

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

2021

For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 20 22

▶ 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).

Department of the Treasury
Internal Revenue Service

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

| | | | |
|---|----------------------|--|--|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529A</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE REGENTS OF THE UNIVERSITY OF COLORADO</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1800 GRANT STREET, SUITE 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80203</p> | <p>D Employer identification number 84-6000555</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| <p>C Book value of all assets at end of year ▶ 8,750,599,000</p> | | <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) ▶ 5</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶</p> <p>L The books are in care of ▶ (SEE STATEMENT) Telephone number ▶ (303) 837-2138</p> | |

| Part I Total Unrelated Business Taxable Income | | |
|--|-----------|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 225,757 |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 225,757 |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0 |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 225,757 |
| 6 Deduction for net operating loss. See instructions | 6 | 225,757 |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 0 |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 0 |
| 9 Trusts. Section 199A deduction. See instructions | 9 | 0 |
| 10 Total deductions. Add lines 8 and 9 | 10 | 0 |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0 |

| Part II Tax Computation | | |
|---|----------|---|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶ | 1 | 0 |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ | 2 | |
| 3 Proxy tax. See instructions ▶ | 3 | 0 |
| 4 Other tax amounts. See instructions | 4 | 0 |
| 5 Alternative minimum tax (trusts only) | 5 | 0 |
| 6 Tax on noncompliant facility income. See instructions | 6 | 0 |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0 |

Part III Tax and Payments

| | | | | |
|-----------|--|-----------|---|--|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | 0 | |
| b | Other credits (see instructions) | 1b | 0 | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | 0 | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e | Total credits. Add lines 1a through 1d | 1e | 0 | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | 0 | |
| 3 | Other amounts due. 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 statement) | 3 | 0 | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | 0 | |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0 | |
| 6a | Payments: A 2020 overpayment credited to 2021 | 6a | 0 | |
| b | 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | 0 | |
| c | Tax deposited with Form 8868 | 6c | 0 | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | 0 | |
| e | Backup withholding (see instructions) | 6e | 0 | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | 0 | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total | 6g | 0 | |
| 7 | Total payments. Add lines 6a through 6g | 7 | 0 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | 0 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | 0 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | 0 | |
| 11 | Enter the amount of line 10 you want: Credited to 2022 estimated tax 0 Refunded | 11 | 0 | |

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

| | Yes | No | | | | | | | | | | |
|---|-----------------------------------|------------------------|-----------------------------------|----|--------------|--|----|--|----|--|----|--|
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here FR, GM, UK | | | | | | | | | | | | |
| 2 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. | | ✓ | | | | | | | | | | |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | | | | | | | | | | | |
| 4 Enter available pre-2018 NOL carryovers here \$ 7,784,032 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | | | | | | | | | | | |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>54</td> <td>\$ 1,796,186</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table> | | Business Activity Code | Available post-2017 NOL carryover | 54 | \$ 1,796,186 | | \$ | | \$ | | \$ | |
| Business Activity Code | Available post-2017 NOL carryover | | | | | | | | | | | |
| 54 | \$ 1,796,186 | | | | | | | | | | | |
| | \$ | | | | | | | | | | | |
| | \$ | | | | | | | | | | | |
| | \$ | | | | | | | | | | | |
| 6a Did the organization change its method of accounting? (see instructions) | | ✓ | | | | | | | | | | |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V. | | | | | | | | | | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

(SEE STATEMENT)

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.

Sign Here

Robert C Kuehly | 05/03/2023 | ASSOC VP/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 | | Phone no. | |
| | Firm's address | | | | |

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

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

| | | |
|---|---|---|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions. <u>REGENTS OF THE UNIVERSITY OF COLORADO</u> | Taxpayer identification number (TIN) <u>84-6000555</u> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <u>1800 GRANT STREET, SUITE 200</u> | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>DENVER, CO 80203</u> | |
| | | |

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 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 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 |
| Form 990-T (corporation) | 07 | | |

• The books are in the care of ▶ UNIV. CONTROLLER'S OFFICE, 1800 GRANT STREET, STE 200, DENVER, CO 80203

Telephone No. ▶ (303) 837-2138 Fax No. ▶ (303) 496-0003

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, 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 07/01, 20 21, and ending 06/30, 20 22.

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 Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| 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 |
| c Balance due. 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 | \$ | 0 |

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

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|--|
| A Name of the organization <u>THE REGENTS OF THE UNIVERSITY OF COLORADO</u> | B Employer identification number <u>84-6000555</u> |
| C Unrelated business activity code (see instructions) ▶ <u>44</u> | D Sequence: <u>1</u> of <u>5</u> |

E Describe the unrelated trade or business ▶ RETAIL TRADE

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------|--|--------------------------|--------------|----------------|
| 1a | Gross receipts or sales <u>871,683</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance ▶ | 1c <u>871,683</u> | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 <u>443,957</u> | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 <u>427,726</u> | | <u>427,726</u> |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a <u>0</u> | | <u>0</u> |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b <u>0</u> | | <u>0</u> |
| c | Capital loss deduction for trusts | 4c <u>0</u> | | <u>0</u> |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 <u>0</u> | | <u>0</u> |
| 6 | Rent income (Part IV) | 6 <u>0</u> | <u>0</u> | <u>0</u> |
| 7 | Unrelated debt-financed income (Part V) | 7 <u>0</u> | <u>0</u> | <u>0</u> |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 <u>0</u> | <u>0</u> | <u>0</u> |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 <u>0</u> | <u>0</u> | <u>0</u> |
| 10 | Exploited exempt activity income (Part VIII) | 10 <u>0</u> | <u>0</u> | <u>0</u> |
| 11 | Advertising income (Part IX) | 11 <u>0</u> | <u>0</u> | <u>0</u> |
| 12 | Other income (see instructions; attach statement) | 12 <u>0</u> | | <u>0</u> |
| 13 | Total. Combine lines 3 through 12 | 13 <u>427,726</u> | <u>0</u> | <u>427,726</u> |

| Part II | Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | |
|-----------|--|--|----------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | <u>0</u> |
| 2 | Salaries and wages | 2 | <u>137,664</u> |
| 3 | Repairs and maintenance | 3 | <u>483</u> |
| 4 | Bad debts | 4 | <u>780</u> |
| 5 | Interest (attach statement). See instructions | 5 | <u>0</u> |
| 6 | Taxes and licenses | 6 | <u>0</u> |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | <u>9,440</u> |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | <u>0</u> |
| 9 | Depletion | 9 | <u>0</u> |
| 10 | Contributions to deferred compensation plans | 10 | <u>0</u> |
| 11 | Employee benefit programs | 11 | <u>35,872</u> |
| 12 | Excess exempt expenses (Part VIII) | 12 | <u>0</u> |
| 13 | Excess readership costs (Part IX) | 13 | <u>0</u> |
| 14 | Other deductions (attach statement) | 14 | <u>173,411</u> |
| 15 | Total deductions. Add lines 1 through 14 | 15 | <u>357,650</u> |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | <u>70,076</u> |
| 17 | Deduction for net operating loss. See instructions | 17 | <u>0</u> |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | <u>70,076</u> |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2021

| Part III Cost of Goods Sold | Enter method of inventory valuation ► | INVENTORIES AT COST |
|---|---------------------------------------|----------------------------|
| 1 Inventory at beginning of year | | 1 0 |
| 2 Purchases | | 2 443,957 |
| 3 Cost of labor | | 3 0 |
| 4 Additional section 263A costs (attach statement) | | 4 0 |
| 5 Other costs (attach statement) | | 5 0 |
| 6 Total. Add lines 1 through 5 | | 6 443,957 |
| 7 Inventory at end of year | | 7 0 |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | | 8 443,957 |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|--|----------|----------|----------|----------|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A <input type="checkbox"/> | _____ | | | |
| B <input type="checkbox"/> | _____ | | | |
| C <input type="checkbox"/> | _____ | | | |
| D <input type="checkbox"/> | _____ | | | |
| | A | B | C | D |
| 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) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► | 0 | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | 0 | | | |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|--|----------|----------|----------|----------|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A <input type="checkbox"/> | _____ | | | |
| B <input type="checkbox"/> | _____ | | | |
| C <input type="checkbox"/> | _____ | | | |
| D <input type="checkbox"/> | _____ | | | |
| | A | B | C | D |
| 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 statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0 | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► | 0 | | | |
| 11 Total dividends - received deductions included in line 10 | 0 | | | |

Part VI 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 Part I, line 8, column (A) **0**

Add columns 6 and 11. Enter here and on Part I, line 8, column (B) **0**

Totals ▶

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add amounts in column 2. Enter here and on Part I, line 9, column (A) **0**

Add amounts in column 5. Enter here and on Part I, line 9, column (B) **0**

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|---|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|--|
| A Name of the organization <u>THE REGENTS OF THE UNIVERSITY OF COLORADO</u> | B Employer identification number <u>84-6000555</u> |
| C Unrelated business activity code (see instructions) ▶ <u>53</u> | D Sequence: <u>2</u> of <u>5</u> |

E Describe the unrelated trade or business ▶ REAL ESTATE RENTAL AND LEASING

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------|--|----------------------------|--------------|------------------|
| 1a | Gross receipts or sales <u>1,801,792</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance ▶ | 1c <u>1,801,792</u> | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 <u>0</u> | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 <u>1,801,792</u> | | <u>1,801,792</u> |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a <u>0</u> | | <u>0</u> |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b <u>0</u> | | <u>0</u> |
| c | Capital loss deduction for trusts | 4c <u>0</u> | | <u>0</u> |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 <u>0</u> | | <u>0</u> |
| 6 | Rent income (Part IV) | 6 <u>513</u> | <u>0</u> | <u>513</u> |
| 7 | Unrelated debt-financed income (Part V) | 7 <u>0</u> | <u>0</u> | <u>0</u> |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 <u>0</u> | <u>0</u> | <u>0</u> |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 <u>0</u> | <u>0</u> | <u>0</u> |
| 10 | Exploited exempt activity income (Part VIII) | 10 <u>0</u> | <u>0</u> | <u>0</u> |
| 11 | Advertising income (Part IX) | 11 <u>0</u> | <u>0</u> | <u>0</u> |
| 12 | Other income (see instructions; attach statement) | 12 <u>0</u> | | <u>0</u> |
| 13 | Total. Combine lines 3 through 12 | 13 <u>1,802,305</u> | <u>0</u> | <u>1,802,305</u> |

| Part II | Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | |
|-----------|--|--|------------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | <u>0</u> |
| 2 | Salaries and wages | 2 | <u>387,505</u> |
| 3 | Repairs and maintenance | 3 | <u>56,168</u> |
| 4 | Bad debts | 4 | <u>0</u> |
| 5 | Interest (attach statement). See instructions | 5 | <u>0</u> |
| 6 | Taxes and licenses | 6 | <u>0</u> |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | <u>0</u> |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | <u>0</u> |
| 9 | Depletion | 9 | <u>0</u> |
| 10 | Contributions to deferred compensation plans | 10 | <u>0</u> |
| 11 | Employee benefit programs | 11 | <u>85,165</u> |
| 12 | Excess exempt expenses (Part VIII) | 12 | <u>0</u> |
| 13 | Excess readership costs (Part IX) | 13 | <u>0</u> |
| 14 | Other deductions (attach statement) | 14 | <u>1,396,017</u> |
| 15 | Total deductions. Add lines 1 through 14 | 15 | <u>1,924,855</u> |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | <u>(122,550)</u> |
| 17 | Deduction for net operating loss. See instructions | 17 | <u>0</u> |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | <u>(122,550)</u> |

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| Part III Cost of Goods Sold | | Enter method of inventory valuation ► | |
|------------------------------------|---|---------------------------------------|---|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 0 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 0 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | | |
|---|---|--|----------|----------|----------|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input checked="" type="checkbox"/> | 1835 PLEASANT STREET, BOULDER, CO 80302 | | | |
| B | <input checked="" type="checkbox"/> | 1420 AUSTIN BLUFFS PARKWAY, COLORADO SPRINGS, CO 80918 | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | 363 | 150 | | |
| 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) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | 363 | 150 | | |
| 3 | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► | | | | 513 |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | 0 | 0 | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | | |
|---|---|----------|----------|----------|----------|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt - financed property | A | B | C | D |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt - financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► | | | | 0 |
| 11 | Total dividends - received deductions included in line 10 | | | | 0 |

Part VI 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 Part I, line 8, column (A) | 0 |
| | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | 0 |

Totals ▶

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | |
|--|---|---|
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | 0 |
| | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | 0 |

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|--|----------|--|
| 1 Description of exploited activity: _____ | | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 Gross income from activity that is not unrelated business income | 5 | |
| 6 Expenses attributable to income entered on line 5 | 6 | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|--|
| A Name of the organization <u>THE REGENTS OF THE UNIVERSITY OF COLORADO</u> | B Employer identification number <u>84-6000555</u> |
| C Unrelated business activity code (see instructions) ▶ <u>54</u> | D Sequence: <u>3</u> of <u>5</u> |

E Describe the unrelated trade or business ▶ PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|--|------------|--------------|---------|
| 1a | Gross receipts or sales <u>945,267</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance ▶ | | | |
| 1c | | 945,267 | | |
| 2 | Cost of goods sold (Part III, line 8) | 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 945,267 | | 945,267 |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 0 | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 0 | | 0 |
| 4c | Capital loss deduction for trusts | 0 | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 0 | | 0 |
| 6 | Rent income (Part IV) | 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 945,267 | 0 | 945,267 |

| Part II | Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | |
|----------------|--|--|---------|
| 1 | Compensation of officers, directors, and trustees (Part X) | | 0 |
| 2 | Salaries and wages | | 678,500 |
| 3 | Repairs and maintenance | | 0 |
| 4 | Bad debts | | 0 |
| 5 | Interest (attach statement). See instructions | | 0 |
| 6 | Taxes and licenses | | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 0 | |
| 9 | Depletion | | 0 |
| 10 | Contributions to deferred compensation plans | | 0 |
| 11 | Employee benefit programs | | 98,383 |
| 12 | Excess exempt expenses (Part VIII) | | 0 |
| 13 | Excess readership costs (Part IX) | | 0 |
| 14 | Other deductions (attach statement) | | 119,895 |
| 15 | Total deductions. Add lines 1 through 14 | | 896,778 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 48,489 |
| 17 | Deduction for net operating loss. See instructions | | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | 48,489 |

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Part III Cost of Goods Sold Enter method of inventory valuation ►

| | | | |
|----------|---|----------|---|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 0 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 0 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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 statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► | | | | 0 |
| 11 Total dividends - received deductions included in line 10 | | | | 0 |

Part VI 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 Part I, line 8, column (A) **0**

Add columns 6 and 11. Enter here and on Part I, line 8, column (B) **0**

Totals ▶

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add amounts in column 2. Enter here and on Part I, line 9, column (A) **0**

Add amounts in column 5. Enter here and on Part I, line 9, column (B) **0**

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|---|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|--|
| A Name of the organization <u>THE REGENTS OF THE UNIVERSITY OF COLORADO</u> | B Employer identification number <u>84-6000555</u> |
| C Unrelated business activity code (see instructions) ▶ <u>71</u> | D Sequence: <u>4</u> of <u>5</u> |

E Describe the unrelated trade or business ▶ FITNESS AND RECREATIONAL SPORTS CENTER

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|--|--------------------------|---------------------|----------------|
| 1a | Gross receipts or sales <u>175,107</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance ▶ | 1c <u>175,107</u> | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 <u>0</u> | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 <u>175,107</u> | | <u>175,107</u> |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a <u>0</u> | | <u>0</u> |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b <u>0</u> | | <u>0</u> |
| c | Capital loss deduction for trusts | 4c <u>0</u> | | <u>0</u> |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 <u>0</u> | | <u>0</u> |
| 6 | Rent income (Part IV) | 6 <u>0</u> | <u>0</u> | <u>0</u> |
| 7 | Unrelated debt-financed income (Part V) | 7 <u>0</u> | <u>0</u> | <u>0</u> |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 <u>0</u> | <u>0</u> | <u>0</u> |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 <u>0</u> | <u>0</u> | <u>0</u> |
| 10 | Exploited exempt activity income (Part VIII) | 10 <u>0</u> | <u>0</u> | <u>0</u> |
| 11 | Advertising income (Part IX) | 11 <u>0</u> | <u>0</u> | <u>0</u> |
| 12 | Other income (see instructions; attach statement) | 12 <u>0</u> | | <u>0</u> |
| 13 | Total. Combine lines 3 through 12 | 13 <u>175,107</u> | <u>0</u> | <u>175,107</u> |

| Part II | Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | |
|----------------|--|--|----------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | <u>0</u> |
| 2 | Salaries and wages | 2 | <u>40,121</u> |
| 3 | Repairs and maintenance | 3 | <u>4,287</u> |
| 4 | Bad debts | 4 | <u>0</u> |
| 5 | Interest (attach statement). See instructions | 5 | <u>0</u> |
| 6 | Taxes and licenses | 6 | <u>0</u> |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | <u>27,513</u> |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | <u>0</u> |
| 9 | Depletion | 9 | <u>0</u> |
| 10 | Contributions to deferred compensation plans | 10 | <u>0</u> |
| 11 | Employee benefit programs | 11 | <u>8,770</u> |
| 12 | Excess exempt expenses (Part VIII) | 12 | <u>0</u> |
| 13 | Excess readership costs (Part IX) | 13 | <u>0</u> |
| 14 | Other deductions (attach statement) | 14 | <u>33,773</u> |
| 15 | Total deductions. Add lines 1 through 14 | 15 | <u>114,464</u> |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | <u>60,643</u> |
| 17 | Deduction for net operating loss. See instructions | 17 | <u>0</u> |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | <u>60,643</u> |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ►

| | | | |
|----------|---|----------|---|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 0 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 0 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
A _____
B _____
C _____
D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
A _____
B _____
C _____
D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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 statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► | | | | 0 |
| 11 Total dividends - received deductions included in line 10 | | | | 0 |

Part VI 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 Part I, line 8, column (A) 0 | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0 |
|--|---|---|

Totals ▶

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | |
|--|--|--|--|
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
|--|--|--|--|

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|---|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|--|
| A Name of the organization <u>THE REGENTS OF THE UNIVERSITY OF COLORADO</u> | B Employer identification number <u>84-6000555</u> |
| C Unrelated business activity code (see instructions) ▶ <u>81</u> | D Sequence: <u>5</u> of <u>5</u> |

E Describe the unrelated trade or business ▶ OTHER SERVICES - PARKING

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------|--|--------------------------|--------------|----------------|
| 1a | Gross receipts or sales <u>109,430</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance ▶ | 1c <u>109,430</u> | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 <u>0</u> | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 <u>109,430</u> | | <u>109,430</u> |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a <u>0</u> | | <u>0</u> |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b <u>0</u> | | <u>0</u> |
| c | Capital loss deduction for trusts | 4c <u>0</u> | | <u>0</u> |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 <u>0</u> | | <u>0</u> |
| 6 | Rent income (Part IV) | 6 <u>0</u> | <u>0</u> | <u>0</u> |
| 7 | Unrelated debt-financed income (Part V) | 7 <u>0</u> | <u>0</u> | <u>0</u> |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 <u>0</u> | <u>0</u> | <u>0</u> |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 <u>0</u> | <u>0</u> | <u>0</u> |
| 10 | Exploited exempt activity income (Part VIII) | 10 <u>0</u> | <u>0</u> | <u>0</u> |
| 11 | Advertising income (Part IX) | 11 <u>0</u> | <u>0</u> | <u>0</u> |
| 12 | Other income (see instructions; attach statement) | 12 <u>0</u> | | <u>0</u> |
| 13 | Total. Combine lines 3 through 12 | 13 <u>109,430</u> | <u>0</u> | <u>109,430</u> |

| Part II | Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | |
|-----------|--|--|---------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | <u>0</u> |
| 2 | Salaries and wages | 2 | <u>3,000</u> |
| 3 | Repairs and maintenance | 3 | <u>3,516</u> |
| 4 | Bad debts | 4 | <u>0</u> |
| 5 | Interest (attach statement). See instructions | 5 | <u>0</u> |
| 6 | Taxes and licenses | 6 | <u>0</u> |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | <u>41,908</u> |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | <u>0</u> |
| 9 | Depletion | 9 | <u>0</u> |
| 10 | Contributions to deferred compensation plans | 10 | <u>0</u> |
| 11 | Employee benefit programs | 11 | <u>0</u> |
| 12 | Excess exempt expenses (Part VIII) | 12 | <u>0</u> |
| 13 | Excess readership costs (Part IX) | 13 | <u>0</u> |
| 14 | Other deductions (attach statement) | 14 | <u>14,457</u> |
| 15 | Total deductions. Add lines 1 through 14 | 15 | <u>62,881</u> |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | <u>46,549</u> |
| 17 | Deduction for net operating loss. See instructions | 17 | <u>0</u> |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | <u>46,549</u> |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ►

| | | | |
|----------|---|----------|---|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 0 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 0 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 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 statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt - financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► | | | | 0 |
| 11 Total dividends - received deductions included in line 10 | | | | 0 |

Part VI 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 Part I, line 8, column (A) | 0 |
| | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | 0 |

Totals ▶

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | |
|--|---|---|
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | 0 |
| | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | 0 |

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|---|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

| Return Reference - Identifier | Explanation |
|-------------------------------|--|
| BOOK CARE - NAME AND ADDRESS | UNIVERSITY CONTROLLER'S OFFICE, 1800 GRANT STREET, SUITE 200, DENVER, CO 80203 |

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Converted to NOL | Amount Remaining | Contribution Carryover Expires |
|----------------|------------------|----------------------------|-----------------------------|-------------------------|------------------|--------------------------------|
| | | 0 | | | 0 | |
| Totals | 0 | 0 | 0 | 0 | 0 | |

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|-------------------------|----------------------------|-----------------------------|------------------|-------------|
| 2013 | 1,584,687 | | 29,773 | 225,757 | 1,329,157 | |
| 2014 | 1,554,977 | | | | 1,554,977 | |
| 2015 | 1,504,877 | | | | 1,504,877 | |
| 2016 | 357,608 | | | | 357,608 | |
| 2017 | 2,811,656 | | | | 2,811,656 | |
| Totals | 7,813,805 | 0 | 29,773 | 225,757 | 7,558,275 | |

| Description | Amount |
|--|------------------|
| RETAIL TRADE | |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44) | 0 |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) | 0 |
| (3) ADMIN EXPENSES | 51,830 |
| (4) CONTRACTED SERVICES | 5,838 |
| (5) CREDIT CARD FEES | 10,533 |
| (6) DUES AND MEMBERSHIPS | 191 |
| (7) EQUIPMENT RENTAL | 41 |
| (8) SUPPLIES | 12,674 |
| (9) UTILITIES | 5,061 |
| (10) FEES AND LICENSES | 566 |
| (11) INSURANCE | 2,010 |
| (12) IT SERVICES | 32,019 |
| (13) JANITORIAL SERVICES | 2,140 |
| (14) POSTAGE | 13,352 |
| (15) RENTAL EXPENSE | 32,197 |
| (16) ADMIN EXPENSE - TAX PREPARATION | 4,589 |
| (17) MISC EXPENSES | 332 |
| (18) TRAINING | 38 |
| Total | 173,411 |
| REAL ESTATE RENTAL & LEASING | |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44) | 0 |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) | 0 |
| (3) ADMINISTRATIVE EXPENSE | 132,610 |
| (4) UTILITIES | 26,540 |
| (5) EQUIPMENT RENTAL | 101,294 |
| (6) CONTRACT SERVICES | 362,161 |
| (7) SUPPLIES | 313,513 |
| (8) FEES AND LICENSES | 239,041 |
| (9) TRAVEL (100% DEDUCTIBLE) | 1,080 |
| (10) ADMIN EXPENSE - TAX PREPARATION | 6,330 |
| (11) CREDIT CARD FEES | 207,292 |
| (12) POSTAGE | 4,552 |
| (13) INSURANCE | 972 |
| (14) DUES AND MEMBERSHIPS | 424 |
| (15) SPACE RENTAL | 208 |
| Total | 1,396,017 |
| PROF AND SCIENTIFIC | |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44) | 0 |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) | 0 |
| (3) ADMINISTRATIVE EXPENSE | 54,503 |
| (4) SUPPLIES | 50,906 |
| (5) MEALS AND ENTERTAINMENT (50%) | 2,354 |
| (6) ADMIN EXPENSE - TAX PREPARATION | 3,757 |
| (7) EQUIPMENT RENTAL | 8,375 |
| Total | 119,895 |
| FITNESS AND RECREATIONAL SPORTS CENTER | |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44) | 0 |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) | 0 |
| (3) ADMINISTRATIVE EXPENSE | 7,003 |
| (4) CONTRACTED SERVICES | 4,876 |
| (5) DUES AND MEMBERSHIPS | 111 |
| (6) INSURANCE | 1,673 |
| (7) SUPPLIES | 7,224 |
| (8) UTILITIES | 10,451 |
| (9) ADMIN EXPENSE - TAX PREPARATION | 2,435 |

| | | |
|--|--------------|---------------|
| | Total | 33,773 |
| PARKING | | |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44) | | 0 |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) | | 0 |
| (3) UTILITIES | | 5,867 |
| (4) SUPPLIES | | 1,284 |
| (5) ADMINISTRATIVE EXPENSES | | 6,566 |
| (6) ADMIN EXPENSE - TAX PREPARATION | | 740 |
| | Total | 14,457 |

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining |
|---|------------------|-------------------------|----------------------------|-----------------------------|------------------|
| RETAIL TRADE | | | | | |
| 2020 | 57,787 | | | | 57,787 |
| Totals | 57,787 | 0 | 0 | 0 | 57,787 |
| REAL ESTATE RENTAL & LEASING | | | | | |
| 2020 | 32,058 | | | | 32,058 |
| Totals | 32,058 | 0 | 0 | 0 | 32,058 |
| PROF AND SCIENTIFIC | | | | | |
| 2018 | 1,796,186 | | 0 | | 1,796,186 |
| Totals | 1,796,186 | 0 | 0 | 0 | 1,796,186 |

| Return Reference | Amount | Explanation |
|----------------------------|--------|---|
| 990-T CORE FORM | | |
| FORM 990-T, PART I, LINE 1 | 0 | REGENTS OF THE UNIVERSITY OF COLORADO FEIN: 84-6000555 YEAR ENDED JUNE 30, 2022 REGULATION SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION THE TAXPAYER HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION SECTION 1.263(A)-1(F). |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: THE REGENTS OF THE UNIVERSITY OF COLORADO, 44, 84-6000555

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Column (a), Column (b), Column (c). Rows 1-13 detailing property election amounts and calculations.

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.)

Table with 3 columns: Line number, Description, Amount. Rows 14-16 detailing special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i detailing asset categories.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d detailing alternative depreciation system assets.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Rows 21-23 summarizing total depreciation and section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . | | | | | | | 25 | 0 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | 28 | 0 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 0 | |

Section B—Information on Use of Vehicles

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

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2021 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2021 tax year | | | | 43 | 0 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: THE REGENTS OF THE UNIVERSITY OF COLORADO, 71, 84-6000555

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Column (a), Column (b), Column (c). Rows 1-13 detailing property election and costs.

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.)

Table with 3 columns: Line number, Description, Amount. Rows 14-16 detailing special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Rows 21-23 summarizing totals.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . | | | | | | | 25 | 0 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | 28 | 0 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 0 | |

Section B—Information on Use of Vehicles

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

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2021 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2021 tax year | | | | 43 | 0 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: THE REGENTS OF THE UNIVERSITY OF COLORADO, 81, 84-6000555

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Column (b) Cost, Column (c) Elected cost, Amount. Lines 1-13.

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.)

Table with 3 columns: Line number, Description, Amount. Lines 14-16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Lines 17-18.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Lines 21-23.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . | | | | | | | 25 | 0 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| | | % | | | | S/L- | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | 28 | 0 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 0 | |

Section B—Information on Use of Vehicles

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

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2021 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2021 tax year | | | | 43 | 0 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |