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Form **990**

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 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning JUL 1, 2015

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

and ending JUN 30, 2016

В	heck if	C Name of organization		D Employer identif	ication number
_	Addres	e			
늗	_]change	COLORADO SCHOOL OF MINES FOUNDATION		0,4 05	20054
LX.	Name change		D (: 1:	84-05	
늗	return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	
_	return/ termin-	P.O. BOX 4005			273-3143
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	114,127,617.
늗	return	GOLDEN, CO 80401		H(a) Is this a group	
	tion pendin	F Name and address of principal officer: 11 MDA 11 MDA 04		for subordinate	
		P.O. BOX 4005, GOLDEN, CO 80401	1 1 202	H(b) Are all subordinates	
		mpt status:	or 527		a list (see instructions)
_		e: N/A	T. v	H(c) Group exemption	
_		organization: X Corporation Trust Association Other	L Year	of formation: 1951	M State of legal domicile; CO
Pa	, '	Summary	WIDD DIV	NOTAL BEGOINGS	
9			VIDE FINA	NCIAL RESOURCE	
Activities & Governance	Ι.	DEVELOPMENT AND SUPPORT TO THE COLORADO SCHOOL OF MINES.			
Jer.		Check this box if the organization discontinued its operations or dispo	sed of more		assets 6
ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ijes	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	64
Ξ	6	Total number of volunteers (estimate if necessary)		6	79
Act		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7</u> a	
	Ь	Net unrelated business taxable income from Form 990-T, line 34			
			<u> </u>	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		33,091,397	
Revenue	9	Program service revenue (Part VIII, line 2g)		1,900,000	<u> </u>
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	8,659,034	
	11 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	-869,975	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,780,456	. 23,618,665.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,878,683	. 21,375,924.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0	<u> </u>
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,153,368	. 4,879,231.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0	. 0.
ă	b b	Total fundraising expenses (Part IX, column (D), line 25)	,190.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,782,455	. 3,078,218.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		39,814,506	. 29,333,373.
		Revenue less expenses. Subtract line 18 from line 12		2,965,950	-5,714,708.
sets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		354,859,603	. 328,657,146.
ASS	21	Total liabilities (Part X, line 26)		47,089,837	. 45,013,059.
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20		307,769,766	. 283,644,087.
		Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of r	ny knowledge and belief, it is
true	, correc	t, and complete. De <u>claration of preparer to that than office</u> r) is based on all information of w	hich preparer	has any knowledge.	
		XWM IV KUMIN		2/9	711
Sig	n	Signature of office)		Date	
Hei		LINDA LANDRUM, EVP FINANCE AND ADMIN AND CFO			
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	DORI J. EGGETT		3/2/2017 self-emplo	poo645252
Pre	parer		FOEI		46-1497033
	Only	Firm's address 7979 E. TUFTS AVENUE, SUITE 400		VLD	
		DENVER, CO 80237-2843		Phone no.30	3-740-9400
Mar	the I		FEB 15		X Yes No
		144		<u> </u>	Form 990 (2015)
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			GDEN	I, UT	2 102

Form	1990 (2015) COLORADO SCHOOL OF MINES FOUNDATION	84-0509064	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. •	
1.	Bnefly describe the organization's mission:		
	THE COLORADO SCHOOL OF MINES FOUNDATION IS A NONPROPIT ORGANIZATION		
	PROVIDING FINANCIAL RESOURCE DEVELOPMENT AND SUPPORT TO THE COLORADO		
	SCHOOL OF MINES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Γ	Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X No
3			162110
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total exp	penses, and
	revenue, if any, for each program service reported		1 000 000
4a	(Code) (Expenses \$ 21,643,042. including grants of \$ 21,375,924.) (Revenue	ле \$	1,900,000.)
	PROVIDE FINANCIAL SUPPORT TO THE COLORADO SCHOOL OF MINES		
	AND ITS VARIOUS DEPARTMENTS,		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
			
4c	(Code) (Expenses \$) (Revenue)	.e.\$\$ et)
		_	
	<u> </u>		
<u></u>	Other program accuracy (December to Cabo di Ita O.)		
4d	Other program services (Describe in Schedule O)		
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 21,643,042.		
E0000			Form 990 (2015)

Form 990 (2015) COLORADO SCHOOL OF Part IV Checklist of Required Schedules

			Yes	_No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	x	├─
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<u> </u>
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Ĺ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		├
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ł
•	Part VI	11a		x
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
—f_	Did-the-organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	•	
	Schedule D, Parts XI and XII	12a	<u> </u>	}
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			J
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"] _
	complete Schedule G, Part III	19	900	(2015)
		rom	フプリ	(2015)

Form 990 (2015) COLORADO SCHOOL OF MINES FOR Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
~~	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		.	
	Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
	140-017 417 01111 000 High of the Complete Content of			(2015)

Series the number reported in Box 3 of Form 1095. Enter 0-d find applicable 1a	Par				$\overline{}$				
18 Enter the number reported in Box 3 of Form 1096. Enter -0* Into applicable 10 Did this organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 3 If all sets on its reported on line 28, did the organization file all regular dideral employment tax returns? 3 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unleated business gross income of \$1,000 or more during the year? 3 State of the companization have unleasted business gross income of \$1,000 or more during the year? 3 If Yes, 1 has it filed a Form 990°T for this year? If Yes, 1 to line 4 year? 4 At any time during the calendar year, did the organization have an interest in, or a significant or other subtriony over, a financial account in a foreign country. 5 If Yes, 2 the result of the file of the calendary of the companization and party to a prohibited tax shefet transaction at any time during the tax year? 5 If Yes, 1 to line 5 a or 50, did the organization have an interest in, or a significant or solid any contributions that there are of the contributions? 5 If Yes, 1 to line 5 a or 50, did the organization have an interest are normally greater than \$100,000, and did the organization solid any contributions that may receive deductible as charitable contributions? 6 If Yes, 1 to line 5 a or 50, did the organization file Form 8985.72 6 If Yes, 1 to line 5 a or 50, did the organization file Form 8986.73 7 Organization state may receive deductible contributions under section 170(c). 8 If Yes, 2 the form 8990 or the substitution of the organization solid to the payor? 9 Organization state may receive deductible contributions under section 170(c). 9 If Yes, 2 the form 6990 organization sharped in excess of		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>				
Enter the number of Forms W 2G included in line 1a Enter-0 if not applicable Did the organization comply with backing pulse for reportable paments to vendors and reportable gaming (gamining) with manifest put withouting rules for reportable paments to vendors and reportable gaming (gamining) with manifest put withouting rules for reportable paments to vendors and reportable gaming (gamining) with manifest put withouting rules for reportable paments to vendors and reportable gaming (gamining) with manifest 1 and 100 put with the vendors and reportable paments of the declaration of the paments of the pa	•	Enter the prime varieted in Rev 2 of Form 1006. Enter 0 of pet applicable.		Yes	NO				
Country of the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 6. If all least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more dumpt hey ear? 3. At any time dumpt the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) or the organization in the region pountry? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3. Was the organization a party to a prohibited tax shelter transaction at any time dumpt the tax year? 5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6. If "Yes," to line 5s or 5b, did the organization file Form 88861? 6. Does the organization have annual gross received that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions or grits were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," if one 5s organization have an ordanized that the second solicitude in the property of the third organization or only the donor or love the value of the goods or services provided? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," indicate the number of Forms 8282 filed dumpt the year? 9. Did the organization dumpt the y		and the number reported in Box 6 of 1 offit 1000. Effect 6 in not applicable							
Gambing) winnings to prize winners? 8 Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 If a least one is reported on line 2a, did the organization file all required fideral employment tax returns? 8 Note. If the sum of lines is and 2 as greater than 250, you may be required for effective enstructions) 8 If If Yes, I sain if filed a Form 890 To for the year If If "No, * for its 3b, your provide an explanation in Schedule O 8 If Yes, I sain if filed a Form 890 To for the year If If "No, * for its 3b, your provide an explanation in Schedule O 8 If Yes, I sain if the organization in the state (account, securities account, or other financial account)? 9 If Yes, I see the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 9 If Yes, I see the some of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 9 If Yes, I see the some of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 9 If Yes, I see the organization apprehens for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9 If Yes, I see the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax adoubtable as charabable contributions? 9 If Yes, I did the organization natural ways explored the property of th									
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by the second of the calendar year ending with or within the year covered by this return by the second of the calendar year ending with or within the year covered by this return by the second of the secondary of the seco	C		10	х					
filed for the calendary year ending with or within the year covered by this return 1	2a								
b if at least one is reported on time 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes, *has it filed a Form 990-T for this year? If You,* to line \$5, provide an explanation in Schedule O 3a X 3b A X									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross norm of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the second or the property of the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. I have a bank account, or other financial accountly? 4a X x y the organization or aparty to a prohibited tax shelter transaction or any time during the tax year? 5b Was the organization and party to a prohibited tax shelter transaction? 5c I was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization soluct any contributions that were not tax deductible form 8868177. 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization soluct any contributions that may receive deductible contributions under section 170(c). 5c If Y'es, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions and partly for goods and services provided to the payor? 5c Organizations that may receive deductible contributions under section 170(c). 5d If Y'es, "did the organization norby the donor of the value of the goods or services provided? 5d If Y'es, "did the organization on only the donor of the value of the goods or services provided? 5d If Y'es, "did the organization on only the donor of the value of the goods or services provided? 5d If Y'es, "did the organization on only the donor of the value of the goods or services provi	ь		2b	х					
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_		8	<u> </u>					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			ا م		,				
a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_	, , , , , , , , , , , , , , , , , , , ,	-						
a Intiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			90						
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11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If *No, * provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·	1		ł				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1 '						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a			'						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a 13a 13a 13a 13a 13a 13a 13			$\lceil \rceil$						
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	L					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			'		1				
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the							
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b I				'					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			 _ 						
				├	 ^ -				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule U		990	(2015)				

Form 990 (2015) COLORADO SCHOOL OF MINES FOUNDATION 84-0509064 Page
Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	capon	30
	Check if Schedule O contains a response or note to any line in this Part VI			х
Sec	tion A. Governing Body and Management		_	
	ton / a doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1		
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8ь	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
		12b		
C	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	 		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
а	The organization's CEO, Executive Director, or top management official	15a	x	ı
	Other officers or key employees of the organization	15b	х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AZ, CA, FL, MD, MA, MI, MN, NH, NJ, NY, OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Cither (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LINDA LANDRUM C/O CSMF - 303-273-3143			
	P.O. BOX 4005, GOLDEN, CO 80401	 _	000	(O.G. : =:
532006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average	(do	Po: not check		Position neck more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	1 a	luau	II GCIC	,,, u u u	(60)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	o o	<u>8</u>			sated		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ruster	trus		8	npen		(** 2/ 1033 101100)		and related
	below	dual	toua	٦	egu egu	stco	5 5			organizations
	line)	in div	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID J WAGNER	1.00									
CHAIR		x		х				0.	0.	0.
(2) MARSHALL C CROUCH III	1.00]								
VICE CHAIR		x		х	L.		L	0.	0.	0.
(3) TERRANCE G TSCHATSCHULA	1.00									
AT LARGE		X						0,	0.	0.
(4) PATRICK M JAMES	1.00									
AT LARGE		Х						0.	0.	0.
(5) HUGH E HARVEY	1.00									
AT LARGE		Х				L		0,	0,	0.
(6) WILLIAM A PRESTON	1.00						l			
AT LARGE		x						0.	0.	0.
(7) LINDA LANDRUM	40.00									-
EVP F&A/CFO/TREASURER				Х				201,862.	0.	22,793.
(8) BRIAN WINKELBAUER	40.00				1		l			
PRESIDENT/CEO				Х				254,386.	0.	29,788.
(9) MARIANNE BARKER	40.00			l	l	l	1			
SENIOR DIRECTOR		<u> </u>				X		130,731.	0.	18,834.
(10) RODNEY MCNEIL	40.00									
SENIOR DEVELOPMENT						Х		104,191.	0.	7,654.
(11) MICHELLE MERTZ	40.00									
ASSOC. VP ADVANCEMENT						X	<u> </u>	170,599.	0.	17,467.
(12) JOHN PEPPERDINE	40.00		ĺ	ĺ						
ASSOC. VP ADVANCEMENT						X		129,025.	0.	21,586.
(13) TERRENCE RAPOPORT	40.00									_
PRINCIPAL GIFT OFFICER						Х		101,573.	0.	12,325.
							L			
		$oxed{oxed}$	L	L	L					
			L	L	L		L			
				L.		1				

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)
. Name and title	Average	///		Pos		than :	nne	Reportable	Reportable		Estim	ated
	hours per	Ьòох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amou	nt of
	week	┝─	cer an	o a o	Beck	x/trus	100)	from	from related	1	oth	
	(list any hours for	Individual trustee or director	1					the	organizations	l c	•	sation
	related	5	<u>a</u>		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1.	from organi	
	organizations	ž.	Institutional trustee	İ	말	шреп		(17-27 1033 111100)		- 1	and re	
	below	gal	gg gg	_	Кеу етрюуее	stco	<u></u>				rganiz	
	line)	퉏	in set	Officer	ē ģ	Highest compensated employee	Бугшег			1	Ū	
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					Г					Т		
1b Sub-total							\overline{lack}	1,092,367.	C	٠.	13	0,447.
c Total from continuation sheets to Part V	II, Section A						>	0.		-		0.
d_Total (add lines 1b and 1c)		_					▶	1,092,367.		· .	13	0,447.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												7
											Ye	s No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	yee.	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	₃	x
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	° co	mple	ete S	Sch	edule	e J	for such individual		4	ı x	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indiv	dual for services	Г	T	T
rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or s	uch	pers	son					5	х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comper	nsatio	on fron	7
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthıı	n the organization's tax	year			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Con	pensa	tion
AMERICAN CAPITAL GROUP, 101 CONSTITUT	LION						٦					
AVE, 9TH FLOOR, EAST WING, WASHINGTON	N, DC							LOBBY SERVICES			15	1,755.
MONTICELLO ASSOCIATES, 1800 LARIMER S	5T,											
SUITE 2100, DENVER, CO 80202							_	INVESTMENT CONSULT	ING	_	15	0,000.
COLORADO LEGISLATIVE SERVICES												
1410 GRANT ST. #D110, DENVER, CO 8020	3						ļ	LOBBY SERVICES	1		11	0,568.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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<u>Form</u> 990	(2015)_	
Part VI	Π	State	m

Pa	rt VI	Statement of Revenue				·	
		Check if Schedule O contains a re	sponse or note to any lin	e in this Part VIII			
·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 a t c c c c	b	1a 1b 1c 1d 1e 14,533,653. 669,787.	14,533,653.	1,900,000.		
		g Total. Add lines 2a-2f	▶	1,900,000.			
	3 4 5	Investment income (including dividend other similar amounts) Income from investment of tax-exemp Royalties	▶	1,628,101. 9,067.			1,628,101.
			leal (ii) Personal				
	7 a	assets other than inventory 96,14	urrties (ii) Other 3,143.		-	-	
	0		8,317. 635. 4,826635.	5,634,191.			5,634,191.
Other Revenue	t	contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses	of , a b	_			
	9 á	 Net income or (loss) from fundraising of Gross income from gaming activities. Part IV, line 19 Less. direct expenses 	See a b				
	10 a	Net income or (loss) from gaming active Gross sales of inventory, less returns and allowances Less. cost of goods sold	а ь				-
	11 a	OFFICE TAXABLE / COAR	Business Code 523000 900099	527,178. 147,155.	527,178. 147,155.		
		UNRELATED BUS. LOSS	523000	-760,680.	147,133.	-760,680	
		All other revenue Total. Add lines 11a-11d		-86,347.			
	12	Total revenue. See instructions.	<u> </u>	23,618,665.	2,574,333.	-760,680	7 , 271 , 359 . Form 990 (2015)

Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respons			(Ċ) T	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21,375,924.	21,375,924.		
2	Grants and other assistance to domestic		ļ		
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ľ	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	574,302.		255,412.	318,890
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,591,169.		621,927.	2,969,242
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	151,915.		29,301.	122,614
9	Other employee benefits	256,465.		52,106.	204,359
10	Payroll taxes	305,380.		60,965.	244,415
11	Fees for services (non-employees)				
а	Management	115,286.		37,020.	78,266 6,376
b	Legal	27,621.		21,245.	6,376
С	Accounting	47,583.		47,583.	
d	Lobbying	267,118.	267,118.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,047,190.		1,047,190.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5,175.			5,175
12	Advertising and promotion	192,201.			192,201
13_	Office expenses	227,563.		61,986.	165,577
14	Information technology	332,515.		195,163.	137,352
15	Royalties				
16	Occupancy				<u></u>
17	Travel	199,881.		3,453.	196,428
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,990.			2,990
23	Insurance	34,261.		34,261.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENTS	248,974.			248,974
b	DONOR WALL	72,183.	 †		72,183
c	RESEARCH MATERIAL	70,276.		255.	70,021
d	PREMIUMS	52,793.			52,793
_		134,608.		37,274.	97,334
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	29,333,373.	21,643,042.	2,505,141.	5,185,190
<u>25</u> 26	Joint costs. Complete this line only if the organization		,,		-,,
20	reported in column (B) joint costs from a combined		Į.		
	educational campaign and fundraising solicitation.				

Page 11

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 2,414,420 2,683,718. Cash - non-interest-bearing 7,111,244. 9,040,062. Savings and temporary cash investments 2 29,349,920. 27,719,170. 3 3 Pledges and grants receivable, net 69,963. 112,850. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 3,625. b Less accumulated depreciation 10b 10c 196,626,664. 210,796,191. Investments - publicly traded securities 11 84,083,560, 44,823,921. Investments - other securities. See Part IV, line 11 12 1,631,241. 1 660 784. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 33,539,423 31 849 993. Other assets See Part IV, line 11 15 354.859.603. 328,657,146. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2.441.357. 3,647,131, 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 44,648,480. 25 41,365,928. Schedule D 47,089,837. 26 45,013,059, Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 24,189,969. 19,753,706. 27 Unrestricted net assets 27 116,765,719, 28 107,986,929. 28 Temporarily restricted net assets 166,814,078 155,903,452. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 283,644,087. 307,769,766. 33 33 Total net assets or fund balances 354,859,603. 328,657,146. Total liabilities and net assets/fund balances

Form 990 (2015)

Form	990 (2015) COLORADO SCHOOL OF MINES FOUNDATION	84-0509064		Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	,618,	665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	,333,	373.
3	Revenue less expenses Subtract line 2 from line 1	3	-5	,714,	708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307	,769	766.
5	Net unrealized gains (losses) on investments	5	~19	,069	469.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		658,	498.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	283	,644,	087.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs,			
	consolidated basis, or both:		l		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,]		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b		

532012 12-16-15 Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1								
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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:	city, and state:							
5 X 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 government or governmental unit described in section 170(b)(1)(A)(v).								
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
section 170(b)(1)(A)(vi). (Complete Part II)								
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	gross receipts from							
activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from	om gross investment							
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after								
See section 509(a)(2). (Complete Part III.)								
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pu	rposes of one or							
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Chem	ck the box in							
lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g								
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by give	ving							
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supported	porting							
organization You must complete Part IV, Sections A and B.								
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having	g							
control or management of the supporting organization vested in the same persons that control or manage the support	rted							
organization(s) You must complete Part IV, Sections A and C.								
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated of	with,							
its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.								
d L Type III non-functionally integrated. A supporting organization operated in connection with its supported organization	ion(s)							
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentive	ness							
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
functionally integrated, or Type III non-functionally integrated supporting organization.								
f Enter the number of supported organizations	·							
g Provide the following information about the supported organization(s)								
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1.9 listed in your support (see	(vi) Amount of							
organization (described on lines 1-9 islaed in your support (see	other support (see instructions)							
above (see instructions)) governing document								
above (see instructions)) Governing document? Support (see instructions)								
above (see instructions)) governing document								
above (see instructions)) governing document								
above (see instructions)) governing document								
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above (see instructions)) governing document								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	31,146,313.	26,073,906.	48,915,970.	33,091,397.	14,533,653.	153,761,239.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						ı
	or expended on its behalf	<u> </u>				. <u>.</u>	
3	The value of services or facilities		-				
	furnished by a governmental unit to	1					•
	the organization without charge						
4	Total. Add lines 1 through 3	31,146,313.	26,073,906.	48,915,970.	33,091,397.	14,533,653.	153,761,239.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ĺ					
	supported organization) included						
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,						
	column (f)	L				·	37,392,421.
_	Public support. Subtract line 5 from line 4						116,368,818.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	31,146,313.	26,073,906.	48,915,970.	33,091,397.	14,533,653.	153,761,239.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,727,610.	1,616,319.	1,863,603.	1,896,145.	1,637,168.	8,740,845.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10_	_Other.income_Do_not_include_gain		i				
	or loss from the sale of capital	}					
	assets (Explain in Part VI)	146,133.	276,914.	443,447.	496,110.	674,333.	2,036,937.
11	Total support. Add lines 7 through 10	<u> </u>	j				164,539,021.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	7,400,000.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
	ction C. Computation of Publ			 			
14	Public support percentage for 2015 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	70.72 %
	Public support percentage from 2014					15	69.48 %
1 6 a	33 1/3% support test - 2015. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ x
þ	33 1/3% support test - 2014. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explaın ın Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	lorganization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the orga	anızatıon dıd not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	·
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	ınızatıon	▶└┤
18	Private foundation. If the organization	on did not check a l	box on line 13, <u>1</u> 6a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶∟
					Sche	dule A (Form 990	or 990-EZ) 2015

532022 09-23-1

Schedule A (Form 990 or 990-EZ) 2015 COLORADO SCHOOL OF MINES FOUNDATION 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 places complete Bort II.)	

Sec	ction A. Public Support	elow, picase com	picte i art ii j				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(3/2011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,====	,0,====	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5		<u> </u>	 	 	 	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				3		
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
	check this box and stop here	3	,,	, , <i>2</i> ,		\(-/\-/ -/ 9-9-1111	_ ▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2015 (ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from:	2014 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organia	ation	▶□
t	33 1/3% support tests - 2014. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly supp	orted organization	▶└
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>
5320	23 09-23-15				Sch	edule A (Form 990	or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section A.	ΑII	Supporting Organizations

_			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	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			
	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		
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(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	١.		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	<u>4a</u>		
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)	١.		
	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			
L	was accomplished (such as by amendment to the organizing document)	5a	\vdash	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Fh		
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) 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.	_		
7		6	\vdash	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	⊢∸	\vdash	
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	١.,		
Qo	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
34	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	i i	
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- 3 a		
J	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	$\vdash\vdash\vdash$	
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	 	$\vdash \vdash$	
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	136		
	determine whether the organization had excess business holdings)	10b		

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

Sche	Schedule A (Form 990 or 990-EZ) 2015 COLORADO SCHOOL OF MINES FOUNDATION 84~0509064 Page							
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All								
	other Type III non-functionally integrated supporting organizations must co	nplete S	Sections A through E.					
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Currer (option				
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						
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year).							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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						
Sec	tion C - Distributable Amount			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	y-integra	ated Type III supporting o	rganization (see				

Schedule A (Form 990 or 990-EZ) 2015

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	ion D - Distributions	Author Capporting Orga	(continued)	Current Year			
1	Amounts paid to supported organizations to accomplish exi	- Junioni real					
2	Amounts paid to supported digarizations to accomplish ext						
-	organizations, in excess of income from activity	hr bailbagas or subborted					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization					
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						
7	Total annual distributions. Add lines 1 through 6						
_ <u>,</u>	Distributions to attentive supported organizations to which	the organization is responsive					
0	(provide details in Part VI). See instructions	ine organization is responsive	•				
9	Distributable amount for 2015 from Section C, line 6			-			
10	Line 8 amount divided by Line 9 amount						
<u></u>	Line o amount divided by Line 9 amount	(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
_1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015			i			
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015						
a							
b							
_ c		<u></u>		<u></u>			
d	From 2013						
e	From 2014	<u> </u>					
f	Total of lines 3a through e						
9	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
_ <u>i</u>	Carryover from 2010 not applied (see instructions)						
_ <u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D,						
	line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount			·			
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if		,				
	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions)						
6	Remaining underdistributions for 2015 Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c						
8	Breakdown of line 7.						
a							
b							
_ c	Excess from 2013						
	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

Part VI

2011 AMOUNT: \$ -98,024.

(See instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2012 AMOUNT: \$ 6,197.

2013 AMOUNT: \$ 13,964.

2014 AMOUNT: \$ 1,755.

2015 AMOUNT: \$ 147,155.

ADMINISTRATION FEES

2011 AMOUNT: \$ 244,157.

2012 AMOUNT: \$ 270,717.

2013 AMOUNT: \$ 429,483.

2014 AMOUNT: \$ 494,355.

2015 AMOUNT: \$ 527,178.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 5	01(c)(4), (5), or (6) organiza	tions Complete Part III			
Nai	me of orga	inization			Em	ployer identification number
			CHOOL OF MINES FOUNDATION			84-0509064
P	art I-A	Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527	organization.
2		expenditures	zation's direct and indirect politic	al campaign activities		\$
P	art I-B	Complete if the or	ganization is exempt und	ler section 501(c)	(3).	
_			incurred by the organization und		•	<u></u> \$
		•	incurred by organization manage		>	\$
3	If the or	ganization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4	a Was a c	orrection made?				Yes No
		describe in Part IV.				
			ganization is exempt und		<u> </u>	
1	Enter th	e amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	\$
2			eization's funds contributed to ot	her organizations for s	ection 527	
_	•	function activities			•	\$
3		•	s Add lines 1 and 2 Enter here a	and on Form 1120-POL	•	_
	_line_17b		4400 POL 5			\$ Yes No.
4 5		filing organization file Form	nployer identification number (El	NI) of all postion 527 pe	alitical organizations to wh	
3	made pa contribu	ayments For each organizations received that were p	tion listed, enter the amount partompting and directly delivered to additional space is needed, provided to the control of the	d from the filing organi a separate political org	zation's funds. Also enter janization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		.,			filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization If none, enter -0
		-				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

26

Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the or	colorado	school of	MINES FOUNDATION	on 501(c)(3) and file	84-050 ed Form 5768 (e	I ayo z
section 501(h)).	gumzado	ii io cacii	ipi under dedition	. 00 1(0)(0) and m	ou 1 01111 01 00 (a	
	ration belong	s to an affile	ated group (and list in	Part IV each affiliated	group member's nam	e address FIN
expenses, and sh	_	•	•	Tarriv odom annatos	group mombor o nan	,
			d "limited control" pro-	visions annly		
Lin	nits on Lobb	ying Expen		voiene appry:	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence publ	ıc opınion (a	rass roots lobbying)			
b Total lobbying expenditures to in	•			Ì	267,118.	
c Total lobbying expenditures (add	-	•	, (4661.655)9,	·	267,118.	
d Other exempt purpose expenditu		,			28,019,065.	
e Total exempt purpose experiente		s 1c and 1d\		ŀ	28,286,183.	
f Lobbying nontaxable amount En	· ·			columns	1,000,000.	
If the amount on line 1e, column (a)			ying nontaxable amo			<u></u>
Not over \$500,000	01 (0) 13.			Junit is.		
	00.000		ne amount on line 1e.			
Over \$500,000 but not over \$1,00			plus 15% of the exce			
Over \$1,000,000 but not over \$1			plus 10% of the exce			
Over \$1,500,000 but not over \$1	7,000,000		plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	4	\$1,000,0	00			
					250,000.	
g Grassroots nontaxable amount (e		•		-	250,000.	
h Subtract line 1g from line 1a If ze				ļ		
i Subtract line 1f from line 1c If ze	•			l	0.	
j If there is an amount other than z	ero on eithe	r line 1h or lii	ne 1i, dıd the organıza	tion file Form 4720	Г	
reporting section 4911 tax for thi						<u> Yes No</u>
(Some organizations	that made a	section 50	aging Period Under : 1(h) election do not h te instructions for lin	nave to complete all	of the five columns b	elow.
	Lobb	ying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,	000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000
c Total lobbying expenditures		253,118.	252,929.	257,781.	267,118.	1,030,946
d Grassroots nontaxable amount e Grassroots ceiling amount		250,000.	250,000.	250,000.	250,000.	1,000,000

Schedule C (Form 990 or 990-EZ) 2015

1,500,000.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
î	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	- ' -		
	expenses for which the section 527(f) tax was paid).	Cai			
9	Current year		2a		
	Carryover from last year		2b	-	
	Total		2c		
_			3		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	2247	- - -		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	14		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
		a leat). Doort	II A lines 1 a	and 0 (ana	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	p list), mart	II-A, IIIIes I a	anu z (see	
mstrt	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
					
					
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

10-	COLORADO SCHOOL OF MINES PO		84-0509064					
Pai			S OF ACCOUNTS. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		425					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	. L Yes L No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only					
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring					
	impermissible private benefit?		Yes No					
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area					
	Protection of natural habitat	——————————————————————————————————————	rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last					
	day of the tax year		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a							
<u> </u>	listed in the National Register	and of 17700, and not on a motion of a	2d					
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the						
J	year >	cassa, extinguished, or terminates by a	io organization during the tax					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the per		•					
3	violations, and enforcement of the conservation easements		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,		· · · · · · · · · · · · · · · · · · ·					
U	Star and volunteer rours devoted to mornitoring, inspecting,	Training of Violations, and emotoring oo	isolvation casomonts during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conserv	ration easements during the year					
•	► \$	aming of violations, and omeroming compart	and year					
8	Does each conservation easement reported on line 2(d) above	re eatisfy the requirements of section 17	O(b)(4)(B)(i)					
0	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17	Yes No					
9	In Part XIII, describe how the organization reports conservati	on escements in its revenue and expens						
9	include, if applicable, the text of the footnote to the organizar							
		tion's financial statements that describe	s the organization's accounting to					
Pai	conservation easements † III Organizations Maintaining Collections o	f Art Historical Treasures, or (Other Similar Assets.					
Га	Complete if the organization answered "Yes" on Form		Strict Chillian Addoto.					
	If the organization elected, as permitted under SFAS 116 (AS		amont and balance sheet works of art					
ıa								
	historical treasures, or other similar assets held for public ext		arice of public service, provide, in Fart Alli,					
	the text of the footnote to its financial statements that descri							
b	If the organization elected, as permitted under SFAS 116 (AS							
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	ublic service, provide the following amounts					
	relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1		5					
	(ii) Assets included in Form 990, Part X		▶ \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	ıal gaın, provide					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X							
ΙΗΔ	For Panerwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2015					

	20.0 2 (. 0 2007 20.0	HOOL OF MINES F					509064		Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, or Of	her S	imilar A	ssets	ontınu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signifi	cant use	of its coll	ection	rtems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt	purpose II	n Part XI	1	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ılar ass	ets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			<u>Y Ll</u>	es	<u> </u>
Par	t IV Escrow and Custodial Arran	-	te if the organization	on answered "Yes"	on For	n 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other assets r	ot inclu	uded	_		_
	on Form 990, Part X?						└ ✓	es	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		_				
					L		Ar	nount	
С	Beginning balance				L	1c		_	
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or o	ustodial account lia	bility?		└	es	U No
_ ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided on Part	(III				<u> </u>
Pai	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on F	orm 990, Part IV, Iır	e 10				
		(a) Current year	(b) Pnor year	(c) Two years back	(d) T	hree years	back (e) Four y	ears back
1a	Beginning of year balance	227,854,251.	225,811,040	188,486,221	. 1	67,544,	418.	158,6	517,474.
ь	Contributions	2,495,892.	10,646,383	10,685,403		11,734,	285.	14,9	940,978.
С	Net investment earnings, gains, and losses	-10,653,236.	-455,165	33,874,010	7.	21,300,	320.	-2,9	973,166.
d	Grants or scholarships				7				
	Other expenditures for facilities								
	and programs	13,730,166.	8,148,007	7,234,594		12,092,	802.	3,0	040,868.
f	Administrative expenses								
g	End of year balance	205,966,741.	227,854,251	225,811,040	1	88,486,	221.	167,	544,418.
2	Provide the estimated percentage of the curr		e (line 1a. column (
	Board designated or quasi-endowment	10.09	%	,,					
	Permanent endowment 65.91	%_	– ′°						
	Temporarily restricted endowment	23.99 %							
·	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	ation that are held:	and administered fo	r the o	rganizatio	n		
- Oa	by	SSION OF THE ORGANIZE	anon that are new	and damminstored re		gainzano	•		res No
	(i) unrelated organizations						Ţ.		X X
	(ii) related organizations							a(ii)	х
L	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on Schedule D')			۴	3b	- -
	Describe in Part XIII the intended uses of the			•			L	עט	
Pai	rt VI Land, Buildings, and Equipm		willent fulfus.	- <u>-</u>					
<u> </u>	Complete if the organization answere		Dart IV line 11a	See Form 000 Pod	Y line	10			
							1,41	Pool:	volue
	Description of property	(a) Cost or of basis (investing	1 ' '	, ,	Accum depreci	nulated ation	(d)	Book	value
10	Land	2200 (111703111	2000	\ <u>-</u>			+	<u> </u>	
							+		
	Buildings						+		
	Leasehold improvements						┼		
	Equipment						┼		
	Other (C)		V ==1:=== (D) /	10-1			+		
Tota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	x, column (B), line	1UC.)			ــــــــــــــــــــــــــــــــــــ		990) 2015

	Scriedule L	/(FOIII) 990) 2013	COBOIGIDO	00110011
1	Part VII	Investments -	Other Secu	rities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A) PARTNERSHIPS INVESTMENTS	44,823,921.	END-OF-YEAR MARKET VALUE					
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	44,823,921.						

Part VIII Investments - Program Related.

	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, lin	e 15.
(a) Description	(b) Book value
(1) TRUST CONTRIBUTIONS RECEIVABLE	4,868,005.
(2) SPLIT INTEREST AGREEMENTS	15,660,174.
(3) INTEREST IN ENDOWMENT	9,215,004.
(4) INTEREST IN LONG-TERM TRUSTS	1,468,761.
(5) PMC NET ASSETS	370,130.
(6) OTHER ASSETS	170,809.
(7) INVESTMENT IN COLORADO SCHOOL OF MINES TECHNOLOGY	97,110.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,849,993.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25	Complete if the organization answers	1 "Yes" on Form 990. Part I\	V. line 11e or 11f. See Form 990, Part X. line 25.
---	--------------------------------------	------------------------------	--

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SPLIT INTEREST OBLIGATIONS	4,755,594.
(3)	GIFT ANNUITY OBLIGATIONS	4,628,142.
(4)	ASSETS HELD IN TRUST	31,923,192.
(5)	REFUNDABLE ADVANCES	59,000.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	41,365,928.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

532053 09-21-15

Part XI Reconciliation of Revenue per Audited Complete if the organization answered "Yes" on Fo	d Financial Statements With Revenue per Ro orm 990. Part IV. line 12a	etum.	
1 Total revenue, gains, and other support per audited finance		1	4,293,881.
2 Amounts included on line 1 but not on Form 990, Part VIII			
a Net unrealized gains (losses) on investments	2a -19,069,469.	1	
b Donated services and use of facilities	2b		
c Recovenes of prior year grants	2c		
d Other (Describe in Part XIII.)	2d 797,225.		
e Add lines 2a through 2d	20,	2e	-18,272,244.
3 Subtract line 2e from line 1	•	3	22,566,125.
4 Amounts included on Form 990, Part VIII, line 12, but not	on line 1		
	ا ما ا		
	4b		
`	401	40	1,052,540.
	900 Port I line 12 \	4c	23,618,665.
Part XII Reconciliation of Expenses per Audite			
Complete if the organization answered "Yes" on Fo			•
1 Total expenses and losses per audited financial statemen	ts	1	28,419,560.
2 Amounts included on line 1 but not on Form 990, Part IX,	line 25		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d 138,727.		
e Add lines 2a through 2d		2e	138,727.
3 Subtract line 2e from line 1		3	28,280,833.
4 Amounts included on Form 990, Part IX, line 25, but not o	n line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII,			
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	1,052,540.
5 Total expenses Add lines 3 and 4c. (This must equal Form	n 990 Part I line 18)	5	29-333-373.
Part XIII Supplemental Information.	1330, 1 art 1, me 10)	<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art III, lines 1a and 4. Part IV, lines 1b and 2b, Part V, line 4	 1. Part X.	line 2: Part XI
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete thi		.,,	
	o part to provide any analysis and another and		
PART V, LINE 4:			
SUPPORT COLORADO SCHOOL OF MINES.			
PART X, LINE 2:			
THE FOUNDATION APPLIES A MORE-LIKELY-THAN-NOT MI	EASUREMENT METHODOLOGY TO		
REPLECT THE FINANCIAL STATEMENT IMPACT OF UNCERT	TAIN TAY DOCUTIONS TAKEN OF		
ABPLIEUT THE FINANCIAL STATEMENT IMPACT OF UNCERT	TAIN TAA FOSTITONO TAKEN OK		
EXPECTED TO BE TAKEN IN A TAX RETURN, AFTER EVAL	GUATING THE TAX POSITIONS		
TAKEN, INCLUDING THE DETERMINATION OF THE FOUNDA	ATION'S TAX-EXEMPT STATUS,		
NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE,	NO AMOUNTS HAVE BEEN		
RECOGNIZED AS OF JUNE 30, 2016 OR 2015. IF INCUR	RRED, INTEREST AND		
PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECO	ORDED IN THE PERIOD		
ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSES.	NO INTEREST OR PENALTIES		
532054		Schedul	e D (Form 990) 2015

Schedule D (Form 990) 2015 COLORADO SCHOOL OF MINES FOUNDA	84-0509064	Page 5	
Part XIII Supplemental Information (continued)			
HAVE BEEN ASSESSED AS OF JUNE 30, 2016 OR 2015. TAX YEARS THA	T REMAIN		
SUBJECT TO EXAMINATION INCLUDE 2012 THROUGH THE CURRENT YEAR.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN NET PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	57,958.		
CHANGE IN INTEREST IN NET ASSETS OF PROPERTY MANAGEMENT	<u>.</u> ,		
CORP.	-21,413.		
UNRELATED BUSINESS LOSS ON PASS-THROUGH ENTITIES	760,680.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	797,225.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
UNCOLLECTIBLE PLEDGES	138,727.		
		<u> </u>	

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization					Employer ident	ification number
COLORADO SCHOOL OF MINI	ES FOUNDATION	J			84-0509064	
			side the United States. Complet	te if the organ		"Yes" on
Form 990, Part IV						
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its grain	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes No
	inbe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
United States. 3 Activities per Region (TI	ha fallowna Bad	L line 3 table or	an be duplicated if additional space is n	oodod)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
(-,	offices	employees, agents, and independent	(by type) (e g , fundraising, program		gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to		specific type	investments
		in region	recipients located in the region)	of service	ce(s) in region	ın region
CENTRAL						
AMERICA/CARIBBEAN		0	INVESTMENTS			14,768,176.
					· · ·	+
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		<u> </u>				
	1		[
						
	[
						<u> </u>
3 a Sub-total	0	0				14,768,176.
b Total from continuation						
sheets to Part I	0	. 0				0.
c Totals (add lines 3a		_				14 760 176
and 3b) LHA For Paperwork Reduct	0	0_			0	14,768,176. (Form 990) 2015

532071 10-01-15

Schedule F (Form 990) 2015

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COLORADO SCHOOL OF MINES FOUNDATION

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						:		
			<u> </u>					<u> </u>
				}				
						-	-	
!								
								
			_					
	}							
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax e	exempt by		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

532072 10-01-15

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Schedule F (Form 990) 2015

COLORADO SCHOOL OF MINES FOUNDATION

84-0509064

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space a needed

(e) Type of grant or assistance

(b) Region

(c) Nimber of reopents

(d) Amount of cash disbursement

(e) Manner of cash disbursement

(e) Manner of non-cash assistance

(h) Method of volunt of non-cash assistance

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Schedule F (Form 990) 2015

532073 10 01-15 36

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answerd "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treesury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

Inspection

Name of the organization COLORADO SCHOOL OF MINES FOUNDATION								
Part I General Information on Grants a	and Assistance			-				
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	stance?	_			y for the grants or ass	sistance, and the selec	X Yes	
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organization or government	\$5,000 Part II car (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET				ı.				
GOLDEN, CO 80401	84-6000551	STATE OF CO	21,375,924.	- 0.	 	 	GENERAL	
]				l l		
		<u> </u>						
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		*				<u> </u>		
		<u> </u>						
			,	•				
				1				
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization	•	•	ne line 1 table	<u> </u>	<u>I</u>	l	<u> </u>	

Schedule I (Form 990) (2015)

532101 10-28-15

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Schedule I (Form 990) (2015) COLORADO SCHOOL OF MI	84-0509064 P						
Part III Grants and Other Assistance to Domestic Individua	is. Complete if the	organization answ	vered "Yes" on Form 9	990, Part IV, line 22	-		
(a) Type of grant or assistance	be duplicated if additional space is needed ype of grant or assistance (b) Number of recipients (c) Amount of cash grant cash assistance (book, FMV, appraisal, other						
	recipients	Cash grant	Casil assistance	(coon, run, appress, one,			
			1				
	+		 				
	1		1	-			
							
			<u> </u>	<u> </u>	Ĺ <u> </u>		
Part IV Supplemental Information. Provide the information re	equired in Part I, tir	ne 2, Part III, colum	n (b), and any other a	dditional information			
PART I, LINE 2							
ALL GRANTS ARE MADE TO COLORADO SCHOOL OF MINES A	שר הוא מוא						
ALL GRANTS AND MADE TO COMORADO SCHOOL OF MINES AN	ND 115 VARIOUS						
DEPARTMENTS.							
			· · · · ·	· · · · · · · · · · · · · · · · · · ·			
	_ -	.					
	<u></u>				<u>_</u>		
532102 10-28-15		40			Schedule	l (Form 990) (2015)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

COLORADO SCHOOL OF MINES FOUNDATION

Employer identification number

84-0509064

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use	,		1
	Travel for companions Payments for business use of personal residence	l		ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			l
_	If any of the haves an line to are checked, did the arganization follows a watton policy regarding narment or			İ
Ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b		Ì
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10	-	\vdash
2	•	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?			_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	ł		i
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1	
	establish compensation of the CEO/Executive Director, but explain in Part III.	l		
	Compensation committee Written employment contract]		ļ
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	{		
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	x
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			Í
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the net earnings of		j]
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	l	l	l
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	L	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	[[1
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 COLORADO SCHOOL OF MINES FOUNDATION 84-0509064

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W-2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title			(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Dellents	(5)(1)-(0)	reported as deferred on prior Form 990
(1) LINDA LANDRUM	Τo	191,862.	10,000.	0.	11,802.	10,991.	224,655.	0.
EVP F&A/CFO/TREASURER	(11)	0.	0.	0.	0.	0.	. 0.	0.
(2) BRIAN WINKELBAUER	(1)	234,386.	20,000.	0.	14,449.	15,339.	284,174.	0,
PRESIDENT/CEO	(ii)	0.	0.	0,	0.	0.	. 0,	0.
(3) MICHELLE MERTZ	(i)	165,599.	5,000.	0.	10,126.	7,341.	188,066.	0.
ASSOC. VP ADVANCEMENT	_ (ii)	0.	0.	0.	0.	Ö.	. 0.	0.
(4) JOHN PEPPERDINE	(0)	124,025.	5,000.	0.	7,798.	13,788.	150,611.	0.
ASSOC. VP ADVANCEMENT	_ (11)	0.	0.	0.	ō.	0.	. 0.	0.
	(0)							
	(n)							
	(0)							
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Schedule J (Form 990) 2015

532112 10-14-15

Schedule J (Form 990) 2015	COLORADO SCHOOL OF MINES FOUNDATION	84-0509064	Page 3
Part III Supplemental Informa			
Provide the information, explanate	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	for Part II Also complete this part for any additional informat	ION
_ 			
			
			
			
			-
			
		<u>-</u>	
			
		_	
			
			
			
			
			
			-
		Schedule J (Fo	rm 990) 201

10-14-15

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

Department of the Treasury Internal Revenue Service

Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

COLORADO SCHOOL OF MINES FOUNDATION

Employer identification number 84-0509064

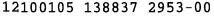
Pai	t 📗	Type	s of Property							
				(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu			<u></u>
				арріюцью		Form 990, Part VIII, line 1g				
1	Art - '	Works of	art							
2	Art -	Historica	l treasures							
3	Art -	Fractiona	al interests							
4	Book	ks and pu	iblications							
5	Cloth	ning and	household goods							
6	Cars	and other	er vehicles							
7	Boat	s and pla	nes							
8	Intell	ectual pr	operty							
9	Secu	ınties - Pı	ublicly traded	x	40	669,787.	AVERAGE HIGH/LOW			
10	Secu	ıntıes - Cl	losely held stock							
11	Secu	ırıtıes - Pa	artnership, LLC, or							
	trust	interests	;							
12	Secu	urities - M	scellaneous							
13	Qual	ified cons	servation contribution -							
	Histo	onc struc	tures							
14	Qual	ified cons	servation contribution - Other							
15	Real	estate - I	Residential							
16	Real	estate - 0	Commercial							
17	Real	estate - 0	Other							
18	Colle	ectibles								
19	Food	invento	ry							
20	Drug	s and me	edical supplies							
21	Taxio	dermy					L			
22	Histo	orical artif	facts							
23	Scier	ntıfıc spe	cimens			<u> </u>				
24	Arch	eological	artifacts		<u>. </u>		<u> </u>		_	
25	Othe	er 🕨	(.)						
26	Othe	er 🕨	()						
27	Othe	er 🕨	()						
28	Othe	er 🕨	()		<u> </u>	_			
29	Num	ber of Fo	orms 8283 received by the org	ganızatıon durın	g the tax year for	contributions				
	for w	/hich the	organization completed Form	n 8283, Part IV,	Donee Acknowled	gement 29				
]	Yes	No
30a	Durir	ng the ye	ar, did the organization receiv	ve by contributi	on any property re	ported in Part I, lines 1 throu	gh 28, that it	1		ł
	must	t hold for	at least three years from the	date of the initi	al contribution, and	d which is not required to be	used for			1
	exen	npt purpo	oses for the entire holding per	rıod?				30a		Х
ь	if "Ye	es," desc	ribe the arrangement in Part	11						
31	Does	s the orga	anization have a gift acceptar	nce policy that r	equires the review	of any non-standard contrib	utions?	31	Х	
32a	Does	s the orga	anization hire or use third part	ties or related o	rganizations to sol	ıcıt, process, or sell noncash	ı			_
		ributions						32a	Х	
b	If "Ye	es," desc	ribe in Part II.]]		i

500111

08-21-15

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.



describe in Part II



Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) COLORADO SCHOOL OF MINES FOUNDATION	84-0509064	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	d 33, and whether the orga combination of both Also	nization
SCHEDULE M, LINE 32B:		
THE COLORADO SCHOOL OF MINES FOUNDATION USES VARIOUS INVESTMENT BROKERS		
AS THIRD PARTIES TO RECEIPT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS,		
PRIMARILY FOR SECURITIES AND GIFTS OF STOCK.		
		
	·	
		
		
		
	<u>.</u>	
32142 08-21-15	Schedule M (For	m 000) (201

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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 Employer identification number

Name of the organization COLORADO SCHOOL OF MINES FOUNDATION	Employer identification number 84-0509064
FORM 990, PART VI, SECTION A, LINE 4:	
EFFECTIVE JUNE 27, 2016, THE ORGANIZATION AMENDED ITS BYLAWS. THE NEW LEGAL	
NAME OF THE ORGANIZATION IS COLORADO SCHOOL OF MINES FOUNDATION.	
THE AMENDED BYLAWS WERE ENACTED TO PROVIDE FOR ENHANCED OVERSIGHT BY THE	
GOVERNING BODY AND CHANGES IN MANAGEMENT COMPOSITION AND RESPONSIBILITY,	
PROMULGATED AS FOLLOWS:	
- THE RANGE OF VOTING MEMBERS OF THE GOVERNING BODY REQUIRED TO SERVE ON	
THE BOARD OF GOVERNORS AT ANY GIVEN TIME WAS INCREASED TO NO FEWER THAN	
TWENTY AND NO GREATER THAN FIFTY MEMBERS, PROVIDING FOR A MINIMUM INCREASE	
OF FIVE MEMBERS AND MAXIMUM INCREASE OF FIFTEEN MEMBERS.	
- THE EXECUTIVE COMMITTEE WAS EXPANDED FROM A FIXED SEVEN-MEMBER	
COMMITTEE TO A RANGE OF FIVE TO NINE MEMBERS. THE EXACT NUMBER OF EXECUTIVE	
COMMITTEE MEMBERS SHALL BE ESTABLISHED BY THE EXECUTIVE COMMITTEE AS DEEMED	
NECESSARY. ALL EXECUTIVE COMMITTEE MEMBERS REMAIN MEMBERS OF THE BOARD OF	
GOVERNORS OF THE FOUNDATION.	-
- THE ELECTED OFFICERS OF THE FOUNDATION, AS DETERMINED BY THE EXECUTIVE	
COMMITTEE, SHALL BE COMPRISED OF THE CHAIRMAN AND VICE CHAIRMAN. THE	
EXECUTIVE COMMITTEE RETAINS THE POWER TO APPOINT, DESIGNATE, OR AUTHORIZE	
ADDITIONAL OFFICERS, INCLUDING THE SECRETARY WHICH WAS FORMERLY A MANDATORY	
ELECTED OFFICER.	
- THE PRESIDENT'S DUAL TITLE WAS CHANGED FROM CHIEF OPERATING OFFICER TO	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization COLORADO SCHOOL OF MINES FOUNDATION	Employer identification number 84-0509064
CHIEF EXECUTIVE OFFICER. ALL RIGHTS, DUTIES, AND AUTHORITIES CONFERRED BY	
THE TITLE OF CEO ARE IDENTICAL TO THOSE GRANTED TO THE FORMER COO.	
FORM 990, PART VI, SECTION B, LINE 11:	
A DETAILED REVIEW IS PERFORMED BY THE CFO/TREASURER AND ASSISTANT TREASURER	
PRIOR TO PRESENTATION TO THE EXECUTIVE COMMITTEE. A FULL SUMMARY	
PRESENTATION BY THE FOUNDATION'S INDEPENDENT TAX ACCOUNTING FIRM IS	
PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS PRIOR TO	
FILING.	
	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES AN ANNUAL AFFIRMATION FROM MEMBERS OF THE	
EXECUTIVE COMMITTEE, INVESTMENT COMMITTEE, AUDIT COMMITTEE, GIFT ACCEPTANCE	
COMMITTEE AND TO APPOINTED OFFICERS OF THE FOUNDATION.	
FORM 990, PART VI, SECTION B, LINE 15:	<u> </u>
THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS ACTS AS THE FOUNDATION'S	<u>. </u>
COMPENSATION COMMITTEE AND USES COMPARABILITY DATA, INCLUDING FORM 990 OF	
OTHER ORGANIZATIONS, COMPENSATION SURVEYS AND OTHER MARKET REVIEWS, TO	
DETERMINE AND APPROVE COMPENSATION FOR SENIOR MANAGEMENT POSITIONS. THE	
DELIBERATION AND DECISION IS DOCUMENTED.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AZ, CA, FL, MD, MA, MI, MN, NH, NJ, NY, OH, PA, SC, TN, UT, WA, WV, GA, MD, WI, CO, ME, ND	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)		
Name of the organization COLORADO SCHOOL OF MINES FOUNDATION	-	Employer identification number 84-0509064
·		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN NET PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	57,958.	
CHANGE IN INTEREST IN NET ASSETS OF PROPERTY MANAGEMENT		
CORP	-21,413.	
UNRELATED BUSINESS LOSS ON PASS-THROUGH ENTITIES	760,680.	
UNCOLLECTIBLE PLEDGES	-138,727.	
TOTAL TO FORM 990, PART XI, LINE 9	658,498.	
		
		
		222 22 2
	 	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

Open to Public Inspection Department of the Treasu Internal Revenue Service ▶ Information about Schedule R (Form 990) and its instructions is at www irs gov/form990. Employer identification number Name of the organization COLORADO SCHOOL OF MINES FOUNDATION 84-0509064 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part I (f) (b) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Total income End-of year assets Direct controlling Primary activity of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year (f) (g) on 512(b)(13) (a) (b) (c) (e) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled entity? of related organization foreign country) section status (if section entity 501(c)(3)) Yes No CSMF PROPERTY MANAGEMENT CORP - 84-1266930 1812 ILLINOIS STREET GOLDEN, CO 80401 COLORADO 501(C)(3) RE GIFTS INE 11A, I

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2015

532161 09-08-15 LHA 49

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	Û	(k)
Name, address, and EIN of related organization	Primary activity	Legai domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of year assets	Disproportionate allocations?		Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	Generat managir partner	Percentage ownership
		country)	L	sections 512-514)		4000.0	Yes	No	K-1 (Form 1065)	Yes N	<u>. </u>
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled uty?
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Schedule R (Form 990) 2015

<u>Schedu</u>	lle R (Form 990) 2015 COLORADO SCHOOL OF MINES FOUNDATION			84-050906	4		Page 3		
Part V	Transactions With Related Organizations Complete if the organization answ	wered "Yes" on Form	n 990, Part IV, line 34, 35b,	or 36					
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	-			_	Yes	No		
	ouring the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?					
a F	teceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	v	·		1a		х		
	lift, grant, or capital contribution to related organization(s)				16		х		
c 6	iff, grant, or capital contribution from related organization(s)				1c	x			
d L	oans or loan guarantees to or for related organization(s)				1d	\Box	X		
e L	oans or loan guarantees by related organization(s)				10	\vdash	x		
f [Dividends from related organization(s)				1f		х		
g S	ale of assets to related organization(s)				1g		X		
h F	urchase of assets from related organization(s)				1h		X		
Exchange of assets with related organization(s)									
jL	ease of facilities, equipment, or other assets to related organization(s)				11	L^{-}	X		
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundrations for related organization(s)									
1 F	erformance of services or membership or fundraising solicitations for related orga	anızatıon(s)			[1]		Х		
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)									
o 8	haring of paid employees with related organization(s)				10	X			
						<u> </u>			
рΕ	leimbursement paid to related organization(s) for expenses				1p	<u>L</u>	x		
q F	leimbursement paid by related organization(s) for expenses				1q		Х		
						1_			
r	Other transfer of cash or property to related organization(s)				1r	<u> </u>	X		
s	Other transfer of cash or property from related organization(s)				1s		х		
2_	the answer to any of the above is "Yes," see the instructions for information on w	vho.must complete_t	this_line_including covered	relationships and transaction thresholds					
	(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1)									
(2)									
(3)									
(4)						_			
(5)									

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b) Primary activity	(c)	(d)	(e) Are all		(f) Share of	(g) Share of	(h	0	(i) Code V-LIBI	(j) General o	(k)
Name, address, and EIN of entity	Printary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(0(gs ?	sec 3)	total income	end-of year assets	tion allocat	ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes NO	ownership
			550110110 512 511)	Yesin				7 83	NO	(10	TesMo	
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Schedule R (Form 990) 2015

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sedule R Form 990; 2015 COLORADO SCHOOL. OF MINES FOUNDATION 84-0509064 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)	chedule R (Form 990) 2015	COLORADO SCHOOL OF MINES FOUNDATION	84-0509064	Page
Provide additional information for responses to questions on Schedule R (see instructions)	Part VII Supplementa	I Information	-	
Provide adulticità i institutation i di risponsissi di questipità di i scrittorie ni peri institucionis.	Brouide additions	Information for recognized to guestians on Cabadula B (see instructions)		
	Frovide additiona	inioritation for responses to questions on schedule in (see instructions)		
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