OTHER |
| DENVER CO 80205 | 84-2503192 | | 15,000 | | | | |
| (3) CHICANO HUMANITIES ARTS COUNCIL | | | - | | | | |
| PO BOX 140847 | | | | | | | OTHER |
| EDGEWATER CO 80214 | 84-0821657 | 501C3 | 20,000 | | | | |
| (4) CHILDREN'S DIABETES FOUNDATION | | | - | | | | |
| 4380 SOUTH SYRACUSE ST SUITE 430 | | | | | | | DESIG |
| DENVER CO 80237 | 84-0745008 | 501C3 | 36,024 | | | | |
| (5) CHILDREN'S HOSPITAL COLORADO FDTN | | | - | | | | |
| 13123 E. 16TH AVENUE, PO BOX 045 | | | | | | | DESIG |
| DENVER CO 80045 | 84-0166760 | 501C3 | 40,995 | | | | |
| (6) CHOOK ON PEARL LLC | | | - | | | | |
| 1300 S PEARL ST | | | | | | | OTHER |
| | 82-5433056 | | 15,000 | | | | |
| (7) CHURCH OF LATTER DAY SAINTS | | | - | | | | |
| 50 NORTH TEMPLE 15TH FLOOR #1521 | | | | | | | DESIG |
| SALT LAKE CITY UT 84150 | 87-0234341 | 501C3 | 30,091 | | | | |
| (8) CHURCH OF THE ASCENSION | | | - | | | | |
| 600 NORTH GILPIN STREET | | | | | | | DESIG, DAF |
| DENVER CO 80218 | 84-0407216 | | 6,500 | | | | · |
| (9) CIGAR KING LLC DBA CAPITOL CIGARS | | | • | | | | |
| 919 EAST COLFAX | | | | | | | OTHER |
| | 27-0376261 | | 15,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | organizations liste | ed in the lin | | • | • | | • |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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ne latest information. Inspe

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

MILE HIGH UNITED WAY, INC. 84-0404235

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) CITY YEAR DENVER 789 SHERMAN STREET SUITE 400 SIG, DAF CO 80203-3532 22-2882549 DENVER 20,100 (2) CLEAR CREEK COUNTY ADVOCATES P. O. BOX 21 DESIG 74-2512852 501C3 5,750 GEORGETOWN CO 80444 (3) CLOUD CITY CAPITAL, LLC 1091 E BAYAUD #W2002 OTHER DENVER CO 80209 85-4172945 15,000 (4) COLOR OF CANNABIS COLORADO 4805 KINGSTON ST OTHER CO 80239 84-5148329 DENVER 15,000 (5) COLORADO ACADEMY 3800 S. PIERCE ST. DESIG CO 80235-2404 84-0421874 501C3 21,875 DENVER (6) COLORADO BALLET 1075 SANTA FE DRIVE DESTG |84-6038137| 501C3 6,000 DENVER CO 80203 (7) COLORADO CHILDREN'S CAMPATGN 1700 BROADWAY #840 DESIG CO 80290 74-2374672 501C3 21,112 DENVER (8) COLORADO CHRISTIAN FELLOWSHIP 10630 EAST ILIFF AVENUE DESIG **AURORA** CO 80014 84-1479260 | 501C3 7,000 (9) COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DESIG, SIG, DAF, OTH CO 80205 84-0951575 501C3 208,977 DENVER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

OMB No. 1545-0047

Open to Public

Inspection

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 84 - 0404235

MILE HIGH UNITED WAY, 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) COLORADO COLLEGE 14 EAST CACHE LA POUDRE DESIG, DAF CO 80903-3243 84-0402510 501C3 10,500 COLORADO SPRINGS (2) COLORADO COMMUNITY CHURCH 14000 E JEWELL AVE DESIG 84-1240255 501C3 **AURORA** CO 80012 10,000 (3) COLORADO HOMELESS FAMILIES INC 7447 W 61ST AVE DESIG, SIG **ARVADA** CO 80003 84-1049318 501C3 20,655 (4) COLORADO I HAVE A DREAM FOUNDATION 1836 GRANT STREET #2 DESIG, SIG CO 80203-2022 74-2497109 501C3 82,247 DENVER (5) COLORADO INSTITUTE OF FAMILY MED 303 E 17TH AVENUE, SUITE 400 OTHER CO 80250 20-8367897 501C3 42,251 DENVER (6) COLORADO LEGAL SERVICES 1905 SHERMAN STREET #400 DESIG, SIG 84-0402702 501C3 DENVER CO 80203 22,001 (7) COLORADO MOUNTAIN COLLEGE 802 GRAND AVE OTHER 84-0567768 28,142 GLENWOOD SPRINGS CO 81601 (8) COLORADO MOUNTAIN COLLEGE FDTN 802 GRAND AVENUE DESIG GLENWOOD SPRINGS CO 81601 74-2393418 501C3 10,000 (9) COLORADO ODYSSEY 415 HERON CV DESTG 84-1518089 501C3 12,000 FT. COLLINS CO 80524 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 84-0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government noncash assistance noncash assistance or assistance grant (if applicable) other) (1) COLORADO OPEN LANDS 1546 COLE BLVD. SUITE 200 DESIG 84-0866211 501C3 GOLDEN CO 80401 25,000 (2) COLORADO RIVER BOCES PO BOX 68, 460 STONE QUARRY RD OTHER CO 81635 139,583 PARACHUTE 82-1662630 (3) COLORADO SAFE PARKING INITIATIVE 1114 W 7TH AVENUE SUITE 215 ISTG DENVER CO 80204 85-1324210 501C3 15,000 (4) COLORADO SAFETY NET COLLABORATIVE OTHER 8300 ALCOTT STREET, SUITE 300 88-2326702 501C3 39,400 WESTMINSTER CO 80031 (5) COLORADO STATE UNIVERSITY FDTN PO BOX 1870 DESIG FORT COLLINS 23-7098397 501C3 5,152 CO 80522 (6) COLORADO STATEWIDE PARENT COALITION PO BOX 11849 ISTG 74-2563848 501C3 DENVER CO 80211 50,000 (7) COLORADO SYMPHONY ASSOCIATION 1000 14TH STREET UNIT #15 DESIG, DAF CO 80202-2333 84-0511458 501C3 5,500 DENVER (8) COLORADO UPLIFT 400 W. 48TH AVENUE SUITE 250 DESIG DENVER CO 80216 84-0889330 501C3 15,028 (9) COLORADO VILLAGE COLLABORATIVE 3364 LARIMER ST UNIT D DESIG, SIG, OTHER 82-0741818 501C3 DENVER CO 80205 120,437

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) COLORADO WOMEN'S CHAMBER OF CMRC 865 ALBION ST STE 250 OTHER 84-1145793 501C3 6,000 DENVER CO 80220 (2) COLORADO YOUTH FOR A CHANGE 1390 LAWRENCE STREET, SUITE 200 DESIG CO 80204 20-2501002 501C3 9,200 (3) COMITIS CRISIS CENTER, INC 655 BROADWAY, #200 DESIG, SIG DENVER CO 80203-3423 74-2348147 10,180 (4) COMMUNITY CONCEPT, INC DBA TABLE 2190 S PLATTE RIVER DR OTHER CO 80223 84-3368732 501C3 DENVER 15,000 (5) COMMUNITY FOOD SHARE 650 S. TAYLOR AVENUE DESIG, SIG 74-2227731 501C3 16,730 LOUISVILLE CO 80027 (6) COUNTY OF HUERFANO LA VETA SCHOOL D 200 E STADIUM DR PO BOX 85 OTHER LA VETA CO 81055 84-6014020 12,974 (7) CRAIG HOSPITAL FOUNDATION 3425 SOUTH CLARKSON STREET DESIG 23-7352287 501C3 ENGLEWOOD CO 80113 11,667 (8) CRISIS CENTER (WOMEN'S CRISIS CTR) PO BOX 631302 DESIG, SIG LITTLETON CO 80163 74-2385006 501C3 22,059 (9) CRISTO REY JESUIT COLLEGE PREP 6700 MT CARMEL DR DESTG 26-3159838 501C3 HOUSTON TX 77087 13,167 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) CROSSPURPOSE PO BOX 2483 OTHER CO 80201 46-3862392|501C3 49,536 DENVER (2) CRYPTO CANNABIS, INC. 3000 LAWRENCE ST STE 40 OTHER 15,000 CO 80205 93-4401061 (3) DANGER ZONE CALZONES LLC DBA FULL 32 N BROADWAY OTHER DENVER CO 80203 82-5117146 15,000 (4) DARKLANDS, LLC 3350 BRIGHTON BLVD SUITE 110 OTHER 84-2912197 DENVER CO 80216 15,000 (5) DEFINED LEARNING LLC DBA DEFINED 900 SKOKIE BLVD SUITE 100 OTHER IL 60062 26-4349066 49,900 NORTHBROOK (6) DEL LAGO PETROLEUM COMPANY LAGO 1801 BROADWAY SUITE 514 OTHER 87-0692373 DENVER CO 80202 15,000 (7) DENNY FITNESS LLC DBA 720 ATHLETICS 2360 LAWRENCE ST OTHER CO 80205 86-1697365 15,000 DENVER (8) DENVER ACADEMY 4400 E ILIFF AVE DESIG DENVER CO 80222 84-0678685|501C3 100,462 (9) DENVER ART MUSEUM DESIG, DAF 100 W 14TH AVE PKWY 84-6038240 501C3 DENVER CO 80204 10,100

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of section or government noncash assistance noncash assistance or assistance grant (if applicable) other) (1) DENVER ASSET BUILDING COALITION 1600 N DOWNING STREET #420 ISIG CO 80218 77-0646873|501C3 DENVER 20,000 (2) DENVER CENTER FOR PERFORMING ARTS DESIG, DAF, OTHER 1101 13TH ST. CO 80204-5319 |84-0407760 | 501C3 DENVER 21,450 (3) DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DESTG 84-1155873 501C3 DENVER CO 80211 5,841 (4) DENVER DUMB FRIENDS LEAGUE 2080 SO QUEBEC ST DESIG 84-0405254 501C3 19,084 DENVER CO 80231 (5) DENVER FIRST CHURCH OF THE NAZARENE 3651 S COLORADO BLVD DESIG 84-6000116 501C3 5,907 ENGLEWOOD CO 80113 (6) DENVER HYBRID COLLEGE DBA ADVANCEED 3141 WALNUT ST STE 101 OTHER CO 80205-3198 84-4425918 501C3 425,394 DENVER (7) DENVER IT PLUG LLC DBA DENVER IT 3000 LAWRENCE ST OTHER CO 80205 93-1684777 15,000 DENVER (8) DENVER JEWISH DAY SCHOOL 2450 S. WABASH STREET DESIG DENVER CO 80231-3816 84-1476467 501C3 10,000 (9) DENVER MADE INC. DBA FM 55 N BROADWAY OTHER 15,000 CO 80203 26-4028287 DENVER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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2023Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY INC

Employer identification number 8.4 - 0.404235

| MILLE HILDH ONTIED V | var, inc. | | | | | | 1 0101233 |
|---|------------------------|---------------------------------------|-----------------------------|----------------------------------|---|--------------|------------------------------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | tance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | | | | | | | answered res on roini 550, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| (1) DENVER METRO CHAMBER LEADERSHP FI | DTN | | | | | | DESIG, OTHER |
| PO BOX 561589 DENVER CO 80256-1589 | 74-2489854 | 501C3 | 10,422 | | | | DESIG, OTHER |
| (2) DENVER PIZZA COMPANY LLC 4400 LIPAN ST | | | | | | | OTHER |
| DENVER CO 80211 | 26-3964427 | | 15,000 | | | | |
| (3) DENVER PUB CRAWL LLC 110 16TH ST MALL UNIT 1307 | | | | | | | OTHER |
| DENVER CO 80202 | 85-0903013 | | 7,500 | | | | |
| (4) DENVER PUBLIC LIBRARY FRIENDS FD 10 W 14TH AVE PKWY DENVER CO 80204 | IN 84-6036979 | E01@2 | 17 507 | | | | DESIG |
| (5) DENVER RESCUE MISSION | 04-0030979 | 30103 | 17,507 | | | | |
| 6100 SMITH ROAD DENVER CO 80216 | 84-6038762 | 50103 | 91,346 | | | | DESIG |
| (6) DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN STREET #610 | | | | | | | DESIG |
| DENVER CO 80203 (7) DENVER WALDORF SCHOOL 2100 S. PENNSYLVANIA ST. | 20-5143175 | 501C3 | 19,500 | | | | DESIG |
| DENVER CO 80210 | 84-0717615 | 501C3 | 15,000 | | | | |
| (8) DESIBL LLC DBA DESIBL STUDIO 955 24TH STREET DENVER CO 80205 | 83-1655008 | | 15,000 | | | | OTHER |
| (9) DHJY CORP DBA CAFE 21 EXPRESS 999 18TH STREET #121 | | | | | | | OTHER |
| DENVER CO 80202 | 46-5466984 | | 15,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | nt organizations liste | ed in the lin | ne 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84 - 0404235

| MIEE HIGH ONLIED V | VAL, INC. | | | | | 0 | 1 0101233 |
|---|---------------|---------------------------------|---------------------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to | Domestic Org | anizatior | ns and Domestic | Governments | Complete if the | organization | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | | | | | | | anowored 100 cm on occ, |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) DIFRANCO'S LLC DBA DIFRANCO'S 955 N LINCOLN ST UNIT D DENVER CO 80203 | 45-2434714 | | 15,000 | | | | OTHER |
| 2) DOCHI DENVER LLC 2449 LARIMER ST | | | | | | | OTHER |
| 3) DOMESTIC ABUSE WOMENS NETWORK P. O. BOX 1449 | 85-3302163 | 501.00 | 15,000 | | | | DESIG |
| KENT WA 98035 (4) DOWNTOWN AURORA VISUAL ARTS 1405 FLORENCE STREET AURORA CO 80010-3363 | 91-1176122 | | 17,372 45,000 | | | | SIG, OTHER |
| 5) DPS FOUNDATION 1860 LINCOLN STREET, 10TH FLOOR | 84-1224325 | | 47,392 | | | | DESIG, SIG, OTHER |
| 6) DRY BONES DENVER 1600 NORTH DOWNING STREET #400 DENVER CO 80218 | 46-0471517 | 501C3 | 8,250 | | | | DESIG |
| | 13-5643799 | 501C3 | 20,151 | | | | DESIG |
| (8) DULCE BODY BAR, LLC DBA DULCE BOI 955 LINCOLN ST UNIT E DENVER CO 80203 | Y | | 7,500 | | | | OTHER |
| 9) EAGLE ONE INSURANCE GROUP LLC 8354 NORTHFIELD BLVD SUITE 3700 DENVER CO 80238 | 86-3959885 | | 7,500 | | | | OTHER |
| 2 Enter total number of section 501(c)(3) and governmen | | ed in the lir | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

TIE HIGH UNITED WAY, INC.

Employer identification number 9.4 - 0.404235

| MILE HIGH UNITED W | MAI, INC. | | | | | 0- | 1-0404233 |
|--|---------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants an | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for me | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to I | | | | | Complete if the | organization | answered "Yes" on Form 99 |
| Part IV, line 21, for any recipient that | | | | | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) EARLY EXCELLENCE PROGRAM OF DENVE | R | | | | | | |
| 3580 FRANKLIN STREET | | | | | | | DESIG, SIG |
| DENVER CO 80205 | 27-0228912 | 501C3 | 50,360 | | | | |
| 2) ECOSISTEMA DESIGN LLC | | | | | | | |
| 10225 E GILL PL | | | | | | | OTHER |
| | 86-1806703 | | 15,000 | | | | |
| 3) EDUCATION STRATEGY GROUP LLC | | | | | | | |
| 4716 DRUMMOND AVE | | | | | | | OTHER |
| CHEVY CHASE MD 20815-5431 | 46-0907884 | | 12,939 | | | | |
| (4) ELITE CLEANING CO LLC | | | - | | | | |
| 137 GROVE ST | | | | | | | OTHER |
| | 92-3822497 | | 7,500 | | | | |
| (5) ELITE ENTREPRENEURIAL ENTERPRISES | | | - | | | | |
| 2095 31ST ST APT 405 | | | | | | | OTHER |
| | 93-1592583 | | 7,500 | | | | |
| (6) EMPRESS 25 LLC DBA TOTALLY NUTZ | | | - | | | | |
| 1350 SPEER BLVD APT 310 | | | | | | | OTHER |
| | 30-1197317 | | 17,940 | | | | |
| 7) EN ROUTT BARBER CO | | | | | | | |
| 2111 LARIMER | | | | | | | OTHER |
| DENVER CO 80205 | 81-3606670 | | 15,000 | | | | |
| 8) ENERGY RESOURCE CENTER | | | | | | | |
| 540 E. CIMARRON STREET | | | | | | | OTHER |
| | 84-0809393 | 501C3 | 34,350 | | | | |
| 9) ENGINEERS IN ACTION | | | | | | | |
| 6910 E. 14TH ST. | | | | | | | DESIG |
| | 26-1746131 | 501C3 | 30,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | | | , | | 1 | | • |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY INC

Employer identification number 84 - 0404235

| MIDD HIGH ONTIDD V | var, inc. | | | | | 0 | 1 0101233 |
|---|-----------------------|---------------------------------------|-----------------------------|----------------------------------|---|--------------|------------------------------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to I | | | | | Complete if the | organization | answered "Ves" on Form 990 |
| Part IV, line 21, for any recipient that | | | | | | | answered res on roini 550, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| (1) ENTRYWAY AKA SHELTERS TO SHUTTERS 1921 GALLOWS SUITE 700 VIENNA VA 22182 | 47-1004312 | 50102 | 8,049 | | | | DAF |
| (2) ENVIRONMENTAL CONSULTING SERVICES | | 30103 | 0,049 | | | | + |
| 2120 W 7TH AVE | | | 15 000 | | | | OTHER |
| | 45-1538373 | | 15,000 | | | | |
| (3) ENVIRONMENTAL LEARNING FOR KIDS PO BOX 21679 | | | | | | | DESIG, OTHER |
| DENVER CO 80221 | 84-1436605 | | 26,970 | | | | |
| (4) EPISC CHURCH OF ST JOHN THE BAPT: 390 EAST GARNET AVENUE GRANBY CO 80446 | ST 84-1470474 | 501C3 | 7,000 | | | | DESIG |
| (5) EQUIPPING LEADERS INTERNATIONAL 384 VILLAGE DR ST. AUGUSTINE FL 32084 | 26-3725078 | 501C3 | 10,000 | | | | DESIG |
| (6) ETERNAL SAVIOR LUTHERAN CHURCH 2688 NORTHPARK DR. | 84-6119417 | | 16,612 | | | | DESIG |
| (7) ETHAN HERROLD PHOTOGRAPHY, INC. 910 SANTA FE DRIVE STUDIO 1 | 83-4180689 | | 7,500 | | | | OTHER |
| (8) EVOLVE @ MILEHI, LLC DBA EVOLVE A 2827 W 9TH AVE DENVER CO 80204 | T 84-4311252 | | 15,000 | | | | OTHER |
| (9) EXECUTIVES PARTNERING TO INVEST 711 PARK AVE WEST | | F01G2 | | | | | DESIG, DAF |
| | 47-3951585 | | | | | | <u> </u> |
| 2 Enter total number of section 501(c)(3) and governmen | t organizations liste | ed in the lin | ie 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MITTE HIGH ONTIED A | VAY, INC. | | | | | 0 | 4-0404235 |
|---|----------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to I | | | | | | | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | 1 | | | • | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) F45 TRAINING CHERRY CREEK LLC | | | | | | | |
| 8360 E 29TH AVE | | | | | | | OTHER |
| | 84-2768373 | 501C3 | 15,000 | | | | |
| (2) FAITH BIBLE CHAPEL INTERNATIONAL | | | | | | | |
| 12189 W. 64TH AVE. | | | | | | | DESIG |
| | 84-1175540 | | 11,700 | | | | |
| (3) FAMILY & INTERCULTURAL RESOURCE (| TR | | | | | | |
| P.O. BOX 4990 | | | | | | | DESIG |
| BRECKENRIDGE CO 80424 | 84-1252900 | | 10,000 | | | | |
| (4) FAMILY STAR MONTESSORI | | | | | | | |
| 2246 FEDERAL BLVD. | | | | | | | DESIG, SIG |
| | 84-1114455 | 501C3 | 50,343 | | | | |
| (5) FAMILY TREE, INC. | | | | | | | |
| 3805 MARSHALL SUITE 100 | | | | | | | DESIG, SIG |
| WHEAT RIDGE CO 80033 | 84-0730973 | 501C3 | 27,180 | | | | |
| (6) FAMOUS BUFFALO WINGS AND THINGS | | | - | | | | |
| 8208 EAST COLFAX AVE | | | | | | | OTHER |
| | 47-2882497 | | 7,500 | | | | |
| (7) FANCY TIGER CRAFTS COOPERATIVE | | | | | | | |
| 59 N BROADWAY | | | | | | | OTHER |
| DENVER CO 80203 | 20-8130899 | | 15,000 | | | | |
| (8) FASHION OUTFITTERS LLC DBA DECADE | 1 | | · | | | | |
| E6 C DDONDWAY | | | | | | | OTHER |
| | 47-3138845 | | 15,000 | | | | |
| (9) FELIPE MENDOZA MELENDEZ | | | , | | | | |
| 2455 W 32ND AVE APT 8 | | | | | | | OTHER |
| | 16-9063501 | | 7,500 | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | - | ed in the lin | | | • | | <u>·</u> |
| ` ,` , | - | | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 84 - 0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) FELLOWSHIP COMMUNITY CHURCH 6263 SOUTH PARKER ROAD DESIG 84-0469249 9,288 CENTENNIAL CO 80016 (2) FERN AND SKYE GALLERY LLC 46 S BROADWAY OTHER 88-3912854 7,500 DENVER CO 80209 (3) FIDELITY INVESTMENTS CHAR GIFT FUND 245 SUMMER ST DESTG BOSTON MA 02210 11-0303001 501C3 85,875 (4) FILIPINO AMERICAN COMMUNITY OF 1900 HARLAN STREET OTHER 84-6113007 EDGEWATER CO 80214 25,000 (5) FIRE FOUNDATION OF DENVER 40 W. LITTLETON BLVD. SUITE 210-283 DESIG CO 80120 86-3861726 501C3 10,000 LITTLETON (6) FIRST BAPTIST CHURCH 1150 W. 9TH STREET DESIG 84-0523295 501C3 9,345 CRAIG CO 81625 (7) FIT FREAKS LLC DBA THE FIIT CO. 2110 MARKET ST OTHER 46-2081534 15,000 DENVER CO 80205 (8) FLATIRONS COMMUNITY CHURCH 400 WEST SOUTH BOULDER RD STE 1700 DESIG LAFAYETTE CO 80026 47-0857845 501C3 30,325 (9) FLORENCE CRITTENTON SERVICES OF DESIG, SIG 96 SOUTH ZUNI STREET 84-0429686 501C3 93,743 DENVER CO 80223 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

| Part I General Information on Grants a | nd Assistance | | | | | | |
|---|-----------------------|----------------------------|-------------------------|--------------------|-------------------------------|--------------------|----------------------------|
| 1 Does the organization maintain records to substantiate | the amount of the | | | | | | |
| the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m | | | de in the United States | | | | Yes No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | | | | | | | anoworda 100 on 10m 000, |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC | (d) Amount of cash | (e) Amount of | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
| or government | , , | section (if applicable) | grant | noncash assistance | (book, FMV, appraisal, other) | noncash assistance | or assistance |
| 1) FOOD BANK OF THE ROCKIES | | | | | | | |
| 10700 E 45TH AVE | | | | | | | DESIG |
| DENVER CO 80239 | 84-0772672 | 501C3 | 96,217 | | | | |
| 2) FOSTER KIDS KC INC. | | | | | | | |
| 911 MAIN ST. UNIT 3003 | | | | | | | DAF |
| KANSAS CITY MO 64105 | 83-3629397 | 501C3 | 35,055 | | | | |
| 3) FOUNDATION FOR BLIND CHILDREN | | | | | | | |
| 1234 EAST NORTHERN AVE. | | E01@2 | F 760 | | | | DESIG |
| PHOENIX AZ 85020 | 86-0129981 | 501C3 | 5,769 | | | | |
| 4) FDTN FOR EDUCATIONAL EXCELLENCE | | | | | | | OTHER |
| 4908 TOWER RD DENVER CO 80249-6684 | | 501 <i>C</i> 2 | 153,432 | | | | OTHER |
| 5) FROZEN MATTER, LLC DBA SWEET ACT | | 30103 | 155,452 | | | | |
| 530 F 19TH AVE | | | | | | | OTHER |
| DENVER CO 80203 | 47-2398443 | | 30,000 | | | | |
| 6) GALS-THE GIRLS ATHLETIC LEADERSH | | | 30,000 | | | | |
| 750 GALAPAGO STREET | 7 | | | | | | DESIG |
| DENVER CO 80204 | 27-0736802 | 501C3 | 6,750 | | | | |
| 7) GATHERING PLACE | | | · | | | | |
| 1535 HIGH STREET | | | | | | | DESIG, SIG, DAF |
| DENVER CO 80218-1704 | 84-1021059 | 501C3 | 33,274 | | | | |
| 8) GG NAILS LLC | | | | | | | |
| 904 16TH ST | | | | | | | OTHER |
| DENVER CO 80226 | 87-1241582 | | 15,000 | | | | |
| 9) GIFT ADMIN LLC | | | | | | | |
| 4777 LEYDEN ST | | | | | | | OTHER |
| DENVER CO 80216 | 86-2774981 | | 15,000 | | | | <u> </u> |
| 2 Enter total number of section 501(c)(3) and government | t organizations liste | ed in the lin | ne 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

QU23
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

MILE HIGH UNITED WAY, INC.

General Information on Grants and Assistance

Employer identification number 84-0404235

| | Does the organization maintain records to substantiate the selection criteria used to award the grants or assist | Yes | No | | | | | | |
|-----|--|---------------------|-----------------|-------------------------|--------------------|--|--|----------------|------------|
| 2 | Describe in Part IV the organization's procedures for me | onitoring the use o | of grant fund | ds in the United States | S. | | | | |
| Pai | t II Grants and Other Assistance to I | Domestic Org | anizatior | ns and Domestic | Governments. | Complete if the | organization a | answered "Yes" | on Form 99 |
| | Part IV, line 21, for any recipient that | t received mor | re than \$ | 5,000. Part II can | be duplicated if a | additional space | e is needed. | | |
| 1 | (a) Name and address of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of | (f) Method of valuation (book, FMV, appraisal, | (g) Description of | (h) Purpose o | |
| | a | | SCCIIOII | l grout | noncoch occietores | (DOOK, TIVIV, appraisal, I | and the second s | or acciptor | |

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GINBALL LLC | | (п арриоавто) | • | | 041017 | | |
| 621 KALAMATH ST | | | | | | | OTHER |
| DENVER CO 80204 | 27-2028878 | | 15,000 | | | | |
| (2) GIRL SCOUTS OF COLORADO | | | | | | | |
| 3801 EAST FLORIDA AVENUE #720 | | | | | | | DESIG |
| | 84-0410630 | 501C3 | 11,542 | | | | |
| (3) GIRLS INC. OF METRO DENVER | | | | | | | |
| 1499 JULIAN STREET | | | | | | | DESIG, SIG |
| DENVER CO 80204 | - | 501C3 | 60,747 | | | | |
| (4) GLITZY LASHES LLC DBA GLITZY MED: | ICA | | | | | | |
| 2871 SPEER BLVD | . | | | | | | OTHER |
| | 83-1654500 | | 15,000 | | | | |
| (5) GLOBAL LIVINGSTON INSTITUTE | | | | | | | |
| 1031 33RD STREET SUITE 174 | . | | | | | | DESIG |
| DENVER CO 80205 | 45-4683531 | 501C3 | 5,381 | | | | |
| (6) GRAND DESIGN INC | | | | | | | |
| 17104 E AMHERST DRIVE | | E01 G2 | 15 000 | | | | OTHER |
| AURORA CO 80013 | 84-1304198 | 501C3 | 15,000 | | | | |
| (7) GRAND FOUNDATION | | | | | | | DEGIG DAE |
| P.O. BOX 1342 WINTER PARK CO 80482 | 84-1374928 | E0102 | 13,500 | | | | DESIG, DAF |
| (8) GREAT DIVIDE BREWING COMPANY | 04-13/4920 | 30103 | 13,500 | | | | |
| 2201 ABADAHOF CT | | | | | | | OTHER |
| 2201 ARAPAHOE ST DENVER CO 80205 | 84-1238726 | | 15,000 | | | | |
| (9) GREATER PURPOSE MEDIA, LLC | 01 1230/20 | | 13,000 | | | | |
| 1282 ASH ST | | | | | | | OTHER |
| | 84-3823956 | | 7,500 | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH INITED WAY INC

Employer identification number 84 - 0404235

| MILLE HILOH ONTIED W | AI, INC. | | | | | 0 | 1 0101233 |
|---|---------------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants an | d Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assists Describe in Part IV the organization's procedures for more | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to I | Competic Ora | nization | s and Domestic | Governments | Complete if the | organization | answered "Ves" on Form 99 |
| Part IV, line 21, for any recipient tha | | | | | | | answered res on rollings |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) GREEN BUS CAFE LLC | | (| | | 2, | | |
| 3033 WELTON ST | | | | | | | OTHER |
| | 84-5011216 | | 7,500 | | | | |
| 2) GREEN DECK INC. DBA SALUTE COLORA | | | · | | | | |
| 1904 PEARL STREET | | | | | | | DESIG |
| | 46-4296645 | | 31,728 | | | | |
| 3) GREEN ROOTS MEAL DELIVERY DOS AMI | GA | | · | | | | |
| 620 E 52ND AVE | | | | | | | OTHER |
| DENVER CO 80205 | 85-1074205 | | 15,000 | | | | |
| (4) GREENKOAT SOLUTIONS, LLC DBA FLEX | RO | | - | | | | |
| 1040 S GAYLORD ST SUITE 55 | | | | | | | OTHER |
| | 84-2836012 | | 15,000 | | | | |
| (5) GREENLIGHT FUND | | | | | | | |
| 50 MILK STREET, 16TH FLOOR | | | | | | | DESIG |
| | 20-0407083 | | 10,000 | | | | |
| (6) GRINNELL COLLEGE | | | | | | | |
| 733 BROAD STREET | | | | | | | DESIG |
| GRINNELL IA 50112 | 42-0680387 | 501C3 | 6,000 | | | | |
| 7) GROWING HOME INC | | | | | | | |
| 3489 W. 72ND AVE SUITE 112 | | | | | | | DESIG, SIG |
| | 84-1461503 | 501C3 | 20,310 | | | | |
| (8) HABITAT FOR HUMANITY METRO DENVER | | | | | | | |
| 7535 E HAMPDEN AVE STE 600 | | | | | | | DESIG |
| DENVER CO 80231 | 74-2050021 | 501C3 | 7,614 | | | | |
| 9) HANSIK REVOLUTION LLC DBA MONOMON | 0 | | | | | | |
| 1550 BLAKE ST. | | | | | | | OTHER |
| DENVER CO 80202 | 84-3646815 | | 15,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | organizations liste | ed in the lin | e 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84 - 0404235

| Part I General Information on Grants a | nd Assistance | | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | |
|--|------------------------|----------------------------|--------------------|--------------------|---|---|----------------------------|
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis | tance? | | | | rants or assistance, | and | Yes No |
| 2 Describe in Part IV the organization's procedures for m Part II Grants and Other Assistance to | | | | | Complete if the | organization | anguared "Vac" on Form 000 |
| Part II Grants and Other Assistance to Part IV, line 21, for any recipient that | | | | | | | answered tes on Form 990, |
| 1 (a) Name and address of organization | | (c) IRC | (d) Amount of cash | (e) Amount of | | | (h) Purpose of grant |
| or government | (b) EIN | section (if applicable) | grant | noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | or assistance |
| (1) HAPPY4US RINO, LLC | | (п аррпсавіс) | 9 | | Other) | | |
| 2134 CURTIS ST #301 | | | | | | | OTHER |
| DENVER CO 80205 | 81-4211256 | | 15,000 | | | | |
| (2) HARVEY MUDD COLLEGE | | | · | | | | |
| 301 PLATT BLVD | | | | | | | DESIG |
| CLAREMONT CA 91711 | 95-1911219 | 501C3 | 10,000 | | | | |
| (3) HAZEL MORTGAGE LLC | | | | | | | |
| 3840 N YORK ST #250 | | | | | | | OTHER |
| DENVER CO 80205 | 86-2123429 | | 15,000 | | | | |
| (4) HB RUBY | | | | | | | |
| 2205 W. 136TH AVE. SUITE 106-217 | | | | | | | DESIG |
| BROOMFIELD CO 80023 | 86-1332544 | 501C3 | 10,000 | | | | |
| (5) HEAD STRONG PROJECT INC. | | | | | | | |
| PO BOX 412572 | | | | | | | DESIG |
| BOSTON MA 02241 | 45-5261907 | | 7,500 | | | | |
| (6) HIGH POINT RINO LLC | | | | | | | |
| 2669 LARIMER ST | | | | | | | OTHER |
| DENVER CO 80205 | 81-0968601 | | 15,000 | | | | |
| (7) HIGHLINE COMMUNITY CHURCH | | | | | | | |
| 6160 SOUTH WABASH WAY | | | | | | | DESIG |
| GREENWOOD VILLAGE CO 80111 | 84-1518056 | 501C3 | 15,000 | | | | |
| (8) HILLTOP HEALTH SVCS CORP | | | | | | | |
| 1331 HERMOSA AVENUE | | | | | | | OTHER |
| GRAND JUNCTION CO 81506 | 74-2321009 | 501C3 | 143,703 | | | | |
| (9) HN INVESTMENTS, LLC | | | | | | | |
| 2701 W ALAMEDA AVE | | | | | | | OTHER |
| DENVER CO 80223 | 45-3073153 | | 15,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | nt organizations liste | ed in the lin | ne 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-0404235

| MILE HIGH UNITED N | VAY, INC. | | | | | 84 | <u>1-0404235 </u> |
|--|-----------------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|--|
| Part I General Information on Grants at | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m | tance? | | | | | | Yes No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | at received mor | e than \$ | 5,000. Part II can | be duplicated if | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) HOPE CENTER | | | | | | | |
| 3400 ELIZABETH STREET | | | | | | | DESIG, SIG |
| DENVER CO 80205-4244 | 84-0564484 | 501C3 | 52,679 | | | | |
| (2) HOPE COMMUNITIES, INC | | | | | | | |
| 2543 CALIFORNIA STREET | | | | | | | DESIG, SIG, OTHER |
| DENVER CO 80205 | 84-0829068 | | 21,182 | | | | |
| (3) HORIZON LOUNGE LLC | | | | | | | |
| 3298 HUDSON ST STE A | | | | | | | OTHER |
| DENVER CO 80207 | 99-0504409 | | 15,000 | | | | |
| (4) HQ LIVE DENVER INC | | | | | | | |
| 60 S BROADWAY | | | | | | | OTHER |
| DENVER CO 80209 | 85-1214559 | | 15,000 | | | | |
| (5) ICOMPLY LLC | | | | | | | |
| 1410 GRANT ST. STE. B303 | | | | | | | OTHER |
| DENVER CO 80203 | 45-2081400 | | 15,000 | | | | |
| (6) INK MONSTR LLC | | | | | | | |
| 2721 W HOLDEN PL | | | | | | | OTHER |
| DENVER CO 80204 | 86-2205744 | | 15,000 | | | | |
| (7) INNER CITY HEALTH CENTER | | | | | | | |
| 3800 YORK STREET | | | | | | | DESIG |
| DENVER CO 80205 | 74-2426085 | 501C3 | 12,667 | | | | |
| (8) INTEGRITY JUICE LLC | | | | | | | |
| 2275 COURT PL #324 | | | | | | | OTHER |
| DENVER CO 80205 | 86-3472385 | | 7,500 | | | | |
| (9) INVEST IN KIDS | | | | | | | |
| 1775 SHERMAN ST. SUITE 2075 | | | | | | | DESIG, SIG |
| DENVER CO 80203 | 84-1455282 | 501C3 | 29,769 | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | t organizations liste | ed in the lin | e 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of section or government noncash assistance noncash assistance or assistance grant (if applicable) other) (1) INWARD MOTION LTD 1601 19TH ST STE 300 OTHER 27-1991053 DENVER CO 80202 15,000 (2) JEFFCO ACTION CENTER 8755 WEST 14TH AVENUE DESIG, SIG, OTHER 23-7019679 501C3 25,838 LAKEWOOD CO 80215 (3) JET CITY COFFEE, INC. 300 W. 11TH AVE OTHER DENVER CO 80204 54-1743091 15,000 (4) JEWISH AGENCY FOR ISRAEL NORTH AM 633 3RD AVE. 21ST FLOOR DESIG 23-0053483 501C3 NEW YORK NY 10017 20,000 (5) JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE #200 DESIG, SIG CO 80231-4361 84-0402701 501C3 31,595 DENVER (6) JJ'S BISTRO 1255 19TH ST P1 OTHER 20-3457021 DENVER CO 80202 15,000 (7) JOSEPH LIBERATORE DBA FORCES OF OTHER 5885 S HURON ST 14-6924176 15,000 LITTLETON CO 80120 (8) JOSHUA NATIONS INTERNATIONAL PO BOX 745728 DESIG **ARVADA** CO 80004 14-1429445|501C3 11,700 (9) JUDI'S HOUSE 1741 SOUTH GAYLORD STREET DESIG, DAF CO 80206 84-1600797 501C3 30,000 DENVER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) JUNIOR ACHIEVEMENT-ROCKY MOUNTAIN 6500 GREENWOOD PLAZA BLVD DESIG 84-0430495|501C3 GREENWOOD VILLAGE CO 80111 25,000 (2) JUPITER/PLUTO COMPANY LLC 2199 CALIFORNIA ST OTHER 84-1143662 15,000 DENVER CO 80205 (3) KAIZEN ONE LLC TRUFUSION 985 N ALBION ST STE 100 OTHER DENVER CO 80220 84-1810441 15,000 (4) KANDIES NAILS SALON 333 S FEDERAL BLVD UNIT 211 OTHER CO 80219 85-2758111 7,500 DENVER (5) KENT DENVER SCHOOL 4000 EAST QUINCY AVENUE DESIG 84-0242810 501C3 12,000 ENGLEWOOD CO 80113 (6) KEYSTONE SCIENCE SCHOOL 1053 SODA RIDGE RD DESIG 46-1735364 KEYSTONE CO 80435 15,000 (7) KIND INSURANCE COMPANY 3840 N YORK ST OTHER CO 80205 93-4292175 15,000 DENVER (8) KIPP COLORADO SCHOOLS 1390 LAWRENCE STREET SUITE 200 DESIG DENVER CO 80204 80-0037534 501C3 37,500 (9) KPMG FOUNDATION 3 CHESTNUT RIDGE ROAD DESTG 22-3263347 501C3 38,958 MONTVALE NJ 07645 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MILE HIGH UNITED V | VAY, INC. | | | | | 84 | 4-0404235 | |
|---|-----------------------|---------------------------------------|--------------------------|----------------------------------|---|--------------|---------------------------------------|------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | | | Yes | No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Ves" on F | orm 990 |
| Part IV, line 21, for any recipient that | | | | | | | answered res on r | OIIII 990, |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | ! |
| 1) KROESE CHIROPRACTIC PC | | (п арриоавло) | v | | Guisiy | | | |
| 535 16TH ST MALL STE 200 | | | | | | | OTHER | |
| | 46-1001411 | | 15,000 | | | | | |
| (2) KU CHA HOUSE OF TEA, INCORPORATE | | | | | | | | |
| 500 16TH ST UNIT 132 | | | | | | | OTHER | |
| DENVER CO 80202 | 74-3104749 | | 30,000 | | | | | |
| (3) LA CLINICA TEPEYAC DBA TEPEYAC | | | | | | | | |
| 4725 HIGH ST | | | | | | | OTHER | |
| DENVER CO 80216 | 84-1285505 | | 334,354 | | | | | |
| 4) LA PLATA ECONOMIC DEVEL ALLIANCE | | | | | | | | |
| 2301 MAIN AVE | | | | | | | OTHER | |
| DURANGO CO 81301 | 84-1533334 | | 229,637 | | | | | |
| 5) LA RAZA SERVICES INC | | | · | | | | | - |
| 3131 WEST 14TH AVENUE | | | | | | | DESIG, SIG | |
| | 84-0625478 | 501C3 | 25,460 | | | | | |
| (6) LAS MONAS PANADERIA Y PIZZERIA CO | | | | | | | | |
| 3137 W KENTUCKY AVE UNIT B | | | | | | | OTHER | |
| DENVER CO 80219 | 83-3757657 | | 15,000 | | | | | |
| 7) LAZO FOODS LLC | | | | | | | | |
| 303 16TH ST., UNIT 130 | | | | | | | OTHER | |
| DENVER CO 80202 | 47-2255502 | | 15,000 | | | | | |
| (8) LISA WONG, MD, MS, LLC | | | | | | | | |
| 2308 FOSSIL TRACE DR | | | | | | | OTHER | |
| GOLDEN CO 80401 | 45-2655399 | | 15,000 | | | | | |
| (9) LITTLE OWL HOLDINGS LLC LITTLE O | √L | | | | | | | |
| 410 17TH ST | | | | | | | OTHER | |
| DENVER CO 80202 | 83-3179611 | | 15,000 | | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | t organizations liste | ed in the lin | e 1 table | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HICH IMITTED WAY

Employer identification number 84-0404235

| MILE HIGH UNITED V | VAI, INC. | | | | | 0- | 1-0404233 |
|---|-----------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants ar | nd Assistance | ! | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form 990, |
| Part IV, line 21, for any recipient that | at received mor | e than \$ | 5,000. Part II can | be duplicated if a | additional space | e is needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) LOAVES & FISHES-IDAHO SPRINGS | | | | | | | |
| P.O. BOX 967 | | | | | | | DESIG |
| IDAHO SPRINGS CO 80452 | 84-1554467 | 501C3 | 5,750 | | | | |
| (2) LODO LIQUOR & WINE LLC | | | | | | | |
| 360 W 13TH AVE | | | | | | | OTHER |
| DENVER CO 80204 | 20-2487013 | | 15,000 | | | | |
| (3) LOGAN SCHOOL FOR CREATIVE LEARNIN | √G | | | | | | |
| 1005 YOSEMITE CIRCLE #771 | | | | | | | DESIG |
| DENVER CO 80230 | 84-1121354 | 501C3 | 35,000 | | | | |
| (4) LONGMONT MEALS ON WHEELS | | | | | | | |
| 910 LONGS PEAK AVENUE | | | | | | | DESIG, SIG |
| | 84-0590979 | 501C3 | 22,582 | | | | |
| (5) LOWER VALLEY HOSPITAL ASSOCIATION | 4 | | | | | | |
| PO BOX 130 | | | | | | | OTHER |
| FRUITA CO 81521 | 84-0447998 | 501C3 | 56,022 | | | | |
| (6) LUTHERAN FAMILY SERVICES ROCKY M | IN | | | | | | |
| 1035 OSAGE ST STE 700 | | | | | | | DESIG |
| DENVER CO 80204 | 84-0775550 | 501C3 | 5,177 | | | | |
| (7) M.S. CLARK ENTERPRISES INC | | | | | | | |
| 2061 ARAPAHOE STREET | | | | | | | OTHER |
| DENVER CO 80205 | 84-1214952 | | 15,000 | | | | |
| (8) MANAGEMENT AND TRAINING RESOURCES | 3 | | | | | | |
| 2127 LARIMER ST STE 201A | | | | | | | OTHER |
| DENVER CO 80205 | 20-5817308 | | 15,000 | | | | |
| (9) MARISOL SOLARTE-ERLACHER AND ASSO | C | | | | | | |
| 1532 EMERSON ST | | | | | | | OTHER |
| | 92-3660430 | | 7,500 | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | • | | a 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

TIE UTCU IMITED WAY INC

Employer identification number

| MITTE HIGH ONTIED M | AY, INC. | | | | | 84 | 4-0404235 |
|---|----------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants an | d Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assists Describe in Part IV the organization's procedures for me | ance? | | | | | | Yes No |
| Part II Grants and Other Assistance to I | | | | | | | answered "Yes" on Form 99 |
| Part IV, line 21, for any recipient tha | t received mor | | 5,000. Part II can | be duplicated if | additional spac | e is needed. | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) MARISSA PARCHMAN LLC DBA TIMELESS | | | | | | | |
| 2795 N SPEER BLVD #11 | | | | | | | OTHER |
| DENVER CO 80211 | 46-4046701 | | 15,000 | | | | |
| (2) MARVALA LLC DBA THE MILKY WAY ICE | | | | | | | |
| 3550 W 38TH AVE STE 20 | | | | | | | OTHER |
| DENVER CO 80211 | 83-3214052 | | 7,500 | | | | |
| 3) MATT SILTON MEDIA LLC DBA TORCH N | ŒD | | | | | | |
| 1340 W BYERS PL UNIT C | | | | | | | OTHER |
| | 46-1097113 | | 15,000 | | | | |
| (4) MATTY MILLER STUDIO LLC | | | | | | | |
| 7530 E 19TH AVE | | | | | | | OTHER |
| | 92-2168910 | | 7,500 | | | | |
| 5) MAUI UNITED WAY | | | | | | | |
| 95 MAHALANI ST. SUITE 24 | | | | | | | DESIG |
| WAILUKU HI 96793 | 99-0086524 | 501C3 | 10,000 | | | | |
| 6) MCARMATAS LLC DBA CAP CITY TAVERN | | | · | | | | |
| 1247 BANNOCK ST. | | | | | | | OTHER |
| DENVER CO 80204 | 26-1682504 | | 10,308 | | | | |
| 7) MERIDIAN CLIMATE LTD | | | | | | | |
| 2000 ARAPAHOE ST #504 | | | | | | | OTHER |
| | 47-5146007 | | 15,000 | | | | |
| (8) METRO CARING | | | | | | | |
| 1100 E 18TH AVE | | | | | | | DESIG, SIG |
| | 84-6116951 | 501C3 | 19,819 | | | | , |
| 9) METRO DENVER HOMELESS INITIATIVE | | | | | | | |
| 711 PARK AVENUE WEST #320 | | | | | | | DESIG, SIG |
| | 84-1359401 | | 20,190 | | | | |
| 2 Enter total number of section 501(c)(3) and government | | ed in the lin | | | | | |
| | | | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

MILE HIGH UNITED WAY, 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) MI CASA RESOURCE CENTER FOR WOMEN DESIG 345 S. GROVE STREET |84-0867773| 501C3 5,506 DENVER CO 80219 (2) MICHAEL V. LADWIG MD PC 6900 E 47TH AVE DR STE 100 OTHER 15,000 CO 80216 84-1108649 (3) MIDTOWN AUTOMOTIVE REPAIR & MACHINE 1590 WILLIAMS ST OTHER DENVER CO 80218 84-1247064 15,000 (4) MILE HIGH FESTIVALS LLC 12075 E. 45TH AVE, SUITE 100-B OTHER 38-3988797 DENVER CO 80239 15,000 (5) MILE HIGH MONTESSORI EARLY LEARNING 616 E. SPEER BLVD. DESIG, SIG, OTHER 84-0617972 501C3 271,983 DENVER CO 80203 (6) MILE HIGH SPIRITS, LLC 2201 LAWRENCE ST OTHER 27-3437234 DENVER CO 80205 15,000 (7) MISSISSIPPI BOY CATFISH AND RIBS 5544 E 33RD AVE OTHER CO 80207 85-1102404 15,000 DENVER (8) MNS WORLDWIDE, LLC 3001 BRIGHTON BLVD OTHER DENVER CO 80216 87-4140366 15,000 (9) MOBILETOPIA LLC 1015 LAMAR ST. OTHER 81-5437201 8,489 DENVER CO 80214

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 8.4 - 0.404235

| MILE HIGH UNITED I | WAY, INC. | | | | | 84 | 4-0404235 |
|---|------------------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | nd Assistance | ! | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for maintain procedures for maintain procedures. | tance? | | | | ants or assistance, | and | Yes No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form 996 |
| Part IV, line 21, for any recipient the | at received mor | e than \$ | 5,000. Part II can | be duplicated if | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) MORGAN COUNTY SCHOOL DISTRICT RE | - 3 | | | | | | |
| 715 WEST PLATTE AVE | | | | | | | OTHER |
| FORT MORGAN CO 80701 | 84-0558263 | | 26,784 | | | | |
| (2) MORROW VENTURES LLC | | | | | | | |
| 2080 LAWRENCE ST | | | | | | | OTHER |
| DENVER CO 80205 | 46-4900664 | | 15,000 | | | | |
| (3) MOTION CHIROPRACTIC AND ACUPUNCT | URE | | | | | | |
| 910 16TH STREET SUITE 426 | | | | | | | OTHER |
| DENVER CO 80202 | 26-1201315 | | 15,000 | | | | |
| (4) MOUNT ST. VINCENT HOME | | | | | | | |
| 4159 LOWELL BLVD. | | | | | | | DESIG |
| DENVER CO 80211 | 84-0405260 | 501C3 | 9,440 | | | | |
| (5) MOUNTAIN FAMILY CENTER | | | | | | | |
| PO BOX 638 | | | | | | | DESIG |
| GRANBY CO 80446 | 74-2446390 | 501C3 | 10,000 | | | | |
| (6) MOUNTAIN FAMILY HEALTH CENTERS | | | | | | | |
| 2802 GRAND AVE | | | | | | | OTHER |
| GLENWOOD SPRINGS CO 81601 | 84-0742145 | 501C3 | 47,500 | | | | |
| (7) MOUNTAIN RESOURCE CENTER | | | | | | | |
| P. O. BOX 425 | | | | | | | SIG |
| CONIFER CO 80433 | 84-1178699 | 501C3 | 20,000 | | | | |
| (8) MUSEO DE LAS AMERICAS | | | | | | | |
| 861 SANTA FE DRIVE | | | | | | | OTHER |
| DENVER CO 80204 | 84-1197230 | 501C3 | 30,000 | | | | |
| (9) NATIONAL CHRISTIAN FOUNDATION | | | | | | | |
| 1150 SANCTUARY PKWY STE 350 | .] | | | | | | DESIG |
| ALPHARETTA GA 30009 | 58-1493949 | 501C3 | 30,000 | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | nt organizations liste | ed in the lin | e 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILE HIGH UNITED WAY.

Employer identification number 84-0404235

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) NTL INS FOR MEDICAL ASST ADVCMNT OTHER 635 MAIN ST |81-3293048| 501C3 MIDDLETOWN CT 06457 17,367 (2) NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 S BROADWAY SUITE 200 DESIG 13-5661935|501C3 5,605 DENVER CO 80209 (3) NELLY BERNAL LLC 1307 22ND ST OTHER DENVER CO 80205 47-3136362 15,000 (4) NEW AMERICAN COLLEGE 12200 E ILIFF AVE STE 208 OTHER CO 80014 20-5842237 35,960 AURORA (5) NEW COTTAGE ARTS 3240 N JACKSON STREET OTHER 88-2047550 501C3 15,000 DENVER CO 80219 (6) NEW DANCE THEATRE 119 PARK AVENUE WEST DESIG, OTHER 84-0632111 501C3 DENVER CO 80205 27,100 (7) NINE REALMS, LLC DBA 2020 STORAGE 2020 ARAPAHOE ST LL OTHER CO 80205 86-2463341 7,500 DENVER (8) NE COLORADO BOARD OF COOPERATIVES PO BOX 98 301 WEST POWELL OTHER HAXTUN CO 80731 84-0585537 88,927 (9) NORTHFIELD HIGH SCHOOL FOUNDATION 5500 CENTRAL PARK BLVD. DESTG 47-3453577 501C3 6,000 DENVER CO 80238 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of section or government noncash assistance noncash assistance or assistance grant (if applicable) other) (1) NORTHSTAR ENTERPRISE LLC DBA GRAVEL 2014 S UNIVERSITY BLVD OTHER 85-1176331 DENVER CO 80210 15,000 (2) NOURISH MEALS ON WHEELS P. O. BOX 3108 DESIG, SIG 84-0617651 501C3 CENTENNIAL CO 80161 20,057 (3) OCHO BROADWAY, LLC DBA BAKER WINE 440 N BROADWAY OTHER DENVER CO 80203 47-3469299 15,000 (4) OH BE JOYFUL BAPTIST CHURCH DESIG 625 MAROON AVE 84-0997374 501C3 CRESTED BUTTE CO 81224 10,500 (5) OLD WESTERN PAINTS INC DBA OLD WEST 2001 W BARBERRY PL OTHER 84-0564220 15,000 DENVER CO 80204 (6) ONE ACRE FUND 1954 FIRST ST. #183 DESIG 6,750 HIGHLAND PARK IL 60035 20-3668110 | 501C3 (7) ONF INC DBA ON AND OFF 2401 W 32ND AVE OTHER CO 80211 85-2590292 501C3 15,000 DENVER (8) OPEN DOOR YOUTH GANG ALTERNATIVES 1615 CALIFORNIA STREET SUITE 712 DESIG, SIG DENVER CO 80202-3727 84-1119355 501C3 10,097 (9) OUR FATHER LUTHERAN CHURCH 6335 SOUTH HOLLY STREET DESTG 84-0714954 501C3 CENTENNIAL CO 80121 10,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MILE HIGH UNITED V | VAY, INC. | | | | | 84 | <u>1-0404235 </u> |
|--|-----------------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|--|
| Part I General Information on Grants at | nd Assistance | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m | tance? | - | | | ants or assistance | and | Yes No |
| Part II Grants and Other Assistance to | Domestic Org | anization | s and Domestic | Governments. | Complete if the | organization | answered "Yes" on Form 990 |
| Part IV, line 21, for any recipient that | | | | | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) OUR LADY OF LORETO | | | | | | | |
| 18000 EAST ARAPAHOE ROAD | | | | | | | DESIG |
| FOXFIELD CO 80016 | 84-1489200 | 501C3 | 7,329 | | | | |
| (2) OUR LADY OF LOURDES | | | | | | | |
| 2200 SOUTH LOGAN | | | | | | | DESIG |
| DENVER CO 80210 | 84-0421979 | 501C3 | 40,177 | | | | |
| (3) OUR THREE INITIALS LLC DBA WIDE | RIG | | | | | | |
| 2100 CURTIS ST | | | | | | | OTHER |
| DENVER CO 80205 | 84-3214416 | | 15,000 | | | | |
| (4) OUTREACH UNITED RESOURCE CENTER | | | | | | | |
| 220 COLLYER ST. | | | | | | | DESIG, SIG |
| LONGMONT CO 80501 | 74-2448346 | 501C3 | 26,173 | | | | |
| (5) PAMELAS ELITE CLEANING | | | | | | | |
| 515 S CANOSA CT | | | | | | | OTHER |
| DENVER CO 80219 | 93-1529415 | 501C3 | 7,500 | | | | |
| (6) PARKER TASK FORCE FOR HUMAN SVCS | | | | | | | |
| 19105 LONGS WAY | | | | | | | DESIG |
| PARKER CO 80134 | 74-2494265 | | 7,575 | | | | |
| (7) PEAKVOLT RENTALS, LTD. | | | | | | | |
| 7608 E. 28TH AVENUE, UNIT #6 | | | | | | | OTHER |
| DENVER CO 80238 | 93-4246543 | | 15,000 | | | | |
| (8) PEARL STREET HOSPITALITY LLC | | | | | | | |
| 619 E. 13TH AVENUE | | | | | | | OTHER |
| DENVER CO 80203 | 47-4333892 | | 15,000 | | | | |
| (9) PETIT FAMILY FOUNDATION | | | | | | | |
| 32 WHITING ST. | | | | | | | DESIG |
| PLAINVILLE CT 06062 | 26-0627813 | 501C3 | 10,000 | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | t organizations liste | ed in the lin | e 1 table | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 84-0404235

MILE HIGH UNITED WAY. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC (e) Amount of 1 (b) EIN (d) Amount of cash (h) Purpose of grant (q) Description of or government noncash assistance noncash assistance or assistance grant other) (if applicable) (1) PHAMALY THEATRE COMPANY 3532 FRANKLIN ST SUITE T2 OTHER 84-1123080 501C3 DENVER CO 80205 25,000 (2) PIKES PEAK BOARD OF COOPERATIVE 2883 S CIRCLE DRIVE OTHER COLORADO SPRINGS 84-0585072 30,350 CO 80906 (3) PINK ADOBE, INC. DBA LA FIESTA 2340 CHAMPA ST OTHER DENVER CO 80205 84-0577495 15,000 (4) PLANNED PARENTHOOD-ROCKY MOUNTAIN 7155 E. 28TH AVENUE DESIG, DAF CO 80207 84-0404253 501C3 DENVER 23,495 (5) PLATTEFORUM 2400 CURTIS STREET SUITE 100 OTHER CO 80205 71-0891869 501C3 25,000 DENVER (6) POSITIVE COACHING ALLIANCE 66 FRANKLIN ST SUITE 300 DESTG 77-0485946 501C3 OAKLAND CA 94607 10,000 (7) PRANAVA MASSAGE AND WELLNESS 3070 BLAKE ST STE 150 OTHER CO 80211 85-3033946 7,500 DENVER (8) PROJECT ANGEL HEART 4950 WASHINGTON STREET DESIG, SIG DENVER CO 80216-2026 84-1199481 501C3 25,498 (9) PROJECT C.U.R.E. 10377 EAST GEDDES AVE SUITE 200 DESTG CO 80112 84-1568566 501C3 5,567 CENTENNIAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2023Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

IDIIG IIISDEGUUII G

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government noncash assistance noncash assistance or assistance grant other) (if applicable) (1) PSA SUBWAY #1, INCORPORATED OTHER 6565 S SYRACUSE WAY # 1608 43-1997948 15,000 GREENWOOD VILLAGE CO 80111 (2) PUBLIC BROADCASTING 7409 SOUTH ALTON COURT DESIG CO 80112 74-2324052 501C3 8,786 CENTENNIAL (3) PUBLIC EDU & BUSINESS COALITION 3607 MARTIN LUTHER KING BLVD DESIG, OTHER DENVER CO 80205 74-2357262 501C3 48,177 (4) RACEANN BALLEW DBA RACEWAY 1600 BROADWAY STE 1600 OTHER CO 80202 55-3555946 7,500 DENVER (5) RBNKENNELS LLC 1001 BANNOCK ST OTHER 93-2651185 15,000 DENVER CO 80204 (6) REACH OUT AND READ COLORADO 3705 MARTIN LUTHER KING BLVD DESTG |86-1172160|501C3 5,531 DENVER CO 80205 (7) REALITY TECHNOLOGY, INC. 2444 N WASHINGTON ST STE 215 OTHER CO 80205 84-1093214 15,000 DENVER (8) REDLINE CONTEMPORARY ART CENTER 2350 ARAPAHOE STREET OTHER DENVER CO 80205 26-0317963 501C3 30,000 (9) REGENTS OF UNIVERSITY OF CALIFORNIA 2220 PIEDMONT AVENUE DESTG 16,000 94-6002123 BERKELEY CA 94704

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| MILE HIGH UNITED V | WAY, INC. | | | | | 84 | <u>4-0404235</u> | |
|--|-----------------|---------------------------------------|-----------------------------|----------------------------------|---|--------------|------------------------------------|-----|
| Part I General Information on Grants a | nd Assistance | | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m | tance? | - | | | ants or assistance, | and | Yes | No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Yes" on Form | 990 |
| Part IV, line 21, for any recipient that | at received mor | e than \$ | 5,000. Part II can | be duplicated if a | additional spac | e is needed. | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | |
| (1) REGIS JESUIT HIGH SCHOOL | | | | | Í | | | _ |
| 6300 W LEWISTON WAY | | | | | | | DESIG | |
| | 84-0791593 | 501C3 | 7,500 | | | | | |
| (2) RELAY GRADUATE SCHOOL OF EDUCATION | | | · | | | | | _ |
| 25 BROADWAY, 3RD FLOOR | | | | | | | OTHER | |
| NEW YORK NY 10004 | 27-5316628 | | 562,120 | | | | | |
| (3) RICK'S RIDES LLC | | | | | | | | |
| 1001 BANNOCK ST | | | | | | | OTHER | |
| | 93-3799959 | | 15,000 | | | | | |
| (4) RIDEAWAY AUTO GROUP LLC DBA BALD. | | | -, | | | | | |
| 2120 W 7TH ST | | | | | | | OTHER | |
| DENVER CO 80204 | 82-1180326 | | 15,000 | | | | | |
| (5) RIVER LTD DBA RIVER | | | -, | | | | | |
| 3759 CHESTNUT PL | | | | | | | OTHER | |
| DENVER CO 80216 | 38-4180033 | | 15,000 | | | | | |
| (6) RIVER OF GRACE BAPTIST CHURCH | | | | | | | | |
| 84 S MASTERS DRIVE | | | | | | | DESIG | |
| PUEBLO CO 81007 | 02-0715377 | 501C3 | 30,918 | | | | | |
| (7) ROCKY MOUNTAIN ARTS ASSOCIATION | | | | | | | | |
| 700 COLORADO BOULEVARD #325 | | | | | | | DESIG, OTHER | |
| DENVER CO 80206 | 74-2275546 | 501C3 | 20,460 | | | | | |
| (8) ROCKY MOUNTAIN IMMIGRANT ADVOCAC | _ | | | | | | | |
| 7301 FEDERAL BLVD STE 300 | | | | | | | DESIG, SIG | |
| WESTMINSTER CO 80030 | 84-1565542 | 501C3 | 15,057 | | | | | |
| (9) RONALD MCDONALD HOUSE CHARITIES | | | ==, 00. | | | | | |
| 1300 E. 21ST AVE. | | | | | | | DESIG | |
| | 84-0728926 | 501C3 | 14,420 | | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | · | | | | • | | 1 | _ |
| | | | | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

MILE HIGH UNITED WAY, 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) RONDER HOLDINGS, INC. 2220 CALIFORNIA ST OTHER 81-3401976 15,000 DENER CO 80205 (2) ROOT MEDICAL AESTHETICS LLC 2345 7TH ST OTHER 84-4803683 7,500 DENVER CO 80211 (3) ROOTS FAMILY CENTER 4200 MORRISON RD. UNIT 7 ISTG DENVER CO 80219 81-4625101 501C3 15,000 (4) ROTARY CLUB OF DENVER SE FDTN PO BOX 2764 DAF CO 80161 84-1267180 501C3 LITTLETON 13,900 (5) RYAN HOUSE 110 W. HUHAMMAD ALI WAY DESIG 20-1852393 501C3 10,516 PHOENIX AZ 85013 (6) SACRED ARTS LLC 3047 LARIMER ST #201 OTHER 81-2171054 7,500 DENVER CO 80205 (7) SACRED HEART OF JESUS CATHOLIC 2312 14TH STREET DESIG CO 80304 84-0404918|501C3 10,000 BOULDER (8) SACRED VOICES PO BOX 101564 OTHER DENVER CO 80250 45-3183874 501C3 20,000 (9) SAFEHOUSE DENVER, DESIG, SIG 1649 DOWNING STREET CO 80218-1528 84-0745911 501C3 61,784 DENVER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) SALVATION ARMY INTERMOUNTAIN DIV 1370 PENNSYLVANIA ST. DESIG |94-1156347| 501C3 22,774 DENVER CO 80203 (2) SATELLITE BAR LLC 308 E. COLFAX AVE OTHER 20-5070770 15,000 DENVER CO 80203 (3) SCG LLC DBA CORPORATE DELI 518 17TH #103 OTHER DENVER CO 80202 52-2366918 15,000 (4) SCHOLARS UNLIMITED 3705 E 40TH AVE DESIG, SIG 84-1314292 501C3 DENVER CO 80205 39,110 (5) SECOND CHANCE CENTER INC 224 POTOMAC ST OTHER 90-0794239 197,504 **AURORA** CO 80011 (6) SECORCARES 17151 PINE LANE ISTG 20-4226894 501C3 PARKER CO 80134 10,000 (7) SEEDS OF HOPE OF NORTHERN COLORADO DESIG 1300 S. STEELE ST. CO 80210 82-1844617 501C3 8,500 DENVER (8) SEMPER FI CONSULTING SERVICES LLC 7995 E MISSISSIPPI AVE J2 OTHER DENVER CO 80247 86-3869741 7,500 (9) SEVEN SEAS INDUSTRIES, 5062 FEDERAL BLVD OTHER CO 80221 85-4124480 15,000 DENVER 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) SEWALL CHILD DEVELOPMENT CENTER 940 FILLMORE STREET DESIG, SIG CO 80206-3852 84-0413241 501C3 51,950 DENVER (2) SHIPFY TRANSPORT LLC 860 S ONEIDA ST C-405 OTHER 85-3152207 7,500 DENVER CO 80224 (3) SHISH KABOB GRILL INC 1503 N. GRANT STREET OTHER DENVER CO 80203 181-0645787 15,000 (4) SKILLUP COALITION 548 MARKET ST PMB 63520 OTHER CA 94104-5401 83-1740975 501C3 49,900 SAN FRANCISCO (5) SMART HOME PROS, LLC. 890 NAVAJO ST OTHER 83-2839189 15,000 DENVER CO 80204 (6) SNOOZE, LLC 2262 LARIMER ST OTHER 35-2253474 DENVER CO 80205 15,000 (7) SOLOMON SCHECHTER DAY SCHOOL DESIG 125 WELLS AVE 04-2303212 501C3 10,000 NEWTON MA 02459 (8) SONEFF'S MASTER GARAGE 2140 ARAPAHOE ST OTHER DENVER CO 80205 84-0589535 15,000 (9) SOUTH VALLEY SERVICES P.O. BOX 1028 DESTG 87-0543219 501C3 11,590 WEST JORDAN UT 84084

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number MILE HIGH UNITED WAY.

84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DESIG DALLAS TX 75275 75-0800689 23,375 (2) SOUTHWEST COLORADO EDUCATION COLLAB 1000 RIM DRIVE EBH 140 OTHER 86-2475305 501C3 36,489 DURANGO CO 81301 (3) ST. BERNADETTE CATHOLIC CHURCH 7240 W. 12TH AVE. DESTG LAKEWOOD CO 80214 84-0431890|501C3 10,000 (4) ST. FRANCIS CENTER 2323 CURTIS STREET DESIG, SIG 84-1185856 501C3 24,961 DENVER CO 80205 (5) ST.JUDE CHILDRENS RESEARCH HOSPITAL 332 NORTH LAUDERDALE DESIG 62-0646012 501C3 8,454 **MEMPHIS** TN 38105 (6) ST. MARY'S ACADEMY 4545 S UNIVERSITY BLVD DESTG 84-0459889 501C3 ENGLEWOOD CO 80113 5,148 (7) STAND UP CLEANING LLC DBA STAND 14425 PENSACOLA DR OTHER 82-2745306 7,500 DENVER CO 80249 (8) STANLEY BRITISH PRIMARY SCHOOL 350 QUEBEC COURT DESIG 74-2325997 501C3 DENVER CO 80230 10,000 (9) STEELBRIDGE MINISTRIES P.O. BOX 331 DESTG NM 87102 85-0208645 501C3 6,192 ALBUQUERQUE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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2023Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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Employer identification number QA = OAOA235

MILE HIGH UNITED WAY. 84-0404235 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance other) (if applicable) (1) STEPHANIE A CURTIS DBA TASCC LLC 939 N WALNUT ST OTHER COLORADO SPRINGS 92-0517763 46,985 CO 80908 (2) STEPHANIE CARLSEN COUNSELING, 1155 SHERMAN ST STE 301 OTHER 81-1340181 15,000 DENVER CO 80203 (3) STRANGE BREWING COMPANY, LLC 1330 ZUNI ST UNIT M OTHER DENVER CO 80204 27-0297822 15,000 (4) STUDIO SALON 1135 BANNOCK ST STE 101 OTHER CO 80204 27-2231556 DENVER 15,000 (5) SU TEATRO INC 721 SANTA FE DRIVE SIG, OTHER 74-2440659 CO 80204 40,000 (6) SULLIVAN SCRAP SANDWICHES LLC 1740 E 17TH AVE OTHER CO 80218 83-0748680 DENVER 30,000 (7) SUMMIT FOUNDATION DESIG PO BOX 4000 74-2341399|501C3 43,217 BRECKENRIDGE CO 80424 (8) SUMMIT MEDICAL CENTER HEALTH FDTN PO BOX 738 DESIG 84-0902211 501C3 FRISCO CO 80443 45,000 (9) SUNSHINE HOME SHARE COLORADO 3532 NORTH FRANKLIN STREET E2/E3 ISTG CO 80205 47-4717607 501C3 20,000 DENVER 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MILE HIGH UNITED V | VAY, INC. | | | | | 84 | <u>4-0404235</u> | |
|---|-----------------------|---------------------------------|-----------------------------|----------------------------------|---|--------------|--------------------------------------|-----------|
| Part I General Information on Grants ar | nd Assistance | | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m | ance? | | | | | | Yes | No |
| Part II Grants and Other Assistance to | | | | | Complete if the | organization | answered "Ves" on I | |
| Part IV, line 21, for any recipient that | | | | | | | answered 165 on 1 | 01111 330 |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of gran or assistance | nt |
| 1) SUSNICK BROTHERS LLC DBA HOJA | | | | | , | | | |
| 1284 S PEARL ST | | | | | | | OTHER | |
| DENVER CO 80210 | 47-3054992 | | 15,000 | | | | | |
| 2) SWANSON KITCHEN LLC | | | - | | | | | |
| 1155 S. HAVANA ST #11-405 | | | | | | | OTHER | |
| AURORA CO 80012 | 93-1705650 | | 15,000 | | | | | |
| (3) T DOYLE LLC DBA VARECO, LLC | | | - | | | | | |
| 144 S JERSEY ST | | | | | | | OTHER | |
| DENVER CO 80224 | 81-3979222 | | 15,000 | | | | | |
| (4) TASTY THAI LLC. | | | | | | | | |
| 406 E COLFAX AVE. | | | | | | | OTHER | |
| DENVER CO 80220 | 82-5186190 | | 15,000 | | | | | |
| (5) TAXES UNIDOS | | | | | | | | |
| 5175 W ALAMEDA | | | | | | | OTHER | |
| DENVER CO 80219 | 81-2730926 | | 15,000 | | | | | |
| (6) TEALEE'S, LLC | | | | | | | | |
| 611 22ND ST | | | | | | | OTHER | |
| DENVER CO 80205 | 47-4226028 | | 15,000 | | | | | |
| 7) TENNYSON CENTER FOR CHILDREN | | | | | | | | |
| 2950 TENNYSON ST | | | | | | | DESIG | |
| DENVER CO 80212 | 61-1458290 | 501C3 | 20,389 | | | | | |
| (8) TEQUILA BLUES | | | | | | | | |
| 18617 E 54TH AVE | | | | | | | OTHER | |
| DENVER CO 80249 | 85-3756382 | | 15,000 | | | | | |
| 9) TESFAYE DUKI DBA TESFAYEDUKI LLC | | | | | | | | |
| 9071 E MISSISSIPPI AVE APT W420A | | | | | | | OTHER | |
| DENVER CO 80247 | 85-2483684 | | 7,500 | | | | | |
| 2 Enter total number of section 501(c)(3) and governmen | t organizations liste | ed in the lin | e 1 table | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| MILE H | <u> [GH</u> | UNITED W | AY, INC. | | | | | 84 | <u>4-0404235 </u> | |
|---|-------------|----------------------|---------------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|--|-----|
| Part I General Informa | tion | on Grants an | d Assistance | | | | | | | |
| the selection criteria used to aw | ard th | ne grants or assista | ance? | | | | | | Yes | No |
| | | | | | | | Complete if the | organization | answered "Yes" on Forr | n 9 |
| | | | | | | | additional spac | e is needed. | | |
| • • | - | ization | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) TEXAS TECH LAW SCHO | OL I | FOUNDATION | | | | | | | | |
| 3111 18TH STREET | | | | | | | | | DESIG | |
| LUBBOCK | TX | 79409 | 74-1590489 | 501C3 | 25,000 | | | | | |
| (2) THAI DAWGS | | | | | | | | | | |
| 1438 E 96TH DR | | | | | | | | | OTHER | |
| DENVER | CO | 80229-2275 | 27-1825116 | | 15,000 | | | | | |
| | | | | | | | | | | |
| Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC (g) Amount of cash (g) Amount of cash (g) Amount of noncash assistance (g) Amount of noncash assistance (g) Amount of noncash assistance (g) Description of noncash assistance (g) Desc | | | | | | | | | | |
| DENVER | CO | 80203 | 82-0637905 | | 15,000 | | | | | |
| | HOP | LLC | | | | | | | | |
| 108 S BROADWAY ST | | | | | | | | | OTHER | |
| | CO | 80209 | 47-1742819 | | 15,000 | | | | | |
| (5) THE CAKE BAR | | | | | | | | | | |
| 214 E 13TH AVE | | | | | | | | | OTHER | |
| DENVER | CO | 80203 | 93-1608556 | | 7,500 | | | | | |
| (6) THE COLLEGE OF WOOS | TER | | | | | | | | | |
| 1189 BEALL AVENUE | | | | | | | | | DESIG | |
| WOOSTER | OH | 44691 | 34-0714654 | 501C3 | 6,000 | | | | | |
| | | | | | | | | | | |
| P.O. BOX 1406 | | | | | | | | | DESIG, SIG | |
| | | 80201 | 20-1122039 | 501C3 | 18,130 | | | | | |
| | NC | | | | | | | | | |
| | | | | | | | | | DESIG, OTHER | |
| | | | 84-6048381 | 501C3 | 45,434 | | | | | |
| · , | LLC | C | | | | | | | | |
| | | | | | | | | | OTHER | |
| | | | | | | | | | | |
| 2 Enter total number of acction F(| 14/01/5 |) and anyornment | organizationa lieta | ad in the lin | o 1 toblo | | | | | |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number MILE HIGH UNITED WAY, 84-0404235

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government noncash assistance noncash assistance or assistance grant (if applicable) other) (1) THE HADANOU COLLECTIVE OTHER 1308 5TH ST 87-4722400 38,602 DENVER CO 80403 (2) THE L LLC 46 BROADWAY ST OTHER 84-2597703 15,000 DENVER CO 80203 (3) THE METLO SALON 1111 BROADWAY STE 206/207 OTHER DENVER CO 80203 47-1482778 7,500 (4) THE TREVOR PROJECT 8704 SANTA MONICA BLVD ST. 200 DESIG CA 90069 |95-4681287|501C3 7,220 WEST HOLLYWOOD (5) TITUM LLC DBA TI CAF 30 N BROADWAY OTHER 84-4539768 15,000 DENVER CO 80203 (6) TOMMY SPAULDING LEADERSHIP INST PO BOX 2705 DESIG CO 80161-2705 26-4795262 501C3 9,975 LITTLETON (7) TRACK ARCHITECTURE LLC 2265 LAWRENCE ST OTHER CO 80205 81-1610038 15,000 DENVER (8) TRAILHEAD INSTITUTE 1999 BROADWAY, SUITE 600 OTHER DENVER CO 80202 84-1267213 501C3 40,000 (9) TREELINE PASS 209 W HAMPDEN AVE OTHER 82-5279131 501C3 ENGLEWOOD CO 80110 48,043

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MILE HIGH UNITED WAY, INC.

Employer identification number 84-0404235

| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC (c) IRC (grant) (grant) (c) IRC (grant) (grant) (d) Amount of cash (e) Amount of noncash assistance (e) Amount of noncash assistance (f) Method of valuation (book, FMW, appraisal, other) (grant) (h) Purpose of grant or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amount of cash (grant) and contact or assistance (h) Amou | Part I General Information on Grants | and Assistance | | | | | | |
|---|--|-----------------------|-------------|-------------------------|----------------------------|-------------------------------|--------------|--|
| 2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. Part IV Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EN (b) EN (c) EN | 1 Does the organization maintain records to substantia | ate the amount of the | grants or a | assistance, the grantee | es' eligibility for the gr | ants or assistance, | and | |
| Part II | | | | | | | | Yes No |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (station station or government) 1) TREMILO LLC (2246 LARIMER ST (280 82) 83-1465822 15,000 (290 82) 83-1465822 (| | | | | | Complete if the | organization | answered "Ves" on Form 990 |
| 1 | | | | | | | | answered res on rollingso, |
| Or government | | | | | | (f) Method of valuation | | (h) Purpose of grant |
| 2246 LARIMER ST | (, | () | section | ` ' | ` ' | (book, FMV, appraisal, other) | (5) | |
| DENVER CO 80205 83-1465822 15,000 2) TWO SIDES CONSULTING LLC 15255 E. 40TH AVE UNIT 114 DENVER CO 80239 86-3851063 7,500 3) UMOM NEW DAY CENTERS 3333 EAST VAN BUREN STREET PHOENIX AZ 85008 86-0521062 501C3 7,589 4) UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET #725 DENVER CO 80203-1114 84-6049811 501C3 74,772 5) UNIVERSITY OF DENVER 2190 E. ASBURY AVE DENVER CO 80210 84-0404231 501C3 10,600 5) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 4INNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 7) UNIVERSITY OF NORTHERN CO FDIN 1620 RESERVOIR ROAD SREELEY CO 80639 84-6044833 501C3 9,250 3) URBAN PEAK DENVER 2100 STOUL STREET 2100 STOUL STREET DESIG DENVER CO 80205 84-1212246 501C3 56,563 9) UW BREVARD COUNTY 1100 ROCKLEDGE BLVD SUITE 300 COCKLEDGE FL 32955 59-0836384 501C3 35,283 | (1) TREMILO LLC | | | | | · | | |
| ### TWO SIDES CONSULTING LLC 15255 E. 40TH AVE UNIT 114 16205 E. 40TH AVE UNIT 114 26 WINDER CO 80239 86-3851063 7,500 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,500 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,500 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,500 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,589 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,589 #### TWO MINIT TO THE TENT CO 80239 86-3851063 7,589 #### TWO MINIT TO THE TENT CO 80239 1114 84-6049811 501C3 74,772 #### TWO MINIT TO THE TENT CO 80239 1114 84-6049811 501C3 74,772 #### TWO MINIT TO THE TENT CO 80239 84-0404231 501C3 10,600 #### TWO MINIT TO THE TENT CO 80239 84-0404231 501C3 13,500 #### TWO MINIT TO THE TENT CO FOR THE TENT CO FOR THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 9,250 #### TWO MINIT TO THE TENT CO 80239 84-6044833 501C3 85,283 #### TWO MINIT TO THE TENT CO 80239 84-6044834 501C3 85,283 #### TWO MINIT TO THE TENT CO 80239 84-6044834 501C3 85,283 | 2246 LARIMER ST | | | | | | | OTHER |
| 15255 E. 40TH AVE UNIT 114 DENVER CO 80239 86-3851063 7,500 30 UMOM NEW DAY CENTERS 3333 EAST VAN BUREN STREET HOENIX AZ 85008 86-0521062 501C3 7,589 40 UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET #725 DENVER CO 80203-1114 84-6049811 501C3 74,772 DENVER CO 80203-1114 84-6049811 501C3 74,772 DESIG 50 UNIVERSITY OF DENVER 2190 E. ASBURY AVE 2190 E. ASBURY AVE 2190 E. ASBURY AVE 36 UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 41NNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 1620 RESERVOIR ROAD 3REELEY CO 80639 84-6044833 501C3 9,250 50 URBAN PEAK DENVER 2100 STOUT STREET 2100 STOUT STREET 2100 STOUT STREET 2100 STOUT STREET 2100 COCKLEDGE BLVD SUITE 300 DESIG | DENVER CO 80205 | 83-1465822 | | 15,000 | | | | |
| DENVER CO 80239 86-3851063 7,500 3) UMOM NEW DAY CENTERS 3333 EAST VAN BUREN STREET PHOENIX AZ 85008 86-0521062 501C3 7,589 4) UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET #725 DESIG DAF 2190 E. ASBURY AVE 2190 E. ASBURY AVE 20 UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 41-6042488 501C3 13,500 70 UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD REELEY CO 80639 84-6044833 501C3 9,250 3) URBAN PEAK DENVER 2100 STOUT STREET 2100 STOUT STREET 2100 ROADS 84-1212246 501C3 56,563 20 UW BREVARD COUNTY 1100 ROCKLEDGE BLVD SUITE 300 ROCKLEDGE FL 32955 59-0836384 501C3 35,283 | (2) TWO SIDES CONSULTING LLC | | | | | | | |
| S UMOM NEW DAY CENTERS 3333 | 15255 E. 40TH AVE UNIT 114 | | | | | | | OTHER |
| 3333 EAST VAN BUREN STREET | | 86-3851063 | | 7,500 | | | | |
| ## PHOENIX AZ 85008 86-0521062 501C3 7,589 | (3) UMOM NEW DAY CENTERS | | | | | | | |
| ## UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET #725 DENVER CO 80203-1114 84-6049811 501C3 74,772 DENVER CO 80203-1114 84-6049811 501C3 74,772 2190 E. ASBURY AVE DENVER CO 80210 84-0404231 501C3 10,600 ### UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 HINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 ### UNIVERSITY OF NORTHERN CO FDIN 1620 RESERVOIR ROAD BREELEY CO 80639 84-6044833 501C3 9,250 ### URBAN PEAK DENVER 2100 STOUT STREET DENVER CO 80205 84-1212246 501C3 56,563 DESIG ### DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG DESIG | | | | | | | | DAF |
| 1800 GRANT STREET #725 DENIVER CO 80203-1114 84-6049811 501C3 74,772 5) UNIVERSITY OF DENVER 2190 E. ASBURY AVE DESIG DENIVER CO 80210 84-0404231 501C3 10,600 5) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 HINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD REELEY CO 80639 84-6044833 501C3 9,250 3) URBAN PEAK DENVER 2100 STOUT STREET DESIG, DAF DESIG, DAF DESIG, DAF DESIG, DAF DESIG, DAF DESIG, DAF DESIG, SIG DESIG | | | 501C3 | 7,589 | | | | |
| DESIGNOR CO 80203-1114 84-6049811 501C3 74,772 5) UNIVERSITY OF DENVER 2190 E. ASBURY AVE DESIG DENVER CO 80210 84-0404231 501C3 10,600 PO BOX 860266 ININEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 TO UNIVERSITY OF NORTHERN CO FDIN 1620 RESERVOIR ROAD SREELEY CO 80639 84-6044833 501C3 9,250 SINURBAN PEAK DENVER 2100 STOUT STREET DESIG, SIG DESIG | · , | ON | | | | | | |
| DESIG DESI | | | | | | | | DESIG, DAF |
| DESIG DESI | | <u> 14 84-6049811</u> | 501C3 | 74,772 | | | | |
| DENVER CO 80210 84-0404231 501C3 10,600 5) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD SHEELEY CO 80639 84-6044833 501C3 9,250 B) URBAN PEAK DENVER 2100 STOUT STREET DESIG, SIG DESIG | | | | | | | | |
| 5) UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD SREELEY CO 80639 84-6044833 501C3 9,250 6) URBAN PEAK DENVER 2100 STOUT STREET DESIG, DAF DESIG, SIG DESIG | | | E01 00 | 10.600 | | | | DESIG |
| PO BOX 860266 DESIG MINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 (7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD BREELEY CO 80639 84-6044833 501C3 9,250 (3) URBAN PEAK DENVER 2100 STOUT STREET DESIG, DAF DESIG, DAF DESIG, SIG DESIG DESIG DESIG DESIG | | | 501C3 | 10,600 | | | | |
| MINNEAPOLIS MN 55486-0266 41-6042488 501C3 13,500 7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD SREELEY CO 80639 84-6044833 501C3 9,250 B) URBAN PEAK DENVER 2100 STOUT STREET DESIG, SIG DESIG, SIG DESIG, SIG DESIG, SIG DESIG, SIG DESIG, SIG DESIG DESIG DESIG DESIG DESIG | · , | TON | | | | | | PEGIG |
| 7) UNIVERSITY OF NORTHERN CO FDTN 1620 RESERVOIR ROAD GREELEY CO 80639 84-6044833 501C3 9,250 B) URBAN PEAK DENVER 2100 STOUT STREET DESIG, SIG DENVER CO 80205 84-1212246 501C3 56,563 DESIG, SIG DESIG, SIG DESIG SO UW BREVARD COUNTY 1100 ROCKLEDGE BLVD SUITE 300 ROCKLEDGE FL 32955 59-0836384 501C3 35,283 | | | F01 G2 | 12 500 | | | | DESIG |
| 1620 RESERVOIR ROAD | | 06 41-6042488 | 501C3 | 13,500 | | | | |
| STREELEY CO 80639 84-6044833 501C3 9,250 | ` | | | | | | | DECTO DAE |
| ## DESIG SIG SIG | | | E0102 | 0 250 | | | | DESIG, DAF |
| 2100 STOUT STREET | | 04-0044033 | 30103 | 9,250 | | | | |
| DENVER CO 80205 84-1212246 501C3 56,563 a) UW BREVARD COUNTY 1100 ROCKLEDGE BLVD SUITE 300 ROCKLEDGE FL 32955 59-0836384 501C3 35,283 DESIG | · , | | | | | | | DECIC CIC |
| 9) UW BREVARD COUNTY 1100 ROCKLEDGE BLVD SUITE 300 ROCKLEDGE FL 32955 59-0836384 501C3 35,283 | | | E0102 | 56 562 | | | | DESIG, SIG |
| 1100 ROCKLEDGE BLVD SUITE 300 DESIG ROCKLEDGE FL 32955 59-0836384 501C3 35,283 | | 04-1212240 | 20163 | 30,303 | | | | |
| ROCKLEDGE FL 32955 59-0836384 501C3 35,283 | · , | | | | | | | DESTG |
| | | 59-0836384 | 50103 | 35 283 | | | | DEGE |
| | | | | | | | | 1 |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| MILE HIGH UN | HITED WAY, INC. | | | | | 84 | <u>4-0404235</u> | |
|---|---|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|---------|
| Part I General Information on | Grants and Assistance | ! | | | | | | |
| Does the organization maintain records to state selection criteria used to award the gra Describe in Part IV the organization's process. | substantiate the amount of the nts or assistance?edures for monitoring the use of | grants or a | assistance, the grantee | es' eligibility for the gr | ants or assistance | , and | Yes | No |
| Part II Grants and Other Assist | ance to Domestic Org | anization | s and Domestic | Governments. | Complete if the | organization | answered "Yes" on | Form 99 |
| Part IV, line 21, for any re | | | | | | | | |
| 1 (a) Name and address of organization or government | n (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of gr or assistance | |
| (1) UW GREATER ST. LOUIS | | | | | | | | |
| 910 N. 11TH STREET ST LOUIS MO 631 | 01-1018 43-0714167 | 501C3 | 5,392 | | | | DESIG | |
| (2) UW HEART OF AMERICA | | | | | | | | |
| 801 WEST 47TH STREET SUITE | 500 | | | | | | OTHER | |
| KANSAS CITY MO 641 | 12 44-0545812 | 501C3 | 30,476 | | | | | |
| (3) UW LARIMER COUNTY | | | | | | | | |
| 525 WEST OAK STREET SUITE | 101 | | | | | | DESIG, OTHER | |
| FORT COLLINS CO 805 | 84-6031503 | 501C3 | 57,118 | | | | | |
| (4) UW MORGAN COUNTY-DECATUR, | AL | | | | | | | |
| P. O. BOX 1058 | | | | | | | DESIG | |
| DECATUR AL 356 | 63-0358762 | 501C3 | 7,417 | | | | | |
| (5) UW OF THE YAMPA VALLEY | | | | | | | | |
| PO BOX 774005 | | | | | | | DESIG, DAF, O' | THER |
| STEAMBOAT SPRINGS CO 804 | 84-0920741 | 501C3 | 11,757 | | | | | |
| (6) UW PIKES PEAK | | | | | | | | |
| 518 N. NEVADA AVE. | | | | | | | DESIG, OTHER | |
| COLORADO SPRINGS CO 809 | 03-1106 84-0511799 | 501C3 | 229,807 | | | | | |
| (7) UW PUEBLO COUNTY | | | | | | | | |
| P O BOX 11566 | | | | | | | DESIG | |
| | 01-0566 84-0404917 | 501C3 | 6,100 | | | | | |
| (8) UW SALT LAKE | | | | | | | | , |
| 257 EAST 200 SOUTH, SUITE | 300 | | | | | | DESIG | |
| SALT LAKE CITY UT 841 | 11-8099 93-2854627 | 501C3 | 5,065 | | | | | |
| (9) UW SOUTHWEST COLORADO | | | | | | | | |
| P. O. BOX 3040 | | | | | | | DESIG, OTHER | |
| DURANGO CO 813 | 302 23-7113221 | 501C3 | 11,800 | | | | | |
| 2 Enter total number of section 501(c)(3) and | government organizations list | ed in the lin | ne 1 table | | | | | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| MILE H | <u>HIGH UNITED W</u> | <u>IAY, INC.</u> | | | | | 84 | <u>1-0404235 </u> |
|---|----------------------------|------------------|---------------------------------|--------------------------|----------------------------------|---|--------------|--|
| Part I General Inform | ation on Grants ar | d Assistance | | | | | | |
| Does the organization maintain the selection criteria used to a Describe in Part IV the organization | ward the grants or assist | ance? | - | | | | | Yes No |
| | | | | | | Complete if the | organization | answered "Yes" on Form 990 |
| | for any recipient that | | | | | | | answered res on rollingso |
| 1 (a) Name and address or governme | of organization | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| (1) UW WELD COUNTY | | | , , , | | | ŕ | | |
| P. O. BOX 1944 | | | | | | | | DESIG, OTHER |
| GREELEY | CO 80631 | 84-6011918 | 501C3 | 60,650 | | | | |
| (2) VALPARAISO TOURS II | NC | | | | | | | |
| 40 S FEDERAL BLVD | | | | | | | | OTHER |
| DENVER | CO 80219 | 46-4707179 | | 15,000 | | | | |
| (3) VENTURE BUSINESS S | TRATEGIES CORP | | | | | | | |
| 209 KALAMATH ST UNI | IT 13 | | | | | | | OTHER |
| DENVER | | 81-1081619 | | 15,000 | | | | |
| (4) VOLUNTEERS OF AMER | ICA - COLORADO | | | | | | | |
| 2660 LARIMER ST | | | | | | | | DESIG, SIG, OTHER |
| DENVER | CO 80205 | 84-0430995 | 501C3 | 216,667 | | | | |
| (5) W AND M DAWGS LLC | | | | | | | | |
| 2445 LARIMER ST | | | | | | | | OTHER |
| DENVER | CO 80205 | 27-0626320 | | 15,000 | | | | |
| (6) WARREN VILLAGE | | | | | | | | |
| WARREN VILLAGE | | | | | | | | DESIG, SIG |
| DENVER | CO 80218-2552 | 84-0644270 | 501C3 | 87,701 | | | | |
| (7) WEDONTWASTE INC | | | | | | | | |
| 5971 BROADWAY | | | | | | | | DESIG, SIG |
| | | 27-0585966 | | 23,340 | | | | |
| (8) WESTERN COLORADO U | NIVERSITY | | | | | | | |
| 1 WESTERN WAY | | | | | | | | OTHER |
| GUNNISON | CO 81230 | 84-6000558 | | 8,258 | | | | |
| (9) WESTERN STATES COLI | LEGE OF CONST | | | | | | | |
| 1391 SPEER BLVD | | | | | | | | OTHER |
| DENVER | CO 80204 | 85-0695313 | | 27,148 | | | | |
| 2 Enter total number of section i | FO4/a)/O) and may are more | | منا مملك من لمم | - 4 4-1-1- | | | | |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MILE HIGH UNITED W | AY, INC. | | | | | 84 | 4-0404235 |
|---|----------------|---------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants an | d Assistance | ! | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assistation. Describe in Part IV the organization's procedures for more than the procedure of the procedure. | ance? | | | | | | Yes No |
| Part II Grants and Other Assistance to D | | | | | Complete if the | organization | answered "Yes" on Form 9 |
| Part IV, line 21, for any recipient that | t received mo | re than \$ | 5.000. Part II can | be duplicated if | additional space | e is needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) WILD PLUM CENTER FOR YOUNG CHILDR | EN | | | | · | | |
| 82 21ST AVE STE B | | | | | | | DESIG, SIG |
| LONGMONT CO 80501 | 47-4709774 | 501C3 | 25,464 | | | | |
| (2) WOMEN'S BEAN PROJECT | | | | | | | |
| 3201 CURTIS STREET | | | | | | | DESIG, DAF |
| | 84-1144973 | 501C3 | 6,645 | | | | |
| (3) WOODS BOSS BREWING COMPANY LLC | | | | | | | |
| 2210 CALIFORNIA ST. | | | | | | | OTHER |
| DENVER CO 80205 | 47-1206670 | | 15,000 | | | | |
| (4) YANIRA CORTES DBA THE HEEL PALACE | | | | | | | |
| 3131 W MEXICO AVE APT G4 | | | | | | | OTHER |
| DENVER CO 80219 | 04-7765935 | | 7,500 | | | | |
| (5) YMCA OF METRO DENVER | | | | | | | |
| 2625 SOUTH COLORADO BLVD | | | | | | | DESIG, SIG |
| DENVER CO 80222-5910 | 84-0402696 | 501C3 | 29,553 | | | | |
| (6) YMCA OF NORTHERN COLORADO | | | | | | | |
| 2800 DAGNY WAY | | | | | | | DESIG, SIG |
| | 84-0459944 | 501C3 | 21,014 | | | | |
| (7) YOUNG AM CENTER FOR FNCL EDUC | | | | | | | |
| 3550 EAST FIRST AVENUE | | | | | | | DESIG |
| DENVER CO 80206-5508 | 84-1564926 | 501C3 | 6,500 | | | | |
| (8) YOUTHPOWER365 | | | | | | | |
| PO BOX 6550 | | | | | | | OTHER |
| AVON CO 81620 | 84-1442909 | 501C3 | 40,938 | | | | |
| (9) ZAKAWORLD | | | • | | | | |
| 2920 AVENUE R | | | | | | | DESIG |
| | 46-0567613 | | 30,000 | | | | |
| 2 Enter total number of section 501(c)(3) and government | | ed in the lin | · · · | | | | • |

| Part III | Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | | | | | | | | | | | |
|----------|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|--|--|--|--|--|--|
| | Part III can be duplicated if addit | | | | T | | | | | | | |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | | | |
| | i dono | | | | | | | | | | | |
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| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| Part IV | Supplemental Information. Pro | ovide the information | required in Part I, I | ine 2; Part III, columi | n (b); and any other addit | ional information. | | | | | | |
| SEE | SCHEDULE I SUPPLEMENTA | L INFORMATIO | N WORKSHEET | | | | | | | | | |
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Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2023, or tax year beginning 07/01/23, and ending 06/30/24

2023

| i dono illopoddioli dopy |
|---|
| PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS |
| FOR GRANTS AND DONOR DESIGNATIONS, THE RECIPIENT ORGANIZATION IS VETTED TO |
| ENSURE IT IS ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS. FOR IMPACT |
| INVESTMENT GRANTS, MILE HIGH UNITED WAY HAS WRITTEN AGREEMENTS WITH IMPACT |
| INVESTMENT PARTNERS REGARDING THE USE OF THOSE FUNDS. MONITORING PROCEDURES |
| FOR THOSE ORGANIZATIONS INCLUDE DISCUSSIONS WITH MANAGEMENT, EVALUATION OF |
| OUTCOME REPORTING, REVIEW OF ANNUAL FINANCIAL REPORTS, AND SITE VISITS. FOR |
| COMMUNITY COLLABORATION GRANTS, IN ADDITION TO THE STEPS ABOVE, MILE HIGH |
| UNITED WAY MAY PROVIDE ADDITIONAL STEWARDSHIP WHEN RESTRICTED OR GOVERNMENT |
| FUNDS RELATE TO THE GRANT. THIS MAY INCLUDE DISTRIBUTION OF GRANT FUNDS |
| AFTER THE RECIPIENT ORGANIZATION HAS PROVIDED APPROPRIATE DOCUMENTATION |
| THAT RELATED EXPENDITURES HAVE BEEN INCURRED, MONITORING ACTUAL FINANCIAL |
| RESULTS TO BUDGET, AND HAVING PERIODIC DISCUSSIONS WITH THE RECIPIENT |
| ORGANIZATION'S MANAGEMENT TEAM REGARDING PROGRAM PROGRESS. |
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Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

| | MILE HIGH UNITED WAY, INC. 84-0404235 | $\mathbb{L}V$ | | |
|----|---|---------------|-----|--------------|
| P | art I Questions Regarding Compensation | | | |
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form | | | |
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | | |
| | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | _X_ |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | _X_ |
| C | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | _X_ |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | |
| | The organization? | <u>5a</u> | | <u>X</u> |
| b | Any related organization? | 5b | | <u>X</u> |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | _ <u>X</u> _ |
| b | Any related organization? | 6b | | <u>X</u> |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| _ | | | | |
| 7 | | _ | | T.F. |
| _ | payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | _X_ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | _ | | T. |
| | in Part III | 8 | | <u>X</u> |
| _ | | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | _ | | |
| | Regulations section 53.4958-6(c)? | 9 | ı | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | and/or 1099-MISC and/or | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-----------------------|-------------------------------------|-------------------------------------|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)–(D) | in column (B) reported as deferred on prior Form 990 |
| CHRISTINE BENERO | (i) 358,990 | 0 | 7,800 | 18,300 | 9,303 | 394,393 | 0 |
| 1 CEO | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| MICHAEL BURKE | (i) 144,163 | 0 | C | 9,123 | 12,352 | 165,638 | 0 |
| 2 CFO | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| JAMES TREICHLER | (i) 156,762 | 0 | C | 10,048 | 14,982 | 181,792 | 0 |
| 3 COO | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| VANECIA KERR | (i) 155,504 | 0 | C | 8,374 | 12,673 | 176,551 | 0 |
| 4 CIO | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| ERIC ARTIS | (i) 148,455 | 0 | C | 9,114 | 12,312 | 169,881 | 0 |
| 5 CHIEF HR OFFICER | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| CHELSEA CARVER | (i) 142,207 | 0 | C | 9,123 | 12,352 | 163,682 | 0 |
| 6 CDO | (ii) C | 0 | C | 0 | 0 | 0 | 0 |
| | (i) | | | | | | |
| 7 | (ii) | | | | | | |
| | (i) | | | | | | |
| 8 | (ii) | | | | | | |
| | (i) | | | | | | |
| 9 | (ii) | | | | | | |
| | (i) | | | | | | |
| 10 | (ii) | | | | | | |
| | (i) | | | | | | |
| 11 | (ii) | | | | | | |
| | (i) | | | | | | |
| 12 | (ii) | | | | | | |
| | (i) | | | | | | |
| 13 | (ii) |] | [| | | | |
| | (i) | | | | | | |
| 14 | (ii) | | | | | | |
| | (i) | | | | | | |
| 15 | (ii) | | | | | | |
| | (i) | | | | | | |
| 16 | (ii) |] | | | | | |

| Part III | Supple | ementai inte | ormation | | | | | | | | | | |
|---|---------------|---------------|---------------|---------------|--------------|----------------|--------------|--------------|--------------|---------------|----------------|--------------------------------|----------------|
| Provide | the informa | tion, explana | ition, or des | criptions req | uired for Pa | art I, lines 1 | a, 1b, 3, 4a | a, 4b, 4c, 5 | a, 5b, 6a, 6 | 8b, 7, and 8, | and for Part I | Also compl | lete this part |
| for any | additional ir | nformation. | | 100 | 100 | Oti | | | OK | | | | |
| | | UDI | | 1115 | bUt | ;GU | | | JUL | JV | | | |
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Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

2023

Open To Public Inspection

84-0404235 MILE HIGH -UNITED INC WAY, Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded Χ 26 752,390 MARKET VALUE 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19

Other () | | |
 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

16

Χ

| 29 | |
|----|--|

MARKET

VALUE

43,082

| | | | Yes | No |
|-----|---|-----|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard | | | |
| | contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | |
| | contributions? | 32a | X | |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | | | |
| | describe in Part II. | | | |

Drugs and medical supplies

Taxidermy

Historical artifacts
Scientific specimens

Other (FOOD & PRIZES)

Other (.....)

Archeological artifacts

20 21

22

23 24

25

26

27

| the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|---|
| PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS |
| THE ORGANIZATION USES VARIOUS BROKERS TO SELL DONATED SECURITIES. |
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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization MTT.F. HTCH

Go to www.iis.gov/Form990 for the latest information

UNTTED

Employer identification number 84-0404235

ON

INNOVATIVE

Schedule O (Form 990) 2023

FORM 990 - ORGANIZATION'S MISSION MILE HIGH UNITED WAY'S MISSION IS TO UNITE PEOPLE, IDEAS AND RESOURCES TO ADVANCE THE COMMON GOOD. MILE HIGH UNITED WAY'S VISION IS A COMMUNITY UNITED TO CREATE BETTER OPPORTUNITIES FOR ALL. MILE HIGH UNITED WAY TACKLES THE BIG, COMPLEX ISSUES FACING METRO DENVER BY UNITING THE FULL FORCE OF THE COMMUNITY. MILE HIGH UNITED WAY'S WORK IS FOCUSED AROUND FOUR INITIATIVES: GIVING ALL CHILDREN A STRONG START, READING MATTERS, DEVELOPING TOMORROW'S TALENT, AND CREATING ECONOMIC OPPORTUNITY FOR ALL. FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT MILE HIGH UNITED WAY DISTRIBUTED \$10.6 MILLION TO THE COMMUNITY THROUGH COMMUNITY PARTNERSHIP & IMPACT INVESTMENTS GRANTS. GRANTS WERE AWARDED TO NONPROFIT AGENCIES THAT PROVIDE SERVICES IN FOUR INTERCONNECTED INITIATIVES: GIVING ALL CHILDREN A STRONG START, READING MATTERS, DEVELOPING TOMORROW'S TALENT, AND CREATING ECONOMIC OPPORTUNITY FOR ALL. THE INITIATIVES ARE AIMED TO ENSURE ALL CHILDREN ARE READY FOR SCHOOL AND READING AT GRADE LEVEL OR BEYOND BY THE END OF THIRD GRADE. DEVELOPING TOMORROW'S TALENT STRIVES TO ENSURE ALL YOUTH GRADUATE FROM HIGH SCHOOL AND ARE READY TO TRANSITION TO COLLEGE, ADVANCED TRAINING, OR THE WORKPLACE. CREATING ECONOMIC OPPORTUNITY IS FOCUSED ON ENSURING ALL INDIVIDUALS AND FAMILIES ARE AFFORDED THE OPPORTUNITY TO MOVE TOWARD ECONOMIC SUCCESS. IN PARTNERSHIP WITH THE CITY AND COUNTY OF DENVER, (ARPA BIO FUND) \$2.7 MILLION OF GRANTS SUPPORTED OVER 250 SMALL BUSINESSES TO HELP THEM REALIZE THEIR GROWTH POTENTIAL. IN COLLABORATION WITH THE STATE OF COLORADO

(OPPORTUITY NOW COLORADO GRANT PROGRAM) WHICH FOCUSES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

MILE HIGH UNITED WAY, INC

Employer identification number

84-0404235

SOLUTIONS TO MEET COLORADO'S WORKFORCE NEEDS HAS SUPPORTED 50 GRANTEES FOR A TOTAL OF \$3.9 MILLION.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

COMMUNITY IMPACT SERVICES CONSIST OF TECHNICAL ASSISTANCE AND PROGRAMMATIC

SUPPORT WHICH IS OFFERED TO NONPROFIT AGENCIES IN OUR COMMUNITY. MILE HIGH

UNITED WAY INVESTED IN ADVOCACY, TECHNICAL ASSISTANCE, PROGRAM DEVELOPMENT,

EVALUATION (DATA TRACKING, ANALYSIS, AND COLLECTION), VOLUNTEERS, PROGRAM

QUALITY IMPROVEMENT, AND PROFESSIONAL DEVELOPMENT. EXPENSES FOR INTERNAL

PROGRAMS TOTALED \$7.3 MILLION AND INCLUDE THE 2-1-1 HELP CENTER, A FREE

CONFIDENTIAL COMMUNITY REFERRAL SERVICE, WHICH RECEIVED APPROXIMATELY

120,000 CONTACTS FROM PEOPLE LOOKING FOR RESOURCES SUCH AS FOOD, SHELTER,

RENT ASSISTANCE, CLOTHING, CHILD CARE OPTIONS, LEGAL ASSISTANCE, AND OTHER

SERVICES TO MEET BASIC NEEDS. BRIDGING THE GAP, A PROGRAM WHICH PROVIDES

SUPPORT TO MORE THAN 150 EMANCIPATED FOSTER CARE YOUTH WITH HOUSING,

EMPLOYMENT, FINANCIAL LITERACY, HEALTH, AND LEADERSHIP DEVELOPMENT; AND THE

UNITED NEIGHBORHOODS IS A COMMUNITY BASED DUAL-GENERATIONAL APPROACH THAT

STRENGTHENS UNDER-RESOURCED NEIGHBORHOODS IN METRO DENVER.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED INTERNALLY AND PRESENTED TO THE FINANCE COMMITTEE. WITH
THE RECOMMENDATION OF THE FINANCE COMMITTEE, THE 990 IS PRESENTED TO THE
BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD OF TRUSTEES AND STAFF DISCLOSE ANY CONFLICTS OF INTEREST EACH YEAR IN

A WRITTEN DOCUMENT. THE DOCUMENT IS UPDATED DURING THE YEAR IF THERE IS A

PAGE 1 OF 3

Name of the organization

MILE HIGH UNITED WAY, INC

Employer identification number

84-0404235

| CHANGE. WHEN A | SITUATION OCCURS, | THE CONFLICT O | DISCLOSED AND |
|----------------------|-------------------|----------------|--------------------------|
| Diih | TISED FROM THE VO | noctio |)// |
| 11 11/001111 10 1111 | CUSED FROM THE VO | | <i>J.</i> L. <i>J.</i> W |
| | | | |

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ANNUALLY, THE EXECUTIVE COMMITTEE ACTING AS THE COMPENSATION COMMITTEE

DETERMINES THE CEO COMPENSATION EACH YEAR. AS PART OF THE PROCESS, THE

EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF COMPARABLE EXECUTIVE COMPENSATION

IN THE STATE AND UNITED WAY WORLDWIDE, FROM INDEPENDENT PUBLISHED SOURCES

TO ENSURE THAT COMPENSATION IS REASONABLE. A WRITTEN EMPLOYMENT CONTRACT IS

PREPARED ANNUALLY OUTLINING COMPENSATION AND THE TERMS AND CONDITIONS

APPLICABLE FOR THE DURATION OF THE CONTRACT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE VICE PRESIDENT OF HUMAN RESOURCES EVALUATES COMPENSATION OF ALL OTHER

EXECUTIVE POSITIONS AGAINST CURRENT MARKET COMPENSATION FOR REASONABILITY

AND EQUITY.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO

THE PUBLIC UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS

PAGE 2 OF 3

| Name of the organization | Employer identification number |
|--|--------------------------------|
| MILE HIGH UNITED WAY, INC. | 84-0404235 |
| ARE AVAILABLE TO THE PUBLIC ON MILE HIGH UNITED WAY'S | WEBSITE. |
| EUDIIC IIISPECIOII | COPY |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET | S EXPLANATION |
| RENTAL EXPENSE | \$ 239,889 |
| DONOR DESIGNATED CONTRIBUTIONS | \$ -4,244,608 |
| RENTAL EXPENSE | \$ -239,889 |
| DONOR DESIGNATED CONTRIBUTIONS | \$ 4,244,608 |
| | |
| FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METH | OD EXPLANATION |
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | |
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| | PAGE 3 OF 3 |

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

MILE HIGH UNITED WAY, INC

| Part I Identification of Disregarded Entities. Complete if the | e organization a | nswered " | Yes" on Fori | m 990, Pa | π iv, line \Im | 33. | | | |
|--|--------------------------------|---|---|---------------------|---|---------|-------------------------------|-----------------------|------------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | Leg | (c) al domicile (state foreign country) | | (d) income | End- | (e) of-year assets | (f) Direct contentity | |
| (1) MILE HIGH UNITED WAY PENN ST LLC 711 PARK AVE. WEST 88-0923495 DENVER CO 80205 | PROPERTY | | CO | | 191,743 | ! | 5,130,865 | MHUW | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the | Complete if the tax year. | organiza | tion answere | ed "Yes" or | n Form 99 | 0, Part | IV, line 34, b | ecause it | had |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile or foreign co | | (d) Code section | (e) Public charity (if section 501 | | (f) Direct controlling entity | Section 5 controlled | 1) 12(b)(13) d entity? No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |

| Part III | Identification of Related Organizat because it had one or more related | t ions Taxabl organizations | le as trea | a Partnersh ted as a partr | ip. Complete in ership during | f the organi the tax yea | zation answered " ır. | Yes" on Form 9 | 990, Part IV, lir | ne 34, | |
|----------|---|---------------------------------------|--|---|---|---|--|---------------------------------------|--|--|--|
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | (g) Share of end-of- year assets | portionate amo | (i) Ode V—UBI Ode V—UBI Ode V—UBI Ode V—UBI Ode V—Ode Mana Ode Man | al or Per ging ^{OW} er? | (k) rcentage vnership |
| (1) | | | | | | | | 163 NO | 163 | 110 | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Part IV | Identification of Related Organizat line 34, because it had one or more | tions Taxabl | l e as nizati | a Corporations treated as | on or Trust. Cos a corporation | Complete if to | the organization ar Iring the tax vear. | nswered "Yes" | on Form 990, | Part I | V, |
| | (a) Name, address, and EIN of related organization | (b) Primary activit | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Se 512 cor | (i) ection 2(b)(13) ntrolled entity? |
| (1) | | | | | | | | | | Yes | s No |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|--------------------------|--|---|----------------------------|---------------------|----------------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more re- | elated organizations list | ed in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | <i>_</i> | | 1a | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | |
| | | | | | 1f | | |
| ī | Dividends from related organization(s) | | | | | | |
| g | Sale of assets to related organization(s) | | | | 1g | | |
| n | Purchase of assets from related organization(s) | | | | 1h | | |
| | Exchange of assets with related organization(s) | | | | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | |
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| | Poimburgoment paid to related organization(s) for expenses | | | | 1p | | |
| n | | | | | | | |
| p | Reimbursement paid to related organization(s) for expenses | | | | | | |
| p q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | |
| q r | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) | | | | 1q 1r | | |
| q r s | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) | | | | 1q | | |
| q r s | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the second organization or the above is "Yes," see the instructions for information on who must complete the second organization or the above is "Yes," see the instructions for information on who must complete the second organization or the second organization o | his line, including cover | ed relationships and trans | action thresholds. | 1q 1r | | |
| q r s | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) | | | | 1q 1r 1s | ed | |
| q r s | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |
| q r s 2 | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |
| q r s 2 | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |
| q r s 2 (1) | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |
| (1) (2) (3) (4) | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |
| q r s 2 (1) (2) (3) | Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the cash or property from related organization (s) | his line, including cover (b) Transaction | ed relationships and trans | eaction thresholds. | 1q 1r 1s | ed | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| Name, address, and EIN of entity | (b) Primary activity | Legal domicile (state or foreign | Predominant income (related, unrelated, excluded from tax under | Are all sec 501(organiz | partners tion c)(3) ations? | (f) Share of total income | (g) Share of end-of-year assets | Disprop alloca | (h) ortionate ations? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana parti | ral or aging ner? | (k) Percentage ownership |
|----------------------------------|-------------------------|---|---|-----------------------------------|--------------------------------------|---------------------------------|--|-------------------|-----------------------------|---|---------------|-------------------------|---------------------------------------|
| - | | country) | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | 1 |
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| Part VII | Provide additional information for responses to questions on Schedule R. See instructions. |
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