

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

A Fo	r the	2014 calendar year, or tax year beginning January 1 , 2014, and ending	Dec	ember 3	1 , 20 14
		pplicable C Name of organization	D Emp	loyer iden	tification number
□ Ac	idress c	87-4	0715178		
☐ Na	ame cha	ohone num			
$\overline{}$	ltial retur	11500 Illinois Street 234	1	303-	237-3166
=		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	
==	mended oblication	on pending Golden, CO 80401	I .	nber ▶	
-					he organization is not
	ebsite				h Schedule B
		npt status (check only one) —			Z, or 990-PF).
		organization: Corporation Trust Association Other			
		is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets	-	
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	111,730
	rt l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions f	
		Check if the organization used Schedule O to respond to any question in this Part			
\neg	1	Contributions, gifts, grants, and similar amounts received		11	111,730
	2	Program service revenue including government fees and contracts	• •	2	111,730
- 1	3	Membership dues and assessments	• •	3	·
- 1	4	Investment income	• •	4	
	5a	Gross amount from sale of assets other than inventory	• •	 	
	b	Less: cost or other basis and sales expenses		1 1	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events	• •	 •	
	a	Gross income from gaming (attach Schedule G if greater than			
e l	_	\$15,000)			
Revenue	b	Gross income from fundraising events (not including \$ of contributio	ns	1 1	
ě	_	from fundraising events reported on line 1) (attach Schedule G if the			
"		sum of such gross income and contributions exceeds \$15,000) 6b		1 1	
ł	С	Less: direct expenses from gaming and fundraising events 6c	- ~	1	
1	d	Net income or (loss) from gaming and fundraising events (add-lines 6a and 6b and su	btract	1	
		line 6c)		6d	
	7a	Gross sales of inventory, less returns and and wardes 7.0. 7a			
	b	Less: cost of goods sold \		1 1	
į	С	Gross profit or (loss) from sales of inventory (Subtract Jine Vio from Iline 7a) Other revenue (describe in Schedule Or)		7c	
	8	Other revenue (describe in Schedule On). MAT 1		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 70, and 15	. •	9	111,730
	10	Grants and similar amounts paid (list in Schedule O)		10	96,539
ļ	11	Benefits paid to or for members		11	50,000
စ္က	12	Salaries, other compensation, and employee benefits		12	······································
Z	13	Professional fees and other payments to independent contractors		13	25,000
Expenses	14	Occupancy, rent, utilities, and maintenance		14	20,000
ШĂ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	10
	17	Total expenses. Add lines 10 through 16		17	121,549
(0)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<9,819>
첉	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		 	\J ₁ 0197
ag a		end-of-year figure reported on prior year's return)		19	47,605
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	47,003
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	37,786
For		rwork Reduction Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2014)

SCAMED JUN 0 4 205

Form	990-EZ (2014)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	•	ny question in this	Part II		П
			. 	(A) Beginning of year	T	(B) End of year
22	Cash, savings, and investments			47,605	22	37,786
23	Land and buildings			17,000	23	97,700
24	Other assets (describe in Schedule O)		` ` ` ` ` }		24	
25	Total assets				25	
26					26	·····
27	Net assets or fund balances (line 27 of column		n line 21)	47,605		37,786
Par				Part III)		37,700
	Check if the organization used Schedule	•		•	ł	Expenses
Wha	t is the organization's primary exempt purpose?		ily quodicin in this	<u>. u </u>		quired for section
			£ 14- Al-ves 1			(c)(3) and 501(c)(4) anizations; optional for
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise no ons benefited, and other relevant information for e	nanner, describe the	a services provide	d, the number of	othe	
28	Six grants to support research of new technologies	······································				T
	(O				00	
		t includes foreign gra			282	96,539
29	Monitoring existing patent related technologies					

		Linglander foreign			00	
20	(Grants \$) If this amount		·		29 a	25,000
30					{	
				***************************************	1	
	(Grants \$) If this amount	t includes foreign gra	anto obook boro	N (1)	308	
24	Other program services (describe in Schedule O)				1002	<u> </u>
31	, ,	t includes foreign gra			318	
32					32	
	t IV List of Officers, Directors, Trustees, and Ke					12.7000
	Check if the organization used Schedule			=		
		(b) Average	(c) Reportable	(d) Health benefits,	<u> </u>	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS((if not paid, enter -0-	C) benefit plans, and	´ ` ;	Estimated amount of other compensation
Nige	l Middleton					
	reasurer	<1		0	0	0
	n Poate	}		}	1	
	hairman	<1		0	0	0
	Vaughan					
	Secretary	<u> </u>	 	0	0	0
		,- -				
		 -	 		+	
		· -				

					+-	· · · · · · · · · · · · · · · · · · ·
					-	
				 		
	· · · · · · · · · · · · · · · · · · ·		1			
				1	1	
				- 	\top	
		-1			- 1	
		<u> </u>			1	
		1	1	1	- 1	

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v) Greek if the organization used schedule O to respond to any question in this	ran	v Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	,	1
b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37b 38a	-	ر ر
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed >			
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		,

om 990	FEZ (20	14)								Page 4
	— ,								Ye	s No
		e organization engage, directly or in-				ot or in	opposit			
		didates for public office? If "Yes," co	 	, Parti	• • •	• • •	• •	. 4	6	
Part \		Section 501(c)(3) organizations All section 501(c)(3) organizations		otions 47, 40h one	150 000	1 0000	loto th	a tabla	s for li	
		an section 50 f(c)(5) organizations	s must answer que	Stions 47–490 and	1 52, and	Comp	nere m	e tables	S IOI II	nes
			adula O ta raspand	l to any avastion in	thic Dod	. \ //				
		Check if the organization used Sch	ledule O to respond	to any question in	this Pari	. VI .		· · · ·	Ye	s No
47	Did th	e organization engage in lobbying	activities or have a	section 501/h) elect	ion in eff	act dur	ina the	tav [10	8 140
		If "Yes," complete Schedule C, Part		section sorting elect		ect dui		. 4	7	1
	-	organization a school as described in		i\2 If "Vee " complete	 Sobodul	 . E		. 4		+
		e organization make any transfers to		•				. 49		+
		s," was the related organization a se	•	•	IIZAUOITI				9b	1
		lete this table for the organization's			· · · ther than	officers	. direct			
		yees) who each received more than								
	·		(b) Average			lealth ben				
	(a) N	Name and title of each employee	hours per week	(c) Reportable compensation		itions to e plans, and		(e) Estim	ated an	
			devoted to position	(Forms W-2/1099-MISC		mpensati		ouler c	ompen	sauon
None		······································		 		·				
				1	1		1			
<i></i>		· · · · · · · · · · · · · · · · · · ·								
							1			
								·		
_										
		· ·					-			
f	Total	number of other employees paid over	er \$100,000	>					-	
51	Comp	lete this table for the organization'	s five highest comp	ensated independer	nt contrac	_ ctors w	ho each	receive	ed mo	re than
		000 of compensation from the orga								
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice		(c)	Compens	sation	
				17,			···			
None						1				
						ł				
			· · · · · · · · · · · · · · · · · · ·							
						i				
						l				
		·····		 		<u> </u> _				
		number of other independent contra	_	•	.▶					
52		he organization complete Schedu	ile A? Note . All se	ection 501(c)(3) or	ganızatior	ns mus			_	
		leted Schedule A	• • • • • •	· · · · · · · ·				.►☑ Y		J No
Under p	enalties	of perjury, I declare that I have examined this in complete. Declaration of preparer (other than	return, including accompar	nying schedules and state	ments, and	to the bes	t of my kı	nowledge	and beli	ef, it is
true, cor	rect, and	complete Declaration of preparer (other than	FORCER) IS DASSED ON AUT INC	ormation of which prepare	er nasany k					
c:		Outable	•			5	161	2015		
Sign		Signature of officer				Date				
Here		Nigel Middleton, Treasurer Type or print name and trile								
			Proportion of the second		Date	г				
Paid		Print/Type preparer's name	Preparer's signature		Date		Check [ıf PTI	N	
Prep						1	self-emplo	yed		
Use (Only	Firm's name ▶				Firm's				
May	A IDE	Firm's address ▶ discuss this return with the prepare	r shown above? See	inetructions		Phone	no.	▶ m	/a.s. F	7 41-
INICIA IL	ie iuo	CISCUSS UNS ICCUITI WILL LICEDATE	i biluwii aduve! dee					- I I Y	PG	: NO

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

	or the organization					Employer Identification	number			
Mines	Applied Technology Transfer, Inc.					87-07				
Par	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.			
	rganization is not a private founda				•	•				
	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)							
	A hospital or a cooperative hos									
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
	 ☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its supp				n the general public			
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business t	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its			
	 ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi I organizations d	vely for the benefit of, escribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Check			
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	ation operated, :) the power to re	supervised, or control egularly appoint or ele	led by its	supporte	ed organization(s), ty	pically by giving			
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the organization organ	e supporting org	janization vested in th			•				
c	☐ Type III functionally integra its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally intended that is not functionally integral requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	• , ,			
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	II, Type III			
f	Enter the number of supported of						[
g	Provide the following information		orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?		(vi) Amount of other support (see instructions)			
			(000 11100 20110110))	Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
										

Total

18

	le A (Form 990 or 990-EZ) 2014		·····				Page 2
Part							
	(Complete only if you checked th						lify under
Conti	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(0) 0010	(b) 0011	(0) 0010	(-1) 0040	(-) 0044	(D. T. t. t
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	membership fees received. (Do not			ļ			
	include any "unusual grants.")	o	35,000	110,000	113,274	111,730	370,004
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	Ì				İ	
	organization without charge						
4	Total. Add lines 1 through 3	0	35,000	110,000	113,274	111,730	370,004
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on			1			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			1		İ	
6	Public support. Subtract line 5 from line 4.						370,004
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	35,000	110,000	113,274	111,730	370,004
8	Gross income from interest, dividends,		i			ľ	
	payments received on securities loans, rents, royalties and income from similar	ļ	Į	ł			
	sources					İ	
9	Net income from unrelated business			-			
	activities, whether or not the business						
	is regularly carried on			ŀ			
10	Other income. Do not include gain or			ļ			
	loss from the sale of capital assets			j			
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					<u>.</u>	
12 13	Gross receipts from related activities, etc.				601-1-	12	504()(5)
13	First five years. If the Form 990 is for the organization, check this box and stop he	ie organization	s first, secon	a, tnira, tourtn,	or tiπn tax ye	ear as a section	
Secti	ion C. Computation of Public Suppor	t Percentage	<u></u>	• • • • •	• • • • •	• • • • •	▶ □
14	Public support percentage for 2014 (line 6			1. column (fl)		14	%
15	Public support percentage from 2013 Sch					15	//
16a	331/3% support test-2014. If the organize	zation did not e	check the box	on line 13, and	l line 14 is 331	3% or more, ch	eck this
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ					15 is 331/3% o	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. 🕨 🛚
17a	· · · · · · · · · · · · · · · · · · ·						
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
	Part VI how the organization meets the "forganization		mstances" tes			as a publicly su	
L	•						· . • 📙
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organizat	uis. If the orga	inization did no "facts-and oil	ot check a box	on line 13, 16	a, 166, or 17a,	and line
	Explain in Part VI how the organization m	neets the "facts	-and-circums	tances" test. Ti	test, check th he organization	n qualifies as a	publicly
	supported organization						. ▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, piease co	omplete Part	II.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the	i					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>				
4	Tax revenues levied for the						
	organization's benefit and either paid	1	1				
	to or expended on its behalf	ļ <u>.</u>					
5	The value of services or facilities	I					
	furnished by a governmental unit to the	I					
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
С 8	Add lines 7a and 7b	·		<u> </u>			
0	line 6.)						
Coati	on B. Total Support	<u> </u>	L		L		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	(f) Total
9	Amounts from line 6	(4) 2010	(0) 2011	(0) 2012	(0) 2013	(e) 2014	(i) Total
10a	Gross income from interest, dividends,			<u> </u>			
IVa	payments received on securities loans, rents,			[
	royalties and income from similar sources .			1			
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975				}		
С	Add lines 10a and 10b						
11	Net income from unrelated business				· ···		
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	_	n's first, secor	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						<u>></u>
Secti	on C. Computation of Public Support						
15	Public support percentage for 2014 (line		-				%
16	Public support percentage from 2013 Sci				<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (-			<u>%</u>
18	Investment income percentage from 201:						<u>%</u>
19a	331/3% support tests—2014. If the organ						·
	17 is not more than 331/3%, check this box					=	
þ	331/3% support tests—2013. If the organization 18 is not mare than 2011.						•
	line 18 is not more than 331/2%, check this		_			-	_
20	Private foundation. If the organization d	ia not check a	DOX on line 14	, 19a, or 19b.	CRECK this box	and see instru	ictions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	Cart V	•/	
		···	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2		1	 -	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ŀ		
	organization was described in section 509(a)(1) or (2).	2	 	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a	1	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- 35	 	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	 	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-	†	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
_		4b	 	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		<u>.</u>	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			1
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
-		7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		 	\vdash
•	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	1	1
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		+	

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440		 -
b	A family member of a person described in (a) above?	11a 11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		<u>. </u>	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-	<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		}	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		L	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	120	 	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type III Non	jani	izations	
1			instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	-	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions.	ly-in	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	Schedule A Hogery
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b_				
<u>C</u>	1			
<u>d</u>	<u> </u>			
e	From 2013		<u> </u>	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>_</u>	Applied to 2014 distributable amount			
<u>-</u>	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section			
4	D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
<u>d</u>	Excess from 2013			
<u> e </u>	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part IV, Section E, 1.c. - Colorado School of Mines

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Mines Applied Technology Transfer, Inc.

Employer Identification number

87-0715178

Form 990-EZ, Part I, Line 10 - Grant amounts paid \$96,539. Proof of Concept research grants

Form 990-EZ, Part I, Line 16 - Colorado Secretary of State Registration Fee \$10.

Form 990-EZ Part III, Oranization's primary exempt purpose - To further the transfer of newly created technologies from the

Colorado School of Mines to the private sector.