#### AMENDED RETURN

**990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

Form	<b>73U-1</b>		(and prox	ky tax under sec	tion 6	6033(e))		a	0 <b>4 0</b>
		For cale	endar year 2019 or other tax ye	ear beginning JULY 1	, 2019, a	nd ending JUNE	30 <b>,20</b> 20	. 4	20 I <b>9</b>
Departm	ent of the Treasury		► Go to www.irs.gov/F		•			·	Dublic Insuration for
Internal F	Revenue Service	▶ Do i	not enter SSN numbers on th	nis form as it may be mad	e public	if your organizatior	n is a 501(c)(3).	501(c)(3	Public Inspection for B) Organizations Only
A ✓ a	heck box if ddress changed		Name of organization ( )	Check box if name changed	and see	instructions.)			entification number
	pt under section	Doi:	REGENTS OF THE UNIVE	ERSITY OF COLORADO	)		(Ei	mployees' ti	rust, see instructions.)
<b>✓</b> 50	n1(C)(3)	Print or	Number, street, and room or	suite no. If a P.O. box, see	instructio	ns.		84-6	000555
☐ 40	08(e) 220(e)	Type	1800 GRANT STREET, SU	JITE 200					siness activity code
☐ 40	98A	1,60	City or town, state or provinc		gn postal	code	(S	ee instructi	ons.)
☐ 52	!9(a)		DENVER, CO 80203						44
C Book	value of all assets d of year	F Gr	roup exemption number	(See instructions.) ▶					
at on	7,769,116,000	G Ch	heck organization type	▼ 501(c) corporat	ion	☐ 501(c) trust	<u> </u>	(a) trust	Other trust
H En	ter the number	of the c	organization's unrelated t	trades or businesses.	<b></b>	7 C	escribe the	only (or t	first) unrelated
tra	de or business	here ►	RETAIL TRADE	. If	only on	e, complete Parl	s I–V. If moi	e than o	ne, describe the
firs	t in the blank	space a	at the end of the previou	us sentence, complet	e Parts	I and II, comple	ete a Sched	ule M fo	r each additiona
tra	de or business	, then c	complete Parts III-V.						
I Du	ring the tax year	, was th	e corporation a subsidiary	in an affiliated group or	a parer	nt-subsidiary cont	rolled group?	· <b>&gt;</b>	☐ Yes ✓ No
If "	Yes," enter the	name a	and identifying number of	of the parent corporat	ion. ▶	-			
J Th	e books are in	care of	► UNIVERSITY CONTRO	OLLER'S OFFICE		Telephone	number >	3	03-837-2138
Part			le or Business Incom			(A) Income	(B) Expe		(C) Net
1a	Gross receipts	s or sale	es 902	2,168					
b	Less returns a	nd allo		<b>c</b> Balance ▶	1c	902,16	8		
2	Cost of goods	sold (S	Schedule A, line 7)		2	519,57			
3	_		t line 2 from line 1c		3	382,59			382,592
4a	•		me (attach Schedule D)		4a	, ,			, ,
b			4797, Part II, line 17) (att		4b				
С			n for trusts	·	4c				
5	•		a partnership or an S						
					5				
6	Rent income (	Schedu	ule C)		6				
7			ced income (Schedule E)		7				
8			s, and rents from a controlled		8				
9		-	section 501(c)(7), (9), or (17) or		9				
10			tivity income (Schedule I)		10				
11	•	•	Schedule J) . . . .		11				
12	_	-	structions; attach sched		12				
13			3 through 12		13	382,59	2		382,592
			Taken Elsewhere (Se					ns must	
			the unrelated business i	incomo \			, ,		
14			cers, directors, and trust					14	
15	•			,				15	154,139
16		-	ance					16	4,288
17	•							17	476
18			dule) (see instructions) .					18	
19	-							19	
20			Form 4562)					83	
21			nimed on Schedule A and					21b	283
22								22	
23			erred compensation plans					23	
24			ograms					24	43,608
25			nses (Schedule I)					25	.5,000
26			osts (Schedule J)					26	
27			tach schedule)					27	161,776
28		•	dd lines 14 through 27					28	364,570
29			axable income before ne					29	18,022
30			perating loss arising in					,	
		-				-	•		
31	Unrelated bus	iness ta	axable income. Subtract	line 30 from line 29				31	18 022

Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
-	instructions)	32	885,183
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
<b>3</b> 3	34 from the sum of lines 32 and 33	35	885,183
06	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	-	000,100
36	instructions)	36	885,183
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0 0 0
37	Total of unrelated business taxable income before specific deduction. Subtract line 30 from line 33	38	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	36	
39		39	
	enter the smaller of zero or line 37	39	0
Part	IV Tax Computation	40	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from:   Tax rate schedule or  Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0
Part	V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a		
b	Other credits (see instructions)	0.679	
С	General business credit. Attach Form 3800 (see instructions)	113,1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	mili	
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	- VI-X	
b	2019 estimated tax payments	11-0-0	
C	Tax deposited with Form 8868	114.8	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
e	Backup withholding (see instructions)		
·	Backing withholding (see instructions)		
f			
f	Credit for small employer health insurance premiums (attach Form 8941)		
f g	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:  Form 2439		
g	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ►  51f  51g	52	C
g 52	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►  Total payments. Add lines 51a through 51g	52 53	C
52 53	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►  Total payments. Add lines 51a through 51g	53	
52 53 54	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:  Form 2439	53 54	C
52 53 54 55	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ► Total payments. Add lines 51a through 51g	53 54 55	C
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ► 51g ☐ Total payments. Add lines 51a through 51g	53 54 55	C
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ► Total ► Total payments. Add lines 51a through 51g	53 54 55 56	(
52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  Enter the amount of line 55 you want: Credited to 2020 estimated tax  O Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2019 calendar year, did the organization have an interest in or a signature or other contents.	53 54 55 55 56	( ( nority Yes No
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:  Form 2439  Form 4136  Other  Total payments. Add lines 51a through 51g	53 54 55 56 ther auth	o file
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:  Form 2439	53 54 55 56 ther auth	nority Yes No o file untry
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g  Total payments. Add lines 51a through 51g	53 54 55 56 ther auth y have t	nority Yes No o file untry
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:  Form 2439	53 54 55 56 ther auth y have t	o file untry
9 52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g ☐ Total payments. Add lines 51a through 51g	53 54 55 56 ther auth y have t	nority Yes No o file untry
52 53 54 55 56 Part	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g ☐ Total payments. Add lines 51a through 51g	53 54 55 56 sher auth y have t reign co	nority of ile untry
9 52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)	53 54 55 56 ther authy have t reign coordinates	nority of file untry  ?
9 52 53 54 55 56 Part 57 58 59	Credit for small employer health insurance premiums (attach Form 8941) . Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g ☐ Total payments. Add lines 51a through 51g	53 54 55 56 ther auth y have t reign co	nority of file untry / /
9 52 53 54 55 56 Part 57	Credit for small employer health insurance premiums (attach Form 8941)	53 54 55 56 ther auth y have t reign co	ority Yes No ofile untry ? ✓
9 52 53 54 55 56 Part 57 58 59	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total payments. Add lines 51a through 51g ☐ Form 2220 is attached ☐ Form 2220 is attached ☐ Form 2439 ☐ Form 4136 ☐ Form 2439 ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Form 2439 ☐ Form 4136 ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Form 2439 ☐ Form 4136 ☐ Form 2439 ☐ Form 2439 ☐ Form 4136 ☐ Form 2439 ☐ Form 2430 ☐ For	53 54 55 56 ther auth y have t reign co	o file untry  ?
9 52 53 54 55 56 Part 57 58 59	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶  Total payments. Add lines 51a through 51g	53 54 55 56  ther authry have treign co- eign trust  May the with the (see instructions)	nority Yes No o file untry ? ✓ owledge and belief, it is IRS discuss this return preparer shown below uctions)? □Yes □No
52 53 54 55 56 Part 57 58 59 Sigr Here	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g ☐ Total payments. Add lines 51a through 51g ☐ Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ☐ Credited to 2020 estimated tax ▶ ☐ Refunded ▶ ☐ Other ☐ Total ▶ ☐ Other ☐ Total ▶ ☐ Other ☐ Total ▶ ☐ ☐ Other ☐ Total ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	53 54 55 56 ther authry have treign co eign trust  May the with the (see instruction of the content of the cont	nority Yes No o file untry ? ✓ owledge and belief, it is IRS discuss this return preparer shown below uctions)? □Yes □No
52 53 54 55 56 Part 57 58 59 Sigr Here	Credit for small employer health insurance premiums (attach Form 8941) . Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 51g ☐ Total payments. Add lines 51a through 51g ☐ Estimated tax penalty (see instructions). Check if Form 2220 is attached	53 54 55 56  ther authry have treign co- eign trust  May the with the (see instructions)	nority Yes No o file untry ? ✓ owledge and belief, it is like discuss this return preparer shown below uctions)? □Yes □No

(Rev. January 2019)

Form 990-BL

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

80

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

#### forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print Regents of the University of Colorado 84-6000555 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 1800 Grant Street, Suite 600 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Denver, CO 80203 Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . . 0 7 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07

Form 4720 (individual) Form 4720 (other than individual) 09 03 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) Form 8870 12 • The books are in the care of ► University Controller's Office Telephone No. ► 303-837-2110 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. I request an automatic 6-month extension of time until \_\_\_\_\_\_, 20 \_\_21\_, to file the exempt organization return for

02

Form 1041-A

	the organization named above. The extension is for the organization's return for:			
	▶ ☐ calendar year 20 or			
	▶ ☑ tax year beginning July 1 , 20 19 , and ending June 30		, 20	20 .
2	If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final ret ☐ Change in accounting period	urn		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.00
b	If this application is for Forms 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	\$	0.00
С	<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.	3с	\$	0.00

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 990-T (2019) Page **3** 

Schedule A—Cost of Good	ds Sold. Ent	er method of i	inven	tory va	luation >	COST			
1 Inventory at beginning of		1		6		it end of year	6		
<b>2</b> Purchases		2 51	9,576	7	Cost of go	oods sold. Subtract line			
3 Cost of labor		3	,			5. Enter here and in Part			
4a Additional section 263	A costs				I, line 2 .		7	5	19,576
(attach schedule)	4	a		8	Do the rul	es of section 263A (with	ı respect		
<b>b</b> Other costs (attach sche	edule) 4	b				roduced or acquired for r			
5 Total. Add lines 1 through	· ·	5 51	9,576		to the orga	nization?			<b>✓</b>
Schedule C-Rent Income	(From Rea	I Property an	d Pe	rsonal	Property I	_eased With Real Pro	perty)		
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	d or accrued							
(a) From personal property (if the perconfor personal property is more than 1 more than 50%)		(b) From real a percentage of ren 50% or if the ren	t for pe	rsonal pro	perty exceeds	<b>3(a)</b> Deductions directly of in columns 2(a) and			ne
(1)									
(2)									
(3)									
(4)									
Total		Total				(b) Total deductions.			
(c) Total income. Add totals of co						Enter here and on page 1	١,		
here and on page 1, Part I, line 6, c	column (A) .	<u>.</u> . ▶				Part I, line 6, column (B)	<u> </u>		
Schedule E—Unrelated De	ebt-Finance	ed Income (see	e instr	uctions	5)	O Dadwaliana dinadhuarn			
1. Description of deb	ot-financed prope	erty		cable to	come from or debt-financed	Deductions directly condebt-finance  (a) Straight line depreciation	ed property	or allocable the deduction	
				pro	perty	(attach schedule)		ch schedule)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		4 di	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	(column 6	able deduction x total of column and 3(b))	
(1)					%				
(2)					%				
(3)					%				
(4)					%				
						Enter here and on page 1, Part I, line 7, column (A).		e and on pa e 7, columr	
Totals					▶				
Total dividends-received deducti	ions included i	n column 8 .							
							Fc	rm <b>990-T</b>	(2019)

Form 990-T (2019)

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

	· · · · , · · <b>,</b> · · · · · ,						/	
		Exempt 0	Controlled	d Organizations				
Name of controlled organization	2. Employer identification number	3. Net unrela (loss) (see in		4. Total of specified payments made	5. Part of column included in the corganization's grounds.	controlling	conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations				l			
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's gro	controlling	conne	reductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
Totals				•	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h	columns 6 and 11. nere and on page 1, line 8, column (B).
Schedule G-Investment	Income of a Sect	ion 501(c	;)(7), (9),	or (17) Organi	zation (see ins	truction	s)	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	<b>4.</b> Set-aside (attach sched	:S	<b>5.</b> To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			,	,				,
(2)								
(3)								
(4)								
Totals Schedule I—Exploited Exc	Enter here and Part I, line 9, c	column (A).		Advertising In	come (see inst	ructions	Part I, li	re and on page 1, ne 9, column (B).
Description of exploited activ	2. Gross unrelated	3. E. di conne prod	xpenses irectly ected with luction of related ess 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	<b>6.</b> Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col. (	I, page	nere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 25.
Schedule J-Advertising I	Income (see instru	ctions)						-
Part I Income From P	Periodicals Repor	ted on a	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	. ▶							

Form 990-T (2019) Page **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)						
(2)						
(3)						
(4)						
Totals from Part I						
	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 26.
<b>Totals,</b> Part II (lines 1–5) ▶						
Schedule K—Compensation of	Officers, Direc	ctors, and Tru	stees (see instru	uctions)		
1. Name			2. Title	3. Percent of time devoted to	4. Compensa	tion attributable to

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

Form **990-T** (2019)

### Form **4562**

Department of the Treasury

Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

2019 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number **ACTIVITY 44 - RETAIL TRADE** 84-6000555 REGENTS OF THE UNIVERSITY OF COLORADO Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 **10** Carryover of disallowed deduction from line 13 of your 2018 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 don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . . . . . 17 283 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method (business/investment use only—see instructions) (e) Convention (g) Depreciation deduction placed in period service **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 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 22 283 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . . 23

Pai		ed Proper ertainment,	- `				ertain	other	vehicle	es, ce	rtain a	aircraft	, and	prope	rty us	ed for
		<b>e:</b> For any ve , columns (a)										lease (	expense	e, com	olete <b>o</b> n	<b>ily</b> 24a,
	Section	A-Deprec	iation an	nd Other Inf	formati	on (Ca	ution: S	See the	instruc	tions fo	or limits	for pas	ssenger	autom	obiles.)	
<b>24</b> a	Do you have	e evidence to su		business/inve	estment	use clain		Yes	No	<b>24b</b> If	"Yes," i	s the ev	idence w	ritten?	☐ Yes	☐ No
	(a) e of property (livehicles first)	(b) Date placed in service	(c) Business investment percentag	use Cost or o	d) ther basis		(e) for depreness/investuse only)	stment	(f) Recovery period	· 1	(g) ethod/ evention		(h) oreciation eduction	Ele	(i) ected sect cost	
	the tax ye	epreciation a ear and used	more tha	an 50% in a	qualifie	ed busir	ness us				25					
26	Property u	ised more tha	an 50% i		d busine	ess use	:									
				%												
				%												
27	Proporty	 used 50% or	locc in a		icinocc	1100.										
21	гюрену с	1560 20 % 01	1622 111 a	%	15111635	use.				S/L -	_					
				%						S/L -				-		
				%						S/L -						
28	Add amou	ınts in colum	n (h), line		h 27. E	nter he	re and	on line	21, pag	e 1 .	28					
		ınts in colum											. 2	29		
								on Us	e of Ve	hicles			•	•		
		ection for vehic														vehicles
to yo	ur employe	es, first answe	r the que	stions in Sec	ction C t	o see if	you me	et an ex	xception	to com	pleting	this sec	tion for t	hose ve	hicles.	
30		ess/investmen		_		a) cle 1		<b>b)</b> icle 2		<b>c)</b> icle 3	(d) (e) Vehicle 4 Vehicle 5		(f) Vehicle 6			
		nuting miles dr ner persona en		•												
33	Total mile	s driven dur rough 32 .	ing the	-												
34	Was the v	ehicle availat	ole for pe	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the v	g off-duty hou ehicle used p owner or relat	orimarily	by a more												
			•												-	
36	is another v	vehicle availab			Emple	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ha Dua	vida V	shieles	for Ho	a by Th	ois Em	nleve e			
		uestions to downers or rela	letermine		t an ex	ception									who are	en't
37	•	aintain a writ		•								•			Yes	No
38		aintain a writ s? See the ir														
39	-	eat all use of			-											
40	use of the	rovide more to vehicles, and	d retain t	he informati	ion rece	eived?										
41		eet the requir														
		our answer to	37, 38,	39, 40, or 4	11 is "Y	es," do	n't com	plete S	Section I	B for th	e cover	ed veh	icles.			
Par	t VI Am	ortization														
	Descri	(a) otion of costs		<b>(b)</b> Date amortization begins	ation	Amor	<b>(c)</b> rtizable ar	mount	C	(d) ode secti	ion	(e) Amortiza period percent	ation I or	Amortiza	<b>(f)</b> ation for th	nis year
42	Amortizati	on of costs t	hat begir	ns during yo	ur 2019	tax ye	ar (see	instruc	tions):							
43	Amortizati	on of costs t	hat bega	n before yo	ur 2019	tax ye	ar						43			

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

44

FEIN: 84-6000555

YEAR ENDED JUNE 30, 2020

SCHEDULE M

UNRELATED BUSINESS ACTIVITY CODE 44

FORM 990-T, LINE 27

CONFERENCES AND MEETINGS	1,465
CONTRACTED SERVICES	6,090
CREDIT CARD FEES	9,925
DUES AND MEMBERSHIPS	1,469
FEES AND LICENSES	937
GENERAL AND ADMIN EXPENSE	63,048
INSURANCE	1,985
SUPPLIES	38,076
RENT	32,366
UTILITIES	6,415
990-T, PART II, LINE 27	161,776

## SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning JULY 1, 2019, and ending JUNE 30, 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

**Employer identification number** 

	NTS OF THE UNIVERSITY OF COLORADO					84-600	0555	
	related Business Activity Code (see instructions) ▶51							
De	scribe the unrelated trade or business  INFORMATION							
Part	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net	
1a	Gross receipts or sales 210,000 00							
b	Less returns and allowances c Balance ▶	1c	210,000	00				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	210,000	00			210,000	00
4a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
3	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12						
13	<b>Total.</b> Combine lines 3 through 12	13	210,000	00			210,000	00
Part	connected with the unrelated business income.)						or be directly	
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salaries and wages					15		
16	Repairs and maintenance					16		
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19 20	Taxes and licenses		1 1			19		
21	Depreciation (attach Form 4562)					21b		
22	Depletion					22		
23	Contributions to deferred compensation plans					23		
24	Employee benefit programs			• •		24		
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26		
27	Other deductions (attach schedule)					27		
28	<b>Total deductions.</b> Add lines 14 through 27					28		
29	Unrelated business taxable income before net operating loss of					29	210,000	00
30	Deduction for net operating loss arising in tax years beginn						210,000	
	instructions)	_			•	30		
31	Unrelated business taxable income. Subtract line 30 from line					31	210,000	00

#### **SCHEDULE M** (Form 990-T)

#### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_JULY 1\_\_, 2019, and ending \_\_JUNE 30\_\_, 20\_\_20\_

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name o	of the organization	mado p	Jubilo ii your orga		Employer identi		number	Olliy
	NTS OF THE UNIVERSITY OF COLORADO					84-6000	)555	
	nrelated Business Activity Code (see instructions) ► 53					04-0000	)333	
	escribe the unrelated trade or business REAL ESTATE RENTA	I AND	- LEASING					
		LAND						
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net	
1a	Gross receipts or sales 2,776,869 00							
b	Less returns and allowances c Balance ▶	1c	2,776,869	00				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	2,776,869	00				
4a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
_	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
40	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11 12	Advertising income (Schedule J)	11						
13	Other income (See instructions; attach schedule)	12	2.777.070	00			2.777.070	
10	Total. Combine lines 3 through 12	13	2,776,869	00			2,776,869	00
Part	· ·	r limita	itions on dedu	ction	s.) (Deductio	ns mu	st be directly	
	connected with the unrelated business income.)							
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salaries and wages					15	701,245	00
16	Repairs and maintenance					16	43,040	00
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses					19		
20	Depreciation (attach Form 4562)				36,322 00			
21	Less depreciation claimed on Schedule A and elsewhere on re					21b	36,322	00
22	Depletion					22		
23	Contributions to deferred compensation plans					23		
24	Employee benefit programs					24	16,622	00
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26		
27	Other deductions (attach schedule)					27	1,622,310	00
28	<b>Total deductions.</b> Add lines 14 through 27					28	2,419,539	00
29	Unrelated business taxable income before net operating loss of					29	357,330	00
30	Deduction for net operating loss arising in tax years beginn					2.5		
	instructions)					30		
31	Unrelated business taxable income. Subtract line 30 from line	29 .				31	357,330	00

### Form **4562**

Department of the Treasury

Internal Revenue Service (99)

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019
Attachment
Sequence No. 179

84-6000555 1
2
2
2
3
<del>-</del> 1
4
5
8
9
10
11
12
instructions.)
14
15
16
<b>17</b> 36.322
<b>17</b>   36,322
17   36,322
17 36,322 System
33,02
System
System  (g) Depreciation deduction
System
System  (g) Depreciation deduction
System  (g) Depreciation deduction  1 System
System  (g) Depreciation deduction
System  (g) Depreciation deduction  1 System  21
System  (g) Depreciation deduction  1 System
ir

Pai		ed Proper ertainment,	- `				ertain	other	vehicle	es, ce	rtain a	aircraft	, and	prope	rty us	ed for
		<b>e:</b> For any ve , columns (a)										lease (	expense	e, com	olete <b>o</b> n	<b>ily</b> 24a,
	Section	A-Deprec	iation an	nd Other Inf	formati	on (Ca	ution: S	See the	instruc	tions fo	or limits	for pas	ssenger	autom	obiles.)	
<b>24</b> a	Do you have	e evidence to su		business/inve	estment	use clain		Yes	No	<b>24b</b> If	"Yes," i	s the ev	idence w	ritten?	☐ Yes	☐ No
	(a) e of property (livehicles first)	(b) Date placed in service	(c) Business investment percentag	use Cost or o	d) ther basis		(e) for depreness/investuse only)	stment	(f) Recovery period	· 1	(g) ethod/ evention		(h) oreciation eduction	Ele	(i) ected sect cost	
	the tax ye	epreciation a ear and used	more tha	an 50% in a	qualifie	ed busir	ness us				25					
26	Property u	ised more tha	an 50% i		d busine	ess use	:									
				%												
				%												
27	Proporty	 used 50% or	locc in a		icinocc	1100.										
21	гюрену с	1560 20 % 01	1622 111 a	%	15111635	use.				S/L -	_					
				%						S/L -				-		
				%						S/L -						
28	Add amou	ınts in colum	n (h), line		h 27. E	nter he	re and	on line	21, pag	e 1 .	28					
		ınts in colum											. 2	29		
								on Us	e of Ve	hicles			•	•		
		ection for vehic														vehicles
to yo	ur employe	es, first answe	r the que	stions in Sec	ction C t	o see if	you me	et an ex	xception	to com	pleting	this sec	tion for t	hose ve	hicles.	
30	Total business/investment miles driven during the year (don't include commuting miles)				(a) Vehicle 1			(b) Vehicle 2 Vel				(d) hicle 4 Vo		e) cle 5	(f) Vehicle 6	
		nuting miles dr ner persona en		•												
33	Total mile	s driven dur rough 32 .	ing the	-												
34	Was the v	ehicle availat	ole for pe	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the v	g off-duty hou ehicle used p owner or relat	orimarily	by a more												
			•												-	
36	is another v	vehicle availab			Emple		ha Dua	vida V	shieles	for Ho	a by Th	ois Em	nleve e			
		uestions to downers or rela	letermine		t an ex	ception									who are	en't
37	•	aintain a writ		•								•			Yes	No
38		aintain a writ s? See the ir														
39	-	eat all use of			-											
40	use of the	rovide more to vehicles, and	d retain t	he informati	ion rece	eived?										
41		eet the requir														
		our answer to	37, 38,	39, 40, or 4	11 is "Y	es," do	n't com	plete S	Section I	B for th	e cover	ed veh	icles.			
Par	t VI Am	ortization														
	Descri	(a) otion of costs		<b>(b)</b> Date amortization begins	ation	Amor	<b>(c)</b> rtizable ar	mount	C	(d) ode secti	ion	(e) Amortiza period percent	ation I or	Amortiza	<b>(f)</b> ation for th	nis year
42	Amortizati	on of costs t	hat begir	ns during yo	ur 2019	tax ye	ar (see	instruc	tions):							
43	Amortizati	on of costs t	hat bega	n before yo	ur 2019	tax ye	ar						43			

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

44

FEIN: 84-6000555

YEAR ENDED JUNE 30, 2020

SCHEDULE M

UNRELATED BUSINESS ACTIVITY CODE 53

FORM 990-T, LINE 27

ADMINISTRATIVE EXPENSE	142,745
CONTRACT SERVICES	319,914
CREDIT CARD FEES	197,660
CUSTODIAL SERVICES	63,850
EQUIPMENT RENTAL	73,172
FEES AND LICENSES	147,274
INSURANCE	782
OFFICE EXPENSES	1,992
OTHER FACILITY COST	14,021
SECURITY	349,992
SUPPLIES	180,295
TRAVEL	5,447
UTILITIES	125,166
990-T, PART II, LINE 27	1,622,310

#### **SCHEDULE M** (Form 990-T)

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning \_\_JULY 1\_\_, 2019, and ending \_\_JUNE 30\_\_, 20\_\_20\_ ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

Name o	f the organization		Employer identification number								
REGE	NTS OF THE UNIVERSITY OF COLORADO				84-6000555						
	related Business Activity Code (see instructions) ► 54										
De	scribe the unrelated trade or business PROFESSIONAL, SCIE	NTIFIC	– C, AND TECHNIC	CALS	ERVICES						
Part			(A) Income		(B) Expense	es	(C) Net				
1a	Gross receipts or sales 1,325,098 00										
b	Less returns and allowances	1c	1,325,098	00							
2	Cost of goods sold (Schedule A, line 7)	2									
3	Gross profit. Subtract line 2 from line 1c	3	1,325,098	00			1,325,098	00			
4a	Capital gain net income (attach Schedule D)	4a									
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b									
С	Capital loss deduction for trusts	4c									
5	Income (loss) from a partnership or an S corporation (attach										
	statement)	5									
6	Rent income (Schedule C)	6									
7	Unrelated debt-financed income (Schedule E)	7									
8	Interest, annuities, royalties, and rents from a controlled										
•	organization (Schedule F)	8									
9	Investment income of a section 501(c)(7), (9), or (17)										
•	organization (Schedule G)	9									
10	Exploited exempt activity income (Schedule I)	10									
11	Advertising income (Schedule J)	11	3,142	00	36	00	3106	00			
12	Other income (See instructions; attach schedule)	12	5,142	- 00	30	00	3100				
13	<b>Total.</b> Combine lines 3 through 12	13	1,328,240	00	36	00	1,328,204	00			
Part	<b>Deductions Not Taken Elsewhere</b> (See instructions for connected with the unrelated business income.)	r limita	ations on dedu	ıctior	ns.) (Deductio	ns mu	ust be directly				
	•					44					
14	Compensation of officers, directors, and trustees (Schedule K)					14	244472				
15	Salaries and wages					15	944,673	00			
16	Repairs and maintenance					16 17	3,949	00			
17	Bad debts					_					
18	Interest (attach schedule) (see instructions)					18					
19	Taxes and licenses		1 1	•		19					
20	Depreciation (attach Form 4562)					041					
21	Less depreciation claimed on Schedule A and elsewhere on re					21b					
22	Depletion			•		22					
23	Contributions to deferred compensation plans					23					
24	Employee benefit programs					24	146,285	00			
25	Excess exempt expenses (Schedule I)					25					
26	Excess readership costs (Schedule J)					26					
27	Other deductions (attach schedule)					27	93,964	00			
28	<b>Total deductions.</b> Add lines 14 through 27					28	1,188,871	00			
29	Unrelated business taxable income before net operating loss d					29	139,333	00			
30	Deduction for net operating loss arising in tax years beginn	_		-	,						
	instructions)					30					
31	Unrelated business taxable income. Subtract line 30 from line 2	29 .				31	139,333	00			

Form 990-T (2019) Page -

# 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) THE SCRIBE	3142	36	3106	0	0	0
(2)						
(3)						
(4)						
Totals from Part I						
	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 26.
<b>Totals,</b> Part II (lines 1–5) ▶	3142	36				0
Schodule K Componentian of	Officere Direc	tore and True	otoos (see instru	iotiona)		•

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

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

Form **990-T** (2019)

FEIN: 84-6000555

YEAR ENDED JUNE 30, 2020

SCHEDULE M

UNRELATED BUSINESS ACTIVITY CODE 54

FORM 990-T, LINE 27

ADMINISTRATIVE EXPENSES	74,887
CONTRACTED SERVICES	1,500
MEALS AND ENTERTAINMENT (50%)	1,563
SUPPLIES	16,014
990-T, PART II, LINE 27	93,964

#### **SCHEDULE M** (Form 990-T)

#### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning JULY1 , 2019, and ending JUNE30 , 20 20► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Name of the organization **Employer identification number** REGENTS OF THE UNIVERSITY OF COLORADO 84-6000555 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ FITNESS AND RECREATIONAL SPORTS CENTER Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance ▶ 1c 00 316,535 2 2 Cost of goods sold (Schedule A, line 7) . . . Gross profit. Subtract line 2 from line 1c . . . . . . . . 3 3 316,535 00 316,535 00 Capital gain net income (attach Schedule D) . . . . . 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c 5 Income (loss) from a partnership or an S corporation (attach 5 6 6 7 Unrelated debt-financed income (Schedule E) . . . . . 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . . . . . . 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) . . . . . 10 11 Advertising income (Schedule J) . . . . . . . . . 11 12 Other income (See instructions; attach schedule) . . . . . 12 Total. Combine lines 3 through 12 . . . . . . . . . 13 13 316,535 00 00 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) . . . 14 14 15 15 81,690 00 16 Repairs and maintenance 16 10,013 00 17 Bad debts . . . . . . . . . . . . . . . . . . 17 18 18 19 19 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . 21b 49,611 00 22 22 23 23 Contributions to deferred compensation plans . . . . . Employee benefit programs . . . . . . . . . . . . . . . . . . 24 24 20,207 00 25 25 26 Excess readership costs (Schedule J) . . . . . . . . . . . . . . . . 26 27 27 64,982 00 28 **Total deductions.** Add lines 14 through 27 28 226,503 00 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 90,032 00

30

31

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29 . . . . . . . .

90,032

30

Department of the Treasury

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 Attachment Sequence No. 179

Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number ACTIVITY 71 - FITNESS AND RECREATIONAL SPORTS CTR REGENTS OF THE UNIVERSITY OF COLORADO 84-6000555 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 **10** Carryover of disallowed deduction from line 13 of your 2018 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 don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . . . . . 17 49,611 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method (business/investment use only—see instructions) (e) Convention (g) Depreciation deduction placed in period service **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 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 49,611 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . 23

Pai		ed Proper ertainment,	- `				ertain	other	vehicle	es, ce	rtain a	aircraft	, and	prope	rty us	ed for
		<b>e:</b> For any ve , columns (a)										lease (	expense	e, com	olete <b>o</b> n	<b>ily</b> 24a,
	Section	A-Deprec	iation an	nd Other Inf	formati	on (Ca	ution: S	See the	instruc	tions fo	or limits	for pas	ssenger	autom	obiles.)	
<b>24</b> a	Do you have	e evidence to su		business/inve	estment	use clain		Yes	No	<b>24b</b> If	"Yes," i	s the ev	idence w	ritten?	☐ Yes	☐ No
	(a) e of property (livehicles first)	(b) Date placed in service	(c) Business investment percentag	use Cost or o	d) ther basis		(e) for depreness/investuse only)	stment	(f) Recovery period	· 1	(g) ethod/ evention		(h) oreciation eduction	Ele	(i) ected sect cost	
	the tax ye	epreciation a ear and used	more tha	an 50% in a	qualifie	ed busir	ness us				25					
26	Property u	ised more tha	an 50% i		d busine	ess use	:									
				%												
				%												
27	Proporty	 used 50% or	locc in a		icinocc	1100.										
21	гюрену с	1560 20 % 01	1622 111 a	%	15111635	use.				S/L -	_					
				%						S/L -				-		
				%						S/L -						
28	Add amou	ınts in colum	n (h), line		h 27. E	nter he	re and	on line	21, pag	e 1 .	28					
		ınts in colum											. 2	29		
								on Us	e of Ve	hicles			•	•		
		ection for vehic														vehicles
to yo	ur employe	es, first answe	r the que	stions in Sec	ction C t	o see if	you me	et an ex	xception	to com	pleting	this sec	tion for t	hose ve	hicles.	
30	Total business/investment miles driven during the year (don't include commuting miles)				(a) Vehicle 1			(b) Vehicle 2 Vel				(d) hicle 4 Vo		e) cle 5	(f) Vehicle 6	
		nuting miles dr ner persona en		•												
33	Total mile	s driven dur rough 32 .	ing the	-												
34	Was the v	ehicle availat	ole for pe	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the v	g off-duty hou ehicle used p owner or relat	orimarily	by a more												
			•												-	
36	is another v	vehicle availab			Emple		ha Dua	vida V	shieles	for Ho	a by Th	ois Em	nleve e			
		uestions to downers or rela	letermine		t an ex	ception									who are	en't
37	•	aintain a writ		•								•			Yes	No
38		aintain a writ s? See the ir														
39	-	eat all use of			-											
40	use of the	rovide more to vehicles, and	d retain t	he informati	ion rece	eived?										
41		eet the requir														
		our answer to	37, 38,	39, 40, or 4	11 is "Y	es," do	n't com	plete S	Section I	B for th	e cover	ed veh	icles.			
Par	t VI Am	ortization														
	Descri	(a) otion of costs		<b>(b)</b> Date amortization begins	ation	Amor	<b>(c)</b> rtizable ar	mount	C	(d) ode secti	ion	(e) Amortiza period percent	ation I or	Amortiza	<b>(f)</b> ation for th	nis year
42	Amortizati	on of costs t	hat begir	ns during yo	ur 2019	tax ye	ar (see	instruc	tions):							
43	Amortizati	on of costs the	hat bega	n before yo	ur 2019	tax ye	ar						43			

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

44

FEIN: 84-6000555

YEAR ENDED JUNE 30, 2020

SCHEDULE M

UNRELATED BUSINESS ACTIVITY CODE 71

FORM 990-T, LINE 27

ADMINISTRATIVE EXPENSES	12,616
ADVERTISING EXPENSE	33
CUSTODIAL SERVICES	1,942
DUES AND MEMBERSHIP	864
EQUIPMENT RENTAL	838
INFORMATION TECHNOLOGY	5,865
INSURANCE	3,516
OFFICE EXPENSES	1,044
SUPPLIES	21,175
UTILITIES	17,089
990-T, PART II, LINE 27	64,982

#### **SCHEDULE M** (Form 990-T)

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_JULY 1\_\_, 2019, and ending \_\_JUNE 30\_\_, 20\_\_20\_\_

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name o	fication	ication number					
REGEI	NTS OF THE UNIVERSITY OF COLORADO	84-600	84-6000555				
Ur	related Business Activity Code (see instructions) ▶ 72						_
De	scribe the unrelated trade or business > ACCOMODATION AND	) FOOD	_ ) SERVICES - NO AC	TIVITY			
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D)	4a					_
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					_
С	Capital loss deduction for trusts	4c					_
5	Income (loss) from a partnership or an S corporation (attach						_
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule)	12					
13	<b>Total.</b> Combine lines 3 through 12	13					_
Part	•	r limita	ations on deductio	ns.) (Deductio	ns mu	ıst be directly	
	connected with the unrelated business income.)						
14	Compensation of officers, directors, and trustees (Schedule K)				14		_
15	Salaries and wages				15		_
16	Repairs and maintenance				16		_
17	Bad debts				17		_
18	Interest (attach schedule) (see instructions)				18		_
19	Taxes and licenses				19		_
20	Depreciation (attach Form 4562)						_
21	Less depreciation claimed on Schedule A and elsewhere on re	turn .	. 21a		21b		
22	Depletion				22		_
23	Contributions to deferred compensation plans				23		_
24	Employee benefit programs				24		
25	Excess exempt expenses (Schedule I)				25		_
26	Excess readership costs (Schedule J)				26		_
27	Other deductions (attach schedule)				27		
28	Total deductions. Add lines 14 through 27				28		
29	Unrelated business taxable income before net operating loss d	educti	on. Subtract line 28	from line 13	29		
30	Deduction for net operating loss arising in tax years beginn	ing on	or after January	1, 2018 (see			
	instructions)				30		_
31	Unrelated business taxable income. Subtract line 30 from line	29 .	<u> </u>	<u> </u>	31		_

#### **SCHEDULE M** (Form 990-T)

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning \_\_JULY 1\_\_, 2019, and ending \_\_JUNE 30\_, 20\_\_20\_

► Go to www.irs.gov/Form990T for instructions and the latest information.

	nent of the Treasury Revenue Service  Go to www.irs.gov/Form990T for inst  Do not enter SSN numbers on this form as it may be					Open 3). 501(	to Public Inspecti c)(3) Organizations	
Name o	f the organization				Employer iden	ntification	number	
REGE	NTS OF THE UNIVERSITY OF COLORADO					84-600	0555	
Ur	rrelated Business Activity Code (see instructions) ▶81							
De	escribe the unrelated trade or business $ ightharpoonup$ OTHER SERVICES - I	PARKING						
Part	Unrelated Trade or Business Income		(A) Income		(B) Expens	ses	(C) Net	
1a	Gross receipts or sales 129,152 00							
b	Less returns and allowances	1c	129,152	00				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	129,152	00			129,152	00
4a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12						
13	Total. Combine lines 3 through 12	13	129,152	00			129,152	00
Part	connected with the unrelated business income.)						st be directly	
14	Compensation of officers, directors, and trustees (Schedule R	•				14		
15	Salaries and wages					15		
16	Repairs and maintenance					16	1,418	00
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses		1 1	•	1	19		
20	Depreciation (attach Form 4562)				43,820	00	40.000	00
21 22	Depletion					21b 22	43,820	00
23	Contributions to deferred compensation plans					23		
23 24	Employee benefit programs					24		
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26		
27	Other deductions (attach schedule)					27	12 440	00
28	<b>Total deductions.</b> Add lines 14 through 27					28	13,448 58,686	00
29	Unrelated business taxable income before net operating loss						70,466	00
30	Deduction for net operating loss arising in tax years begin instructions)	ning on	or after Janu	ary 1	1, 2018 (see		70,400	00
21	Unrelated business taxable income. Subtract line 30 from line					30	70.4//	00
31	Officialed publices laxable income. Subtract line 30 from line	. 25	<u> </u>	•	<u></u>	31	70,466	00

### Form **4562**

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

2019 Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number ACTIVITY 81 - OTHER SERVICES - PARKING REGENTS OF THE UNIVERSITY OF COLORADO 84-6000555 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 **10** Carryover of disallowed deduction from line 13 of your 2018 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 don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . . . . . 17 43,820 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method (business/investment use only—see instructions) (e) Convention (g) Depreciation deduction placed in period service **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 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 43,820 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs . . . . . . . . .

Pai		ed Proper ertainment,	- `				ertain	other	vehicle	es, ce	rtain a	aircraft	, and	prope	rty us	ed for
		<b>e:</b> For any ve , columns (a)										lease (	expense	e, com	olete <b>o</b> n	<b>ily</b> 24a,
	Section	A-Deprec	iation an	nd Other Inf	formati	on (Ca	ution: S	See the	instruc	tions fo	or limits	for pas	ssenger	autom	obiles.)	
<b>24</b> a	Do you have	e evidence to su		business/inve	estment	use clain		Yes	No	<b>24b</b> If	"Yes," i	s the ev	idence w	ritten?	☐ Yes	☐ No
	(a) e of property (livehicles first)	(b) Date placed in service	(c) Business investment percentag	use Cost or o	d) ther basis		(e) for depreness/investuse only)	stment	(f) Recovery period	· 1	(g) ethod/ evention		(h) oreciation eduction	Ele	(i) ected sect cost	
	the tax ye	epreciation a ear and used	more tha	an 50% in a	qualifie	ed busir	ness us				25					
26	Property u	ised more tha	an 50% i		d busine	ess use	:									
				%												
				%												
27	Proporty	 used 50% or	locc in a		icinocc	1100.										
21	гюрену с	1560 20 % 01	1622 111 a	%	15111635	use.				S/L -	_					
				%						S/L -				-		
				%						S/L -						
28	Add amou	ınts in colum	n (h), line		h 27. E	nter he	re and	on line	21, pag	e 1 .	28					
		ınts in colum											. 2	29		
								on Us	e of Ve	hicles			•	•		
		ection for vehic														vehicles
to yo	ur employe	es, first answe	r the que	stions in Sec	ction C t	o see if	you me	et an ex	xception	to com	pleting	this sec	tion for t	hose ve	hicles.	
30	Total business/investment miles driven during the year (don't include commuting miles)				(a) Vehicle 1			(b) Vehicle 2 Vel				(d) hicle 4 Vo		e) cle 5	(f) Vehicle 6	
		nuting miles dr ner persona en		•												
33	Total mile	s driven dur rough 32 .	ing the	-												
34	Was the v	ehicle availat	ole for pe	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the v	g off-duty hou ehicle used p owner or relat	orimarily	by a more												
			•												-	
36	is another v	vehicle availab			Emple	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ha Dua	vida V	shieles	for Ho	a by Th	ois Em	nleve e			
		uestions to downers or rela	letermine		t an ex	ception									who are	en't
37	•	aintain a writ		•								•			Yes	No
38		aintain a writ s? See the ir														
39	-	eat all use of			-											
40	use of the	rovide more to vehicles, and	d retain t	he informati	ion rece	eived?										
41		eet the requir														
		our answer to	37, 38,	39, 40, or 4	11 is "Y	es," do	n't com	plete S	Section I	B for th	e cover	ed veh	icles.			
Par	t VI Am	ortization														
	Descri	(a) otion of costs		<b>(b)</b> Date amortization begins	ation	Amor	<b>(c)</b> rtizable ar	mount	C	(d) ode secti	ion	(e) Amortiza period percent	ation I or	Amortiza	<b>(f)</b> ation for th	nis year
42	Amortizati	on of costs t	hat begir	ns during yo	ur 2019	tax ye	ar (see	instruc	tions):							
43	Amortizati	on of costs the	hat bega	n before yo	ur 2019	tax ye	ar						43			

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

44

FEIN: 84-6000555

YEAR ENDED JUNE 30, 2020

SCHEDULE M

UNRELATED BUSINESS ACTIVITY CODE 81

FORM 990-T, LINE 27

ADMINISTRATIVE EXPENSE	7,749
CONTRACT SERVICES	94
SUPPLIES EXPENSE	479
UTILITIES	5,126
990-T, PART II, LINE 27	13,448

FEIN: 84-6000555

Year ended June 30, 2020

Schedule of Net Operating Losses for Years Beginning Before January 1, 2018

Form 990-T, Part III, Line 36 Net Operating Loss Deduction for Years Beginning Before January 1, 2018

			Loss		Current Year
Loss Yea	ar	Original	Previously	Loss	Net Operating
Ending		Loss	Used	Available	Loss Deduction
	6/30/2010	258,011	221,668	36,343	(36,343)
	6/30/2013	523,247		523,247	(523,247)
	6/30/2014	1,584,687		1,584,687	(325,593)
	6/30/2015	1,554,977		1,554,977	,
	6/30/2016	1,504,877		1,504,877	
	6/30/2017	357,608		357,608	
	6/30/2018	2,601,656		2,601,656	
Net Operating Loss Available			8,163,395	(885,183)	
Taxable	Income			885,183	
Net Operating Loss Deduction (Current Year)				(885,183)	
(Limited to Taxable Income)				·	

FEIN: 84-6000555

Year ended June 30, 2020

Form 990-T, Schedule M-Business Activity Code 54 Net Operating Loss Deduction for Years Beginning After January 1, 2018

		Loss	
Loss Year	Original	Previously	Loss
Ending	Loss	Used	Available
6/30/2019	1,796,186	-	1,796,186

FEIN: 84-6000555

Year ended June 30, 2020

#### Regulation § 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).

REGENTS OF THE UNIVERSITY OF COLORADO FEIN: 84-6000555 YEAR ENDED JUNE 30, 2020 AMENDED 2019 FORM 990-T EXPLANATION OF CHANGES

THE TAXPAYER'S 2019 FORM 990-T FOR THE FISCAL YEAR ENDING JUNE 30, 2020 HAS BEEN AMENDED TO REPORT THE BOOK VALUE OF ALL ASSETS AT END OF YEAR ON FORM 990-T, PAGE 1, BOX C. THE TAXPAYER HAD UNINTENTIONALLY OMITTED THIS AMOUNT ON THE ORIGINALLY FILED RETURN.

**SUMMARY OF CHANGES:** 

990-T, PAGE 1, BOX C:

ORIGINALLY FILED 2019 FORM 990-T: 0

AMENDED 2019 FORM 990-T: 7,769,116,000