Form <b>990-T</b>	Exempt Organization Bus	sine	ss Income T	ax Retu	ırn	омв и	o 1545-0687	
Á	(and proxy tax under section 6033(e))					2018		
,	For calendar year 2018 or other tax year beginning, and ending						U IO	
Department of the Treasury Internal Revenue Service	<ul> <li>Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>				c)(3).	Open to Po 501(c)(3) O	ublic Inspection for rganizations Only	
A Check box if address changed	(Er				(Em	Imployer identification number Employees' trust, see instructions )		
B Exempt under section	Print CHILDREN'S HOSPITAL COLORADO FOUR	TAG	ON		8	84-0813462		
X 501(c <b>1</b> 3 )	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			lated busing	ess activity code	
408(e) 220(e)	Type 13123 E. 16TH AVENUE BOX 045		<del></del>					
408A	City or town, state or province, country, and ZIP or foreign postal code  AURORA, CO 80045  90					99		
C Book value of all assets at end of year	F Group exemption number (See instructions )	<b>&gt;</b>						
59,604	843. G Check organization type 🕨 🗓 501(c) cor	poration	501(c) trust	4(	01(a) trust		Other trust	
	organization's unrelated trades or businesses.	1		the only (or firs	,			
•	See Statement 1			complete Parts			9,	
	ank space at the end of the previous sentence, complete P	arts I ar	d II, complete a Schedule	M for each add	ditional trac	ie or		
business, then complete	<del></del>					'es X		
	the corporation a subsidiary in an affiliated group or a pare nd identifying number of the parent corporation.	nt-subs	idiary controlled group?	,	<b>&gt;</b>	es <u>x</u>	∟ No	
J The books are in care of			Telenho	one number	720-7	77-1700		
	Trade or Business Income		(A) Income	(B) Expe			(C) Net	
1a Gross receipts or sale	<del></del>	Τ	(-7,	(-)			<del>```</del>	
b Less returns and allow		1c					ļ	
2 Cost of goods sold (S		2						
3 Gross profit. Subtract		3				1	·····	
4a Capital gain net incom	e (attach Schedule D)	4a				1		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduction	for trusts	4c						
5 Income (loss) from a	partnership or an S corporation (attach statement)	5						
6 Rent income (Schedu	le C)	6				ļ		
	ed income (Schedule E)	7				<u> </u>		
· · · · · · · · · · · · · · · · · · ·	ralties, and rents from a controlled organization (Schedule F)					ļ .		
	a section 501(c)(7), (9), or (17) organization (Schedule G)	-				<del> </del>		
•	vity income (Schedule I)	10				1		
11 Advertising income (S 12 Other income (See ins	•	12				<del>                                     </del>	<del></del>	
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12			0.			<del> </del>		
	ns Not Taken Elsewhere (See instructions for	13 or limit:				<u> </u>		
(Except for c	contributions, deductions must be directly connected		the unrelated business		<del></del>			
•	cers, directors, and trustees (Schedule K)		RECEIV	'ED	14	<del>                                     </del>	<del></del>	
15 Salaries and wages			8	72	15	- <del> </del>		
16 Repairs and mainten	ance		MAY 0 6 2	183-0S(	16	<del> </del>		
<ul><li>17 Bad debts</li><li>18 Interest (attach sche</li></ul>	dule) (see instructions)		[40]	SS	18	+		
19 Taxes and licenses	udie) (see instructions)		OGDEN,		19	1	<del></del>	
	ons (See instructions for limitation rules)		OGDEN,	UI	20	<del> </del>		
21 Depreciation (attach			21		1	+		
	umed on Schedule A and elsewhere on return		22a		22b	1		
23 Depletion			L		23	•		
•	rred compensation plans				24			
25 Employee benefit pro	•				25	L		
26 Excess exempt expe	nses (Schedule I)				26			
27 Excess readership co	osts (Schedule J)				27			
28 Other deductions (at	tach schedule)				28	1		
29 Total deductions. Add lines 14 through 28					29	-	0.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30	<del> </del>	0.		
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				31	4			
32 Unrelated business t	axable income Subtract line 31 from line 30				32	J	0.	

Amounts paid for disallered things 35 Default on for retioperating loss six sing in tax years beginning before January 1, 2016 (see instructions) 36 Total of uniterable business stable income. Subtract the 35 from the sum of line 33 and 31 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Urrelated business stable income. Subtract line 37 from line 38. If line 37 is greater than line 36, sherter the manufact part on the 38 39 Organization Taxable as a Comprisition Multiply line 38 by 21% (0.21) 40 Trusts Taxable as Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:  □ Tax data Seedled or 35 Schedule () (Form 1041) 41 Proxy tax. See instructions 42 Alternative minimum lax (crusts only) 43 Tax on Noncemplian Facility (neame, See instructions 43 Tax on Noncemplian Facility (neame, See instructions) 44 Tax on Noncemplian Facility (neame, See instructions) 45 Foreign star excells (opporations attach Form 1118; it usts attach form 1116) 46 Default of the star	Part !	II Total Unrelated Business Taxable Income							
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36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 43  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Urrelated business taxable income. Subtract line 37 from line 38. If line 37 is greater than line 35, either time smaller of zero of instructions. Subtract line 37 instructions for exceptions)  39 Organizations Taxable as Comprisitions. Whilely line 38 by 21% (0.21)  40 Trasts Taxable at Trust Rates. See instructions for itax computation. Income tax on the amount on line 38 from:  □ Tax cast schedule or □ Schedule D (form 041)  41 Provy tax See instructions  42 Alternative immirrant sky (trusts only)  43 Tax on Reosempliant facility insome. See instructions  44 Total And lines 41, 42 and 45 to line 39 or 40, whichever applies  44 Total And lines 41, 42 and 45 to line 39 or 40, whichever applies  45 Foreign tax cords (corporations attact from 1116)  45 Differ credits; exe instructions  45 Foreign tax cords (corporations attact from 118); trusts attach form 1116)  46 Differ credits; exe instructions  47 Total acception (corporations attact from 8801 or 8827)  50 Total credits; Add lines 43 and 42 and 43 and 44 are the seed of	<b>`</b> 34	Amounts paid for disallowed fringes				34		1	,834.
Inice 32 and 34  7 Sector denoticion (Generally \$1,000, but see line 37 instructions for exceptions)  8 Unrelated business taxable income. Subtract line 37 instructions 37 is greater than line 36, after the smaller of zero or line 38. If line 37 is greater than line 36, after 17 instructions and 18 instructions are subtracted in the smaller of zero or line 38 instructions.  9 The 17 Tax Computation  9 Organizations Taxable as Compressions Multiply into 38 by 21% (0.2.1)  10 Trust Standle and Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:  11 Trust Science of the 18 see instructions are subtracted in the same and t	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)			35			
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Part V   Tax and Payments	44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			175.
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b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations. Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136  form 4136  Total payments. Add lines 50a through 50g  51 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions). Check if Form 2220 is attached  53 Tax due. If line 51 is lass than the total of lines 48, 49, and 52, enter amount overpaid 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  58 Enter the amount of tax-exempt interest received or accrued during the tax year  59 Sign Human of the foreign that have examined the terum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  69 Order and promotive Order to the forms the organization of which preparer has any knowledge and belief, it is true.  70 Order payatives of period, I declaration of preparer has any knowledge and belief, it is true.  81 Order payatives of period, I declaration	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	1		0
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f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 50g ☐ Form 4136 ☐ Other ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 50g ☐ Form 4136 ☐ Other ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Form 520 ☐ Form 4136 ☐ Other ☐ Form 520 ☐ Form 4136 ☐ Form 520 ☐ Form 4136 ☐ Other ☐ Form 2220 is attached ▶ 52 ☐ Form 4136 ☐ Form 513 ☐ Form 520 ☐ Form 520 ☐ Form 513 ☐ Form 520 ☐	d	Foreign organizations, Tax paid or withheld at source (see instructions)	50d						
Gother credits, adjustments, and payments: Form 2439  Form 4136  Other  Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions). Check if Form 2220 is attached   31 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  53 17  4 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want. Credited to 2019 estimated tax  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  Fine the amount of tax-exempt interest received or accrued during the tax year   57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  18 Enter the amount of tax-exempt interest received or accrued during the tax year  19 Sign  Here  Preparer   Date	e	Backup withholding (see instructions)	50e			1,	ŀ		
Form 4136	f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
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Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Information (see instructi	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			<b>•</b>	53			175
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Here    PRESIDENT AND CEO   May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   N	58								
Here    PRESIDENT AND CEO   May the IRS discuss this return with the preparer shown below (see instructions)?   X   Yes   N		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	s, and to the	best of my kr	nowledge	e and belief,	ıt ıs true,	
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Preparer Use Only    Street   Suite		P/int/Type preparer's name Preparer's signature Da	te	C	neck 🗔	ıf P	TIN		
Use Only    Firm's name   Kundinger, Corder & Engle P.C.   Firm's EIN   Firm's EIN	Paid			se	lf- employe	d			
Use Only Firm's name ► Kundinger, Corder & Engle P.C. Firm's EIN ►  475 Lincoln Street, Suite 200		arer Murie Anderson Auru Anderson 04	/19/19	<u> </u>		L	P014166	97	
475 Lincoln Street, Suite 200	I Complement Notation Condon C								
Firm's address Denver CO 80203 Phone no. (303) 534-5953	475 Lincoln Street, Suite 200								
1,	Firm's address ▶ Denver, CO 80203 Phone no. (			(303)	534-59	953			

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Form 990-T	Description of Organization's Primary Unrelated	Statement	1			
Business Activity						

Disallowed qualified transportation fringe benefits
To Form 990-T, Page 1