

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 2011 or other tax year beginning July 1, 2011, and  
ending June 30, 2012. **▶ See separate instructions.**

OMB No. 1545-0687

**2011**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Regents of the University of Colorado</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>84-6000555</b>	
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1800 Grant Street, 400 UCA c/o Assistant VP &amp; University Controller</b>		<b>E</b> Unrelated business activity codes (See instructions.) <b>611000/541800/511120</b>
		City or town, state, and ZIP code <b>Denver, CO 80203-1187</b>		
<b>C</b> Book value of all assets at end of year <b>4,837,078,000</b>		<b>F</b> Group exemption number (See instructions.) <b>▶</b>		
<b>G</b> Check organization type <b>▶</b> <input type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input checked="" type="checkbox"/> Other trust**				

**H** Describe the organization's primary unrelated business activity. **▶ Unrelated events, non-print advertising****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**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	<b>1,047,864</b>				
<b>b</b>	Less returns and allowances		<b>c Balance ▶</b>	<b>1c</b>		
				<b>1,047,864</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>	<b>0</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>	<b>1,047,864</b>		<b>1,047,864</b>
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>			<b>0</b>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>			<b>0</b>
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>			<b>0</b>
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>			<b>0</b>
<b>6</b>	Rent income (Schedule C)		<b>6</b>			<b>0</b>
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>			<b>0</b>
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>			<b>0</b>
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>			<b>0</b>
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>			<b>0</b>
<b>11</b>	Advertising income (Schedule J)		<b>11</b>	<b>39,629</b>	<b>60,192</b>	<b>(20,563)</b>
<b>12</b>	Other income (See instructions; attach schedule.)		<b>12</b>			<b>0</b>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	<b>1,087,493</b>	<b>60,192</b>	<b>1,027,301</b>

**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>	<b>615,697</b>
<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>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b>	Depletion	<b>22b</b>	<b>0</b>
<b>24</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>25</b>	Employee benefit programs	<b>24</b>	
<b>26</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>27</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>28</b>	Other deductions (attach schedule) <b>See Schedule 1, Attached</b>	<b>27</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>28</b>	<b>120,500</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>29</b>	<b>736,197</b>
<b>31</b>	Net operating loss deduction (limited to the amount on line 30) <b>See Schedule 2, Attached</b>	<b>30</b>	<b>291,104</b>
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>31</b>	<b>291,104</b>
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>32</b>	<b>0</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>33</b>	
		<b>34</b>	<b>0</b>

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2011)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Regents of the University of Colorado</b>		Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>84-6000555</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1800 Grant Street, Suite 400 c/o Assistant Vice President &amp; University Controller</b>		Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Denver, CO 80203-1187</b>		

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Telephone No. ► **303-837-2112**FAX No. ► **303-837-2122**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year 20 \_\_\_\_ or

- ☒ tax year beginning **July 1**, 20 **11**, and ending **June 30**, 20 **12**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>0</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<b>0</b>
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>0</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or <input type="checkbox"/>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	<del>Form 990</del>	<del>01</del>
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☐ Telephone No.  FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

**Signature and Verification must be completed for Part II only.**

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

Signature

Title

Date

**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"/> See instructions 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

**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</b> Total credits. Add lines 40a through 40d	<b>40e</b>	0
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0
<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</b> Total tax. Add lines 41 and 42	<b>43</b>	0
<b>44a</b> Payments: A 2010 overpayment credited to 2011	<b>44a</b>	
<b>b</b> 2011 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 Total	<b>44g</b>	0
<b>45</b> Total payments. Add lines 44a through 44g	<b>45</b>	0
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47</b> Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	0
<b>48</b> Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	0
<b>49</b> Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded	<b>49</b>	0

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

<b>1</b> At any time during the 2011 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u>France, Germany</u>	Yes	No
<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 \$		

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

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<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
<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>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	0			

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: Robert C. Kuehn Date: May 3, 2013 Title: Assistant VP & University Controller

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 <input type="checkbox"/> 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)	3(a) 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>	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶**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).
<b>Totals</b> ▶				
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			
		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	6. Deductions directly connected with income in column 5
(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).	
<b>Totals</b> ▶					

**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) UCB Publication Service	16,112	51,249		0	0	
(2) UCB Buff Alum Forever	2,117	89		0	0	
(3) UCB Coloradan	21,400	8,854		19,123	526,311	
(4)						
<b>Totals (carry to Part II, line (5))</b>	39,629	60,192	(20,563)			

**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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	39,629	60,192				
	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>	39,629	60,192				

**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			

**Alternative Minimum Tax—Corporations**

OMB No. 1545-0175

**2011**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to the corporation's tax return.

Name <b>Regents of the University of Colorado</b>	Employer identification number <b>84-6000555</b>
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**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1 Taxable income or (loss) before net operating loss deduction .....	<b>1</b>	291,104
<b>2 Adjustments and preferences:</b>		
a Depreciation of post-1986 property .....	<b>2a</b>	
b Amortization of certified pollution control facilities .....	<b>2b</b>	
c Amortization of mining exploration and development costs .....	<b>2c</b>	
d Amortization of circulation expenditures (personal holding companies only) .....	<b>2d</b>	
e Adjusted gain or loss .....	<b>2e</b>	
f Long-term contracts .....	<b>2f</b>	
g Merchant marine capital construction funds .....	<b>2g</b>	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	<b>2h</b>	
i Tax shelter farm activities (personal service corporations only) .....	<b>2i</b>	
j Passive activities (closely held corporations and personal service corporations only) .....	<b>2j</b>	
k Loss limitations .....	<b>2k</b>	
l Depletion .....	<b>2l</b>	
m Tax-exempt interest income from specified private activity bonds .....	<b>2m</b>	
n Intangible drilling costs .....	<b>2n</b>	
o Other adjustments and preferences .....	<b>2o</b>	
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>3</b>	291,104
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
a ACE from line 10 of the ACE worksheet in the instructions .....	<b>4a</b>	291,104
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
c Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	<b>4c</b>	0
d 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 <i>must</i> enter an amount on line 4d (even if line 4b is positive) .....	<b>4d</b>	0
e ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c		
• 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
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT. ....	<b>5</b>	291,104
6 Alternative tax net operating loss deduction (see instructions) <b>See Schedule 3, Attached</b> .....	<b>6</b>	261,994
7 <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>	29,110
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a 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>	0
b Multiply line 8a by 25% (.25) .....	<b>8b</b>	0
c 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>	40,000
9 Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>9</b>	0
10 Multiply line 9 by 20% (.20) .....	<b>10</b>	0
11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	<b>11</b>	0
12 Tentative minimum tax. Subtract line 11 from line 10 .....	<b>12</b>	0
13 Regular tax liability before applying all credits except the foreign tax credit .....	<b>13</b>	
14 <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>	0

For Paperwork Reduction Act Notice, see the instructions.

Form **4626** (2011)

Form **5713****International Boycott Report**

OMB No. 1545-0216

(Rev. December 2010)

Department of the Treasury  
Internal Revenue ServiceFor tax year beginning July 1, 20 2011  
and ending June 30, 20 2012  
▶ **Controlled groups, see instructions.****Attachment  
Sequence No. 123**Paper filers must file in  
duplicate (see **When and Where  
to File** in the 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.

400 UCA c/o Assistant Vice President &amp; University Controller

City or town, state, and ZIP code

Denver, CO 80203-1187

Address of service center where your tax return is filed

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

Type of filer (check one):

☐ Individual    ☐ Partnership    ☐ Corporation    ☐ Trust    ☐ Estate    ☒ **\*State Govt. Entity  
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	Educational 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 0**b** Deferral of earnings of controlled foreign corporations 0**c** Deferral of IC-DISC income 0**d** FSC exempt foreign trade income 0**e** Foreign trade income qualifying for the extraterritorial income exclusion 0**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 Robert C. KuehlyDate May 7, 2013Assistant VP & University Controller  
Title

For Paperwork Reduction Act Notice, see separate instructions.

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

<b>7a</b>	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)?	Yes	No
<b>b</b>	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
<b>c</b>	Do you own any stock of an IC-DISC?		X
<b>d</b>	Do you claim any foreign tax credit?		X
<b>e</b>	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)?		X
	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?		
<b>f</b>	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)?		X
	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?		
<b>g</b>	Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
<b>h</b>	Are you a partner in a partnership that has reportable operations under section 999(a)?		X
<b>i</b>	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
<b>j</b>	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

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

<b>8</b>	<b>Boycott of Israel</b> —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 <b>Boycotting Countries</b> in the instructions.)	Yes	No
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>	X	

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

- 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?

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

- 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.)

Yes	No
	X

- 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.)

Yes	No
	X

**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**

		Requests		Agreements	
		Yes	No	Yes	No
<b>13a</b> 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?			X		X
(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?			X		X
(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?			X		X
(d) Refrain from employing individuals of a particular nationality, race, or religion?			X		X
(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?			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 (1)	Identifying number of person receiving the request or having the agreement (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								

**REGENTS OF THE UNIVERSITY OF COLORADO**

FEIN: 84-6000555

Year ended June 30, 2012

**SCHEDULE 1**

**Detail of other deductions:**

Administrative expense	37,630
Operating expenses	63,375
Facilities expense	5,095
Other	14,400

Total (to Form 990-T, p. 1, line 28)	<u>120,500</u>
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**REGENTS OF THE UNIVERSITY OF COLORADO**

FEIN: 84-6000555

Year ended June 30, 2012

**SCHEDULE 2: Schedule of Regular Tax Net Operating Loss (NOL)**

Fiscal Year	Action	Amount (by year) Generated	Amounts Utilized		Net After Utilization	NOL Expiration Date
			Prior Year Utilization	Current Year Utilization		
FY 2002/2003	Generated	184,234				
	Utilized FY 2010/2011		(22,429)			
	Utilized FY 2011/2012			<u>(161,805)</u>	0	2023/2024
FY 2003/2004	Generated	140,894				
	Utilized FY 2011/2012			<u>(129,299)</u>	11,595	2024/2025
FY 2004/2005	Generated	62,098			62,098	2025/2026
FY 2005/2006	Generated	98,395			98,395	2026/2027
FY 2006/2007	Generated	104,035			104,035	2027/2028
FY 2007/2008	Generated	221,065			221,065	2028/2029
FY 2008/2009	Generated	694,223			694,223	2029/2030
FY 2009/2010	Generated	258,011			258,011	2030/2031
FY 2010/2011	Generated	0			0	2031/2032
	Totals	1,762,955	<u>(22,429)</u>	<u>(291,104)</u>	<u>1,449,422</u>	
			<u>Total NOL Used: (313,533)</u>			

**REGENTS OF THE UNIVERSITY OF COLORADO**  
FEIN: 84-6000555  
Year ended June 30, 2012

**SCHEDULE 3:** Schedule of Alternative Minimum Tax Net Operating Loss (AMT NOL)

Fiscal Year	Action	Amount (by year) generated	Amounts Utilized		Net After Utilization	NOL Expiration Date
			Prior Year Utilization	Current Year Utilization		
FY 2002/2003	Generated	184,234				
	Utilized FY 2010/2011 (Total AMTI: 22,429)		(20,186)			
	Utilized FY 2011/2012 (Total AMTI: 291,204)			(164,048)	0	2023/2024
FY 2003/2004	Generated	140,894				
	Utilized FY 2011/2012 (Total AMTI: 291,204)			(97,946)	42,948	2024/2025
FY 2004/2005	Generated	62,098			62,098	2025/2026
FY 2005/2006	Generated	98,395			98,395	2026/2027
FY 2006/2007	Generated	104,035			104,035	2027/2028
FY 2007/2008	Generated	221,065			221,065	2028/2029
FY 2008/2009	Generated	694,223			694,223	2029/2030
FY 2009/2010	Generated	258,011			258,011	2030/2031
FY 2010/2011	Generated	0			0	2031/2032
	Totals	1,782,955	(20,186)	(281,994)	1,480,775	
			Total NOL Used: (282,180)			