



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201

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REGENTS OF THE UNIVERSITY OF  
% ASSISTANT VICE PRESIDENT &  
1800 N GRANT ST STE 400  
DENVER CO 80203-1125

|                    |  |
|--------------------|--|
| Notice             | CP211A                                   |
| Tax period         | June 30, 2015                            |
| Notice date        | December 21, 2015                        |
| Employer ID number | 84-6000555                               |
| To contact us      | Phone 1-877-829-5500<br>FAX 801-620-5555 |

Page 1 of 1

Important information about your June 30, 2015 Form 990T

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your  
June 30, 2015 Form 990T.

Your new due date is May 15, 2016.

### What you need to do

File your June 30, 2015 Form 990T by May 15, 2016.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**For calendar year 2014 or other tax year beginning July 1, 2014, and ending June 30, 2015► **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
► **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0687

**2014****Open to Public Inspection for  
501(c)(3) Organizations Only****A** ☐ Check box if  
address changed**B** Exempt under section☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)**C** Book value of all assets  
at end of year  
6,262,289,000Name of organization ( ☐ Check box if name changed and see instructions.)

Regents of the University of Colorado

Number, street, and room or suite no. If a P.O. box, see instructions.

1800 Grant Street, Suite 600

City or town, state or province, country, and ZIP or foreign postal code

Denver, CO 80203

**D** Employer identification number  
(Employees' trust, see instructions.)

84-6000555

**E** Unrelated business activity codes  
(See instructions.)

611000/541800 511120

**F** Group exemption number (See instructions.) ►**G** Check organization type ► ☐ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☒ Other trust \*\***H** Describe the organization's primary unrelated business activity. ► Educational Support Services, Advertising, Publishing**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ► ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ►

**J** The books are in care of ► University Controller's Office

Telephone number ► (303) 837-2110

**Part I Unrelated Trade or Business Income**

|   | (A) Income             | (B) Expenses | (C) Net      |
|---|------------------------|--------------|--------------|
| <b>1a</b> Gross receipts or sales <u>1,713,221</u>  |                        |              |              |
| <b>b</b> Less returns and allowances  |                        |              |              |
| <b>c</b> Balance ►  | <b>1c</b> 1,713,221 00 |              |              |
| <b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .                                    | <b>2</b> 0 00          |              |              |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .                                 | <b>3</b> 1,713,221 00  |              | 1,713,221 00 |
| <b>4a</b> Capital gain net income (attach Schedule D) . . . . .                               | <b>4a</b>              |              | 0 00         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | <b>4b</b>              |              | 0 00         |
| <b>c</b> Capital loss deduction for trusts . . . . .  | <b>4c</b>              |              | 0 00         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)                | <b>5</b>               |              | 0 00         |
| <b>6</b> Rent income (Schedule C) . . . . .   | <b>6</b>               |              | 0 00         |
| <b>7</b> Unrelated debt-financed income (Schedule E) . . . . .                                | <b>7</b>               |              | 0 00         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | <b>8</b>               |              | 0 00         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | <b>9</b>               |              | 0 00         |
| <b>10</b> Exploited exempt activity income (Schedule I) . . . . .                             | <b>10</b>              |              | 0 00         |
| <b>11</b> Advertising income (Schedule J) . . . . .   | <b>11</b> 7,569 00     | 1,172 00     | 6,397 00     |
| <b>12</b> Other income (See instructions; attach schedule) . . . . .                          | <b>12</b>              |              | 0 00         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .                                  | <b>13</b> 1,720,790 00 | 1,172 00     | 1,719,618 00 |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|   |            |                |  |
|---|------------|----------------|--|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .  | <b>14</b>  |                |  |
| <b>15</b> Salaries and wages . . . . .  | <b>15</b>  | 2,475,447      |  |
| <b>16</b> Repairs and maintenance . . . . .   | <b>16</b>  |                |  |
| <b>17</b> Bad debts . . . . .   | <b>17</b>  |                |  |
| <b>18</b> Interest (attach schedule) . . . . .  | <b>18</b>  |                |  |
| <b>19</b> Taxes and licenses . . . . .  | <b>19</b>  |                |  |
| <b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .  | <b>20</b>  |                |  |
| <b>21</b> Depreciation (attach Form 4562) . . . . .   | <b>21</b>  | 144,667        |  |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .   | <b>22a</b> |                |  |
| <b>23</b> Depletion . . . . .   | <b>23</b>  |                |  |
| <b>24</b> Contributions to deferred compensation plans . . . . .  | <b>24</b>  |                |  |
| <b>25</b> Employee benefit programs . . . . .   | <b>25</b>  |                |  |
| <b>26</b> Excess exempt expenses (Schedule I) . . . . .   | <b>26</b>  |                |  |
| <b>27</b> Excess readership costs (Schedule J) . . . . .  | <b>27</b>  | 0 00           |  |
| <b>28</b> Other deductions (attach schedule) . . . . .  | <b>28</b>  | 654,481        |  |
| <b>29</b> <b>Total deductions.</b> Add lines 14 through 28 . . . . .  | <b>29</b>  | 3,274,595 00   |  |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | <b>30</b>  | (1,554,977 00) |  |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .   | <b>31</b>  |                |  |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .  | <b>32</b>  | (1,554,977 00) |  |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .   | <b>33</b>  |                |  |
| <b>34</b> <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . . | <b>34</b>  | (1,554,977 00) |  |

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2014)

**Part III Tax Computation**

|  |        |                |
|--|--------|----------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:              |        |                |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  |        |                |
| (1) \$   | (2) \$ | (3) \$         |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)   | \$     |                |
| (2) Additional 3% tax (not more than \$100,000)  | \$     |                |
| <b>c</b> Income tax on the amount on line 34   |        | <b>35c</b>     |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |        | <b>36</b>      |
| <b>37 Proxy tax.</b> See instructions  |        | <b>37</b>      |
| <b>38 Alternative minimum tax</b>  |        | <b>38</b>      |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies  |        | <b>39</b> 0 00 |

**Part IV Tax and Payments**

|  |            |            |      |
|--|------------|------------|------|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>40a</b> |            |      |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |            |      |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)  | <b>40c</b> |            |      |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |            |      |
| <b>e Total credits.</b> Add lines 40a through 40d  |            | <b>40e</b> | 0 00 |
| <b>41</b> Subtract line 40e from line 39   |            | <b>41</b>  | 0 00 |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) |            | <b>42</b>  |      |
| <b>43 Total tax.</b> Add lines 41 and 42   |            | <b>43</b>  | 0 00 |
| <b>44a</b> Payments: A 2013 overpayment credited to 2014   | <b>44a</b> |            |      |
| <b>b</b> 2014 estimated tax payments   | <b>44b</b> |            |      |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> |            |      |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |            |      |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |            |      |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)  | <b>44f</b> |            |      |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other  | <b>44g</b> | 0 00       |      |
| <b>45 Total payments.</b> Add lines 44a through 44g  |            | <b>45</b>  | 0 00 |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  |            | <b>46</b>  |      |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed   |            | <b>47</b>  | 0 00 |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   |            | <b>48</b>  | 0 00 |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2015 estimated tax</b> <b>Refunded</b>  |            | <b>49</b>  | 0 00 |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

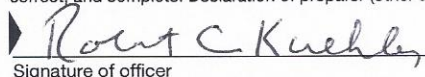
|   |     |    |
|---|-----|----|
| <b>1</b> At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| France, Germany   | X   |    |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |     | X  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$   | 0   |    |

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation

|   |           |      |   |          |      |
|---|-----------|------|---|----------|------|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |      | <b>6</b> Inventory at end of year   | <b>6</b> |      |
| <b>2</b> Purchases  | <b>2</b>  |      | <b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | <b>7</b> | 0 00 |
| <b>3</b> Cost of labor                                    | <b>3</b>  |      | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No   |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |      |   |          |      |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |      |   |          |      |
| <b>5</b> Total. Add lines 1 through 4b                    | <b>5</b>  | 0 00 |   |          |      |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Signature of officer

15/12/16

Date

Associate VP &amp; Controller

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

**2. Rent received or accrued**

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |
|---|---|--|--|
| (1)   |   |  |  |
| (2)   |   |  |  |
| (3)   |   |  |  |
| (4)   |   |  |  |
| <b>Total</b>  | <b>Total</b>  | <b>(b) Total deductions.</b><br>Enter here and on page 1, Part I, line 6, column (B) ▶               |  |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶**Schedule E—Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 × column 6)                             | 8. Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
|   |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |

**Totals** . . . ▶**Total dividends-received deductions** included in column 8 . . . ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |   |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made   | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |   |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |   |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |   |  |

**Totals** . . . ▶

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                   | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---|--|---------------------------------|---|
| (1)                      |   |  |                                 |   |
| (2)                      |   |  |                                 |   |
| (3)                      |   |  |                                 |   |
| (4)                      |   |  |                                 |   |
|                          | Enter here and on page 1, Part I, line 9, column (A). |  |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b>            |   |  |                                 |   |

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b>                        |   |   |  |   |                                      |  |

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) |                             |                             |  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income                          | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|--|--|--|-----------------------|---------------------|---|
| (1) Scribe                         | 7,569  | 1,172  | 6,397.00   |                       |                     | 0.00  |
| (2)                                |  |  |  |                       |                     |   |
| (3)                                |  |  |  |                       |                     |   |
| (4)                                |  |  |  |                       |                     |   |
| <b>Totals from Part I</b>          |  |  |  |                       |                     |   |
|                                    | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5)</b> | 7,569.00   | 1,172.00   |  |                       |                     | 0.00  |

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 |          |  |  |

Form **5713**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service**International Boycott Report**

OMB No. 1545-0216

**Attachment  
Sequence No. 123****Paper filers must file in  
duplicate (see When and Where  
to File in the instructions)**For tax year beginning July 1, 20 14  
and ending June 30, 20 15▶ **Controlled groups, see instructions.**

Name

Regents of the University of Colorado

Identifying number

84-6000555

Number, street, and room or suite no. If a P.O. box, see instructions.

1800 Grant Street, Suite 600

City or town, state, and ZIP code

Denver, CO 80203

Address of service center where your tax return is filed

Department of the Treasury, Internal Revenue Service, Ogden, Utah 84201-0027

Type of filer (check one):

\*State Government Entity

☐ Individual ☐ Partnership ☐ Corporation ☐ Trust ☐ Estate ☒ Other \***1 Individuals**—Enter adjusted gross income from your tax return (see instructions)**2 Partnerships and corporations:****a Partnerships**—Enter each partner's name and identifying number.**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name

Identifying number

If more space is needed, attach additional sheets and check this box ☐**c** Enter principal business activity code and description (see instructions)

| Code   | Description                    |
|--------|--------------------------------|
| 611000 | Education Services: University |

**d IC-DISCs**—Enter principal product or service code and description (see instructions)**3 Partnerships**—Each partnership filing Form 5713 must give the following information:**a** Partnership's total assets (see instructions)**b** Partnership's ordinary income (see instructions)**4 Corporations**—Each corporation filing Form 5713 must give the following information:**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)**b** Common tax year election (see instructions)

(1) Name of corporation ▶

(2) Employer identification number

(3) Common tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**c** Corporations filing this form enter:

(1) Total assets (see instructions)

(2) Taxable income before net operating loss and special deductions (see instructions)

**5 Estates or trusts**—Enter total income (Form 1041, page 1)**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):**a** Foreign tax credit**b** Deferral of earnings of controlled foreign corporations**c** Deferral of IC-DISC income**d** FSC exempt foreign trade income**e** Foreign trade income qualifying for the extraterritorial income exclusion**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Rant KueherDate 15/12/16Associate VP & University Controller  
Title

For Paperwork Reduction Act Notice, see separate instructions.

Form **5713** (Rev. 12-2010)

- 7a** Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? . . . . .
- b** If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? . . . . .
- c** Do you own any stock of an IC-DISC? . . . . .
- d** Do you claim any foreign tax credit? . . . . .
- e** Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? . . . . .  
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? . . . . .
- f** Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? . . . . .  
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? . . . . .
- g** Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? . . . . .
- h** Are you a partner in a partnership that has reportable operations under section 999(a)? . . . . .
- i** Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? . . . . .
- j** Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? . . . . .

| Yes | No |
|-----|----|
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |
|     | X  |

**Part I Operations in or Related to a Boycotting Country** (see instructions)

- 8 Boycott of Israel**—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.) . . . . .  
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

| Yes | No |
|-----|----|
| X   |    |

| Name of country<br>(1)        | Identifying number of<br>person having operations<br>(2) | Principal business activity |  | IC-DISCs<br>only—Enter<br>product code<br>(5) |
|-------------------------------|--|-----------------------------|--|---|
|                               |  | Code<br>(3)                 | Description<br>(4)                     |   |
| <b>a</b> Kuwait               | 84-6000555   | 611000                      | For all listed countries there may be: |   |
| <b>b</b> Lebanon              | 84-6000555   | 611000                      | -Foreign exchange students studying in |   |
| <b>c</b> Libya                | 84-6000555   | 611000                      | the U.S. or the listed country         |   |
| <b>d</b> Qatar                | 84-6000555   | 611000                      | -Research conducted in/for country     |   |
| <b>e</b> Saudi Arabia         | 84-6000555   | 611000                      | -Visiting professors or scholars from  |   |
| <b>f</b> Syria                | 84-6000555   | 611000                      | listed foreign country                 |   |
| <b>g</b> United Arab Emirates | 84-6000555   | 611000                      |  |   |
| <b>h</b> Republic of Yemen    | 84-6000555   | 611000                      |  |   |
| <b>i</b> Iraq                 | 84-6000555   | 611000                      |  |   |
| <b>j</b>                      |  |                             |  |   |
| <b>k</b>                      |  |                             |  |   |
| <b>l</b>                      |  |                             |  |   |
| <b>m</b>                      |  |                             |  |   |
| <b>n</b>                      |  |                             |  |   |
| <b>o</b>                      |  |                             |  |   |

- 9 Nonlisted countries boycotting Israel**—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

| Yes | No |
|-----|----|
|     | X  |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

| Name of country<br>(1) | Identifying number of<br>person having operations<br>(2) | Principal business activity |                    | IC-DISCs<br>only—Enter<br>product code<br>(5) |
|------------------------|--|-----------------------------|--------------------|---|
|                        |  | Code<br>(3)                 | Description<br>(4) |   |
| a                      |  |                             |                    |   |
| b                      |  |                             |                    |   |
| c                      |  |                             |                    |   |
| d                      |  |                             |                    |   |
| e                      |  |                             |                    |   |
| f                      |  |                             |                    |   |
| g                      |  |                             |                    |   |
| h                      |  |                             |                    |   |

| Yes | No |
|-----|----|
|     | X  |

- 10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

| Name of country<br>(1) | Identifying number of<br>person having operations<br>(2) | Principal business activity |                    | IC-DISCs<br>only—Enter<br>product code<br>(5) |
|------------------------|--|-----------------------------|--------------------|---|
|                        |  | Code<br>(3)                 | Description<br>(4) |   |
| a                      |  |                             |                    |   |
| b                      |  |                             |                    |   |
| c                      |  |                             |                    |   |
| d                      |  |                             |                    |   |
| e                      |  |                             |                    |   |
| f                      |  |                             |                    |   |
| g                      |  |                             |                    |   |
| h                      |  |                             |                    |   |

| Yes | No |
|-----|----|
|     | X  |

- 11** Were you requested to participate in or cooperate with an international boycott?

If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

- 12** Did you participate in or cooperate with an international boycott?

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

**Part II Requests for and Acts of Participation in or Cooperation With an International Boycott**
**13a** Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
- (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
- (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
- (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
- (d) Refrain from employing individuals of a particular nationality, race, or religion?
- (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

| Requests |    | Agreements |    |
|----------|----|------------|----|
| Yes      | No | Yes        | No |
|          |    |            |    |
|          | X  |            | X  |
|          | X  |            | X  |
| X        |    |            | X  |
| X        |    |            | X  |
|          | X  |            | X  |

**b Requests and agreements**—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

| Name of country<br>(1) | Identifying number of person receiving the request or having the agreement<br>(2) | Principal business activity |                 | IC-DISCs only—Enter product code (5) | Type of cooperation or participation |          |                      |          |
|------------------------|---|-----------------------------|-----------------|--------------------------------------|--------------------------------------|----------|----------------------|----------|
|                        |   | Code (3)                    | Description (4) |                                      | Number of requests                   |          | Number of agreements |          |
|                        |   |                             |                 |                                      | Total (6)                            | Code (7) | Total (8)            | Code (9) |
| a                      |   |                             |                 |                                      |                                      |          |                      |          |
| b                      |   |                             |                 |                                      |                                      |          |                      |          |
| c                      |   |                             |                 |                                      |                                      |          |                      |          |
| d                      |   |                             |                 |                                      |                                      |          |                      |          |
| e                      |   |                             |                 |                                      |                                      |          |                      |          |
| f                      |   |                             |                 |                                      |                                      |          |                      |          |
| g                      |   |                             |                 |                                      |                                      |          |                      |          |
| h                      |   |                             |                 |                                      |                                      |          |                      |          |
| i                      |   |                             |                 |                                      |                                      |          |                      |          |
| j                      |   |                             |                 |                                      |                                      |          |                      |          |
| k                      |   |                             |                 |                                      |                                      |          |                      |          |
| l                      |   |                             |                 |                                      |                                      |          |                      |          |
| m                      |   |                             |                 |                                      |                                      |          |                      |          |
| n                      |   |                             |                 |                                      |                                      |          |                      |          |
| o                      |   |                             |                 |                                      |                                      |          |                      |          |
| p                      |   |                             |                 |                                      |                                      |          |                      |          |

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Regents of the University of Colorado

Form 990-T

84-6000555

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014   | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | 07/01/2014                           | 2,078,427  | 39 yrs.             | MM             | S/L        | 51,150                     |
|                                | 01/01/2015                           | 7,945,358  | 39 yrs.             | MM             | S/L        | 93,517                     |

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |            |
|----|--|----|------------|
| 21 | Listed property. Enter amount from line 28   | 21 |            |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 144,667.00 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |            |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a)<br>Type of property (list vehicles first) | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . **25**

**26** Property used more than 50% in a qualified business use:

|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |

**27** Property used 50% or less in a qualified business use:

|  |  |   |  |  |  |      |  |  |
|--|--|---|--|--|--|------|--|--|
|  |  | % |  |  |  | S/L— |  |  |
|  |  | % |  |  |  | S/L— |  |  |
|  |  | % |  |  |  | S/L— |  |  |

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|   | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                     |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .               | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .       |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use?  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|-----------------------------|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
|-----------------------------|---------------------------------|---------------------------|---------------------|--|-----------------------------------|

**42** Amortization of costs that begins during your 2014 tax year (see instructions):

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**43** Amortization of costs that began before your 2014 tax year . . . . . **43**

**44** Total. Add amounts in column (f). See the instructions for where to report . . . . . **44**

**Alternative Minimum Tax—Corporations**

OMB No. 1545-0175

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).**2014**

|  |  |  |                |
|--|--|--|----------------|
| Name<br>Regents of the University of Colorado  |  | Employer identification number<br>84-6000555 |                |
| <b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). |  |  |                |
| <b>1</b>   | Taxable income or (loss) before net operating loss deduction   | <b>1</b>                                     | (1,554,977)    |
| <b>2</b>   | <b>Adjustments and preferences:</b>  |  |                |
| <b>a</b>   | Depreciation of post-1986 property   | <b>2a</b>                                    |                |
| <b>b</b>   | Amortization of certified pollution control facilities   | <b>2b</b>                                    |                |
| <b>c</b>   | Amortization of mining exploration and development costs   | <b>2c</b>                                    |                |
| <b>d</b>   | Amortization of circulation expenditures (personal holding companies only)   | <b>2d</b>                                    |                |
| <b>e</b>   | Adjusted gain or loss  | <b>2e</b>                                    |                |
| <b>f</b>   | Long-term contracts  | <b>2f</b>                                    |                |
| <b>g</b>   | Merchant marine capital construction funds   | <b>2g</b>                                    |                |
| <b>h</b>   | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)  | <b>2h</b>                                    |                |
| <b>i</b>   | Tax shelter farm activities (personal service corporations only)   | <b>2i</b>                                    |                |
| <b>j</b>   | Passive activities (closely held corporations and personal service corporations only)  | <b>2j</b>                                    |                |
| <b>k</b>   | Loss limitations   | <b>2k</b>                                    |                |
| <b>l</b>   | Depletion  | <b>2l</b>                                    |                |
| <b>m</b>   | Tax-exempt interest income from specified private activity bonds   | <b>2m</b>                                    |                |
| <b>n</b>   | Intangible drilling costs  | <b>2n</b>                                    |                |
| <b>o</b>   | Other adjustments and preferences  | <b>2o</b>                                    |                |
| <b>3</b>   | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o   | <b>3</b>                                     | (1,554,977.00) |
| <b>4</b>   | <b>Adjusted current earnings (ACE) adjustment:</b>   |  |                |
| <b>a</b>   | ACE from line 10 of the ACE worksheet in the instructions  | <b>4a</b>                                    | (1,554,977)    |
| <b>b</b>   | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)  | <b>4b</b>                                    | 0.00           |
| <b>c</b>   | Multiply line 4b by 75% (.75). Enter the result as a positive amount   | <b>4c</b>                                    | 0.00           |
| <b>d</b>   | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) | <b>4d</b>                                    |                |
| <b>e</b>   | ACE adjustment.<br>• If line 4b is zero or more, enter the amount from line 4c<br>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount  | <b>4e</b>                                    | 0.00           |
| <b>5</b>   | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT   | <b>5</b>                                     | (1,554,977.00) |
| <b>6</b>   | Alternative tax net operating loss deduction (see instructions)  | <b>6</b>                                     |                |
| <b>7</b>   | <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions   | <b>7</b>                                     |                |
| <b>8</b>   | <b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):  |  |                |
| <b>a</b>   | Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-  | <b>8a</b>                                    |                |
| <b>b</b>   | Multiply line 8a by 25% (.25)  | <b>8b</b>                                    |                |
| <b>c</b>   | Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-   | <b>8c</b>                                    |                |
| <b>9</b>   | Subtract line 8c from line 7. If zero or less, enter -0-   | <b>9</b>                                     |                |
| <b>10</b>  | Multiply line 9 by 20% (.20)   | <b>10</b>                                    |                |
| <b>11</b>  | Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)   | <b>11</b>                                    |                |
| <b>12</b>  | Tentative minimum tax. Subtract line 11 from line 10   | <b>12</b>                                    |                |
| <b>13</b>  | Regular tax liability before applying all credits except the foreign tax credit  | <b>13</b>                                    |                |
| <b>14</b>  | <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return   | <b>14</b>                                    |                |

**REGENTS OF THE UNIVERSITY OF COLORADO**

FEIN: 84-6000555

Year ended June 30, 2015

**SCHEDULE 1**

Detail of other deductions:

|                        |         |
|------------------------|---------|
| Administrative expense | 193,017 |
| Operating expenses     | 453,635 |
| Facilities expense     | 7,829   |
| Other                  | 0       |

|                                      |                       |
|--------------------------------------|-----------------------|
| Total (to Form 990-T, p. 1, line 28) | <u><u>654,481</u></u> |
|--------------------------------------|-----------------------|

**REGENTS OF THE UNIVERSITY OF COLORADO**

FEIN: 84-6000555

Year ended June 30, 2015

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

The Taxpayer hereby makes the de minimis safe harbor election under Regulation 1.263(a)-1(f).