

			.	-	BLIC D						-		OMB No. 1545-0047	,
Far	_ Q	90	Return										0040	
For	n J	30	Under section 501		4947(a)(1) o al security				-			ations		
		of the Treasury enue Service			.gov/Form9				-	-			Open to Public Inspection	;
-			ar year, or tax year		JUL 1				ending			19	mopeouon	
Β	heck if	C Name of	organization	<u></u>		_ / _	010						tion number	
	Addre													
	chang Name		ANA TECH F	OUNDAT	TON						81	-02	50363	
	chang Initial returr		and street (or P.O. b	ov if mail is n	not delivered t	n street	address)	F	Room/suite	F Tele	phone nui		50505	
	Final	1300	WEST PARK			0 01 001	uuui ooo)		loon, outo	- 1010			496-4615	
	termi ated	0	own, state or provin	ce, country,	and ZIP or f	foreign	postal code	<u></u> -		G Gross	receipts \$	-	18,767,826	5.
	Amer returr	BUTT	E, MT 597	01		-				H(a) Is	this a grou	up retu	Irn	
	Appli tion		nd address of princi							for	subordin	ates?	Yes X	٩V
	pend	1300	WEST PARK	STREET	, BUTT	'E, 1	MT 59'	701		H(b) Are	all subordina	ates inclu	ded? Yes	No
		empt status:		501(c) (sert no.)	4947((a)(1) o	r 527	/ If "	'No," atta	ch a lis	t. (see instructions)	
			MTECH.EDU/				b						number 🕨	
			X Corporation	Trust	Associatio	n	Other 🕨		L Year	of formation	on: 196	7 M S	State of legal domicile: I	MT
Pa	art I	,										~ -		
ĕ	1		e the organization's LIC SERVIC											
Governance														—
ern'	2	Check this bo	-	•	discontinued	•		•				1 1		26
ğ	3		ing members of the ependent voting me	•			,					3	4	26
8	5		of individuals emplo									5	4	9
ties	6		of volunteers (estimation				. v, iii e zaj					6		41
Activities &			d business revenue									7a		0.
Ă			business taxable ind									7b	-78,758	
											r Year		Current Year	
đ	8	Contributions	and grants (Part VIII	, line 1h)						5,93	11,80	2.	4,931,600	5.
Revenue	9	Program servi	ce revenue (Part VIII	, line 2g) _							12,29			0.
eve	10	Investment ind	come (Part VIII, colu	mn (A), lines	3, 4, and 70	d)				2,10	67,65		1,003,042	
Ξ	11	Other revenue	(Part VIII, column (A	A), lines 5, 6	d, 8c, 9c, 10)c, and	11e)					0.		0.
	12		 add lines 8 through 				mn (A), line ⁻	12)			91,75		5,934,648	
	13		nilar amounts paid (6,50	83,05		4,321,153	
	14	•	o or for members (F	-		,				70		0.		0.
ses	15	Salaries, other	compensation, em	ployee bene	fits (Part IX,	columr	n (A), lines 5	o-10)		/ 0	87,58	<u>.</u>	754,959 37,501	
Expenses	16a	Protessional fu	r compensation, em undraising fees (Parl ng expenses (Part I)	IX, Column	(A), line 11e	"	969	3 78	3			••	57,50	/ •
Ă	17		es (Part IX, column (A, COIUMIN (L A) lines 11a	/), IIIIe ∠o) _11a_11f 04	~		,,,,	<u> </u>	1 5(08,91	0.	1,408,887	7.
	18		s. Add lines 13-17 (r								79,54		6,522,506	
	19		expenses. Subtract							-78	87,79	1.	-587,858	
or										eginning of			End of Year	
Net Assets or	20	Total assets (F	Part X, line 16)								27,77		49,610,748	3.
Ass	21	-	(Part X, line 26)							2	53,84	4.	347,609	
Inet	22	Net assets or	fund balances. Subt	ract line 21	from line 20			<u></u>		47,9	73,92	9.	49,263,139	Э.
Pa	art II	Signature	Block											
						-						of my kr	nowledge and belief, it i	S
true	corre	ct, and complete.	Declaration of prepare	er (other than	officer) is bas	sed on a	II information	n of whi	ch preparei	has any ki	nowledge.			

Sign Here	Signature of officer JOE MCCLAFFERTY, PRESIDENT	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	JAMES E. WOY, CPA JAMES E. WOY, CPA	05/01/20 self-employed P00102054
Preparer	Firm's name ANDERSON ZURMUEHLEN & CO., P.C.	Firm's EIN ► 81-0385940
Use Only	Firm's address P.O. BOX 748	
	BUTTE, MT 59703	Phone no. $406 - 782 - 0451$
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
		000

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	1990 (2018) MONTANA TECH FOUNDATION	81-0250363 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: <u>THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADV.</u> RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TE	-
	UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SU	
	INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL	
2	Did the organization undertake any significant program services during the year which were not listed or	
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices? Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program servi	ices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,956,109. including grants of \$ 4,321,153.) (Revenue \$
	SEEK AND INSTITUTE BENEFITS, CONTRIBUTIONS, GIFTS AN	
	ASSIST MONTANA TECHNOLOGICAL UNIVERSITY	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,956,109.	
		Form 990 (2018)
832002	2 12-31-18	
	2	

2018.05080 MONTANA TECH FOUNDATION 105820.1

Form	aan	(2018)
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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	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? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
332003	12-31-18	Form	990	(2018)

832003 12-31-18

3 2018.05080 MONTANA TECH FOUNDATION

Form	aan	(2018)
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	(continued)		v	
00	Did the exception report more than \$5,000 of grants or other excitance to ar far demostic individuals on		Yes	No
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 22, if "Yes," complete Schedule I, Parts I and W	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		- 23
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
С	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	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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		X X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	32		- 23
00	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1ล	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
832004	12-31-18	Form	990	(2018)
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2018.05080 MONTANA TECH FOUNDATION 105820.1

	990 (2018) MONTANA TECH FOUNDATION 81-0250	363	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during 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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		х	
-I	to file Form 8282?	7c	~	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		Х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		л
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		
0	sponsoring organizations manualing donor advised funds. Did a donor advised fund manualited by the	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

Form 990	(2018))
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MONTANA TECH FOUNDATION

81-0250363 Page **6**

Form 990 (01-0200000	Page U
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th	below, and for a "No" resp	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst		
	Check if Schedule O contains a response or note to any line in this Part VI		Χ

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

If there are mate body delegated I b Enter the num 2 Did any officer officer, directo 3 Did the organia of officers, directo 3 Did the organia 5 Did the organia 6 Did the organia 7 Did the organia 7 Did the organia 8 Did the organia a The governing b Each committe 9 Is there any of organization's 6 Did the organia a The governing b Each committe 9 Is there any of organization's 6 Did the organia b If "Yes," did the and branches 11 Has the organia b Describe in Sco 12 Did the organia b Were officers, di c Did the organia in Schedule O 13 Did the organia b Uid the organia b Did the organia b Uid the organia b Did the organia b Other officers in Schedule O 13 Did the organia in Schedule O 14 Did the organia in Schedule O 15 Did the organia in Schedule O 16 Did the organia in Schedule O 17 Did the organia in Schedule O 18 Did the organia in Schedule O 19 Did the organia in Schedule O 19 Did the organia in Schedule O 10 Did the organia in Schedule O 13 Did the organia in Schedule O 14 Did the organia in Schedule O 15 Did the organia in Schedule O 16 Did the organia in Schedule O 17 Did the organia in Schedule O 18 Did the organia in Schedule O 19 Did the organia	ber of voting members of the governing body at the end of the tax year erial differences in voting rights among members of the governing body, or if the governing broad authority to an executive committee or similar committee, explain in Schedule 0. ber of voting members included in line 1a, above, who are independent r, director, trustee, or key employee have a family relationship or a business relationsh or, trustee, or key employee? zation delegate control over management duties customarily performed by or under the ectors, or trustees, or key employees to a management company or other person? zation make any significant changes to its governing documents since the prior Form zation become aware during the year of a significant diversion of the organization's as zation have members or stockholders? zation have members, stockholders, or other persons who had the power to elect or a s of the governing body? mance decisions of the organization reserved to (or subject to approval by) members, s than the governing body? tion contemporaneously document the meetings held or written actions undertaken during the year body? ee with authority to act on behalf of the governing body? ficer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O Dies <i>(This Section B requests information about policies not required by the Internal Fi</i> zation have local chapters, branches, or affiliates? to ensure their operations are consistent with the organization's exempt purposes? ization provided a complete copy of this Form 990 to all members of its governing body	ip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the <u>Revenue Code.</u>) chapters, affiliates,	6 2 3 4 5 6 7a 7b 8a 8b		X X X X X
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 and branches Has the organi Describe in Sc Did the organi Were officers, did Did the organi <i>in Schedule O</i> Did the organi Did the organi Did the organi Did the organi Did the process persons, comp The organizati Other officers If "Yes" to line Did the organi taxable entity of If "Yes," did the in joint venture 	to ensure their operations are consistent with the organization's exempt purposes?			$ \rightarrow $	
 Has the organian b Describe in Science Did the organian b Were officers, did the organian in Schedule O Did the organian Did the process persons, compa The organization b Other officers If "Yes" to line Did the organian taxable entity of the organian taxa			101		
 b Describe in Sc 12a Did the organizion b Were officers, did c Did the organizion in Schedule O 13 Did the organizion 14 Did the organizion 15 Did the organization b Other officers a The organization b Other officers b The organization c Did the organ	ization provided a complete copy of this Form 990 to all members of its governing bo			v	
 12a Did the organi: b Were officers, di c Did the organi: in Schedule O 13 Did the organi: 14 Did the organi: 15 Did the process persons, comp a The organization b Other officers If "Yes" to line 16a Did the organi: taxable entity of b If "Yes," did the 		dy before filing the form?	11a	X	
 b Were officers, di c Did the organi: <i>in Schedule O</i> 13 Did the organi: 14 Did the organi: 15 Did the process persons, comp a The organizatii b Other officers If "Yes" to line 16 Did the organi: taxable entity of b If "Yes," did the in joint venture 	chedule O the process, if any, used by the organization to review this Form 990.			v	
 c Did the organi: in Schedule O 13 Did the organi: 14 Did the organi: 15 Did the process persons, comp a The organizatii b Other officers If "Yes" to line 16a Did the organi: taxable entity of b If "Yes," did the in joint venture 	zation have a written conflict of interest policy? If "No," go to line 13			X	
 in Schedule O 13 Did the organi: 14 Did the organi: 15 Did the process persons, comp a The organizati b Other officers If "Yes" to line 16a Did the organi: taxable entity of b If "Yes," did the in joint venture 	irectors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	<u> </u>
 13 Did the organi: 14 Did the organi: 15 Did the process persons, comp a The organization b Other officers If "Yes" to line 16a Did the organi: taxable entity of taxable entity of the organization b If "Yes," did the in joint venture 	zation regularly and consistently monitor and enforce compliance with the policy? If	,			
 14 Did the organiz 15 Did the process persons, comp a The organization b Other officers If "Yes" to line 16a Did the organiz taxable entity of the organiz b If "Yes," did the in joint venture 	how this was done		12c	X	<u> </u>
 15 Did the process persons, comparisons, compari	zation have a written whistleblower policy?		13	X	<u> </u>
 persons, comp a The organization b Other officers If "Yes" to line 16a Did the organization taxable entity b If "Yes," did the in joint venture 	zation have a written document retention and destruction policy?		14	X	
 a The organization b Other officers If "Yes" to line 16a Did the organization taxable entity of b If "Yes," did the in joint venture 	ss for determining compensation of the following persons include a review and approv	•			
 b Other officers If "Yes" to line Did the organi: taxable entity b If "Yes," did the in joint venture 	parability data, and contemporaneous substantiation of the deliberation and decision?				
If "Yes" to line Did the organi: taxable entity b If "Yes," did th in joint venture	on's CEO, Executive Director, or top management official		15a	X	<u> </u>
If "Yes" to line Did the organi: taxable entity b If "Yes," did th in joint venture	or key employees of the organization		15b		X
taxable entity b If "Yes," did th in joint venture	15a or 15b, describe the process in Schedule O (see instructions).				
b If "Yes," did th in joint venture	zation invest in, contribute assets to, or participate in a joint venture or similar arrange				
in joint venture	during the year?		16a		X
	ne organization follow a written policy or procedure requiring the organization to evaluate				
exempt status	e arrangements under applicable federal tax law, and take steps to safeguard the orga				
	with respect to such arrangements?		16b		L
Section C. Disc					
	with which a copy of this Form 990 is required to be filed NONE				
	requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 501(c)(3)s only) :	availab	le
·	action Indicate how you made these systematics. Check all that apply				
X Own we	ection. Indicate how you made these available. Check all that apply.	in in Schedule O)			
	bsite Another's website X Upon request Other (expla	ontlict of interest policy, an	d financ	ial	
	bsite Another's website X Upon request Other <i>(expla</i> chedule O whether (and if so, how) the organization made its governing documents, co				
	bsite Another's website X Upon request Other <i>(expla</i> chedule O whether (and if so, how) the organization made its governing documents, co ailable to the public during the tax year.				
	book Another's website X Upon request Other (explain the checkle O whether (and if so, how) the organization made its governing documents, containable to the public during the tax year. e, address, and telephone number of the person who possesses the organization's book and the person who p	ooks and records 🕨			
1300 WE	bisite Another's website X Upon request Other (explain the due to the public during the tax year. e, address, and telephone number of the person who possesses the organization's bound the JOHNSON - (406) 496-4615	ooks and records			

Form 990	(2018)
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Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees, Higl	hest Compensated
	Employees, and Independe	ent Contractors		

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

(D)

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.

()

(D)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		e.	pensi		(W-2/1099-MISC)		organization
	organizations	ual tru	ional		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEAN WOOLVERTON	1.00	드	=	Of	ž	ΞP	Fc			
DIRECTOR	1.00	х						0.	0.	0.
(2) MIKE MCGIVERN	1.00								0.	
DIRECTOR	1.00	х						0.	0.	0.
(3) TOM HOHN	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(4) JOSH VINCENT	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(5) TIM SULSER	1.00									
DIRECTOR	1000	х						0.	0.	0.
(6) RYAN LANCE	1.00									
DIRECTOR		х						0.	0.	0.
(7) TOM BANDY	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) PAT O'BRIEN	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(9) SUNDRA ANDERSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) MARY ELLEN LUTEY	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) DAN MANSON	1.00									
TREASURER	1 00	Х		X				0.	0.	0.
(12) ERIC JACOBSON	1.00								0	0
DIRECTOR (13) BRYAN LARSON	1 00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(14) PAT MCCARTHY	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) MIKE THATCHER	1.00									
DIRECTOR	1000	х						0.	0.	0.
(16) ADAM SAYERS	1.00								.	
DIRECTOR		х						0.	0.	0.
(17) MARTY SCHUMA	1.00									
DIRECTOR		х						0.	0.	0.
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2018.05080 MONTANA TECH FOUNDATION

	990 (2018) MONTANA	FECH FOU	JND)AT	IC	N				81-025	6036	3	Page	9
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do				ו than c	ne	Reportable	Reportable		Estin	nated	
	hours per box			, unles	ss pe	erson i	is both	an	compensation	compensation		amou	unt of	
		week		cer an	dad	lirecto	or/trus T	ee)	from	from related		ot	her	
		(list any	ector						the	organizations			nsatio	n
		hours for	or dir	e			ated		organization	(W-2/1099-MISC)			n the	
		related organizations	istee	truste		e	pensi		(W-2/1099-MISC)			•	ization	
		below	ual tri	ional		ploye	t com						elated	
		line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations	į
(18)	ROCKY SEALE	1.00	<u> </u>	드	Ò	ž	<u> </u>	Ĕ						
	CTOR	1.00	x						0.	0			0).
	ROBERT SHEPHERD	1.00	Δ						0.	0	•		0	•
	CTOR	1.00	x						0.	0			0).
	STEPHANIE SORINI	1.00	^			-	-		0.	0	•		0	•
		1.00	х						0.	0			0	
	CTOR	1 00	~			-	-		0.	0	•		U).
	KATHY ARNOLD	1.00	v						0	0			0	
	CTOR	1 00	Х			-	-		0.	0	•		0).
	HALEY BEAUDRY	1.00							0	0			~	
	CTOR	1 00	Х			-			0.	0	•		0).
	SKYE CALLANTINE	1.00												
	CTOR	1 00	Х						0.	0	•		0).
	NICK DIGIOVINE	1.00												
	CTOR		Х						0.	0	•		0).
	MARK ERICKSON	1.00								-			_	
	CTOR		Х						0.	0	•		0).
	BILL HENNE	1.00												
DIRE	CTOR		Х						0.		•).
1b	Sub-total								0.		•).
с	Total from continuation sheets to Part V	I, Section A							173,830.	136,930	•	62,913.		
d	Total (add lines 1b and 1c)								173,830.	136,930	•	62	,913	•
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													1
												Y	es N	ю
3	Did the organization list any former officer	, director, or tru	ustee	e, ke	y er	nplo	oyee,	or l	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual							-		3	3	2	ζ
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" со	mple	ete S	Sche	edule	Jf	or such individual	-	. 4	1	2	ζ
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," con										. 5	5	2	ζ
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	sation	from		
	the organization. Report compensation for	the calendar ye	ear e	endin	ng w	/ith c	or wi	hin	the organization's tax y	ear.				
	(A)								(B)			(C)		
	Name and business	address	NC	ONE	2				Description of s	ervices	Com	pensa	ation	
								_						
								\neg						—
														_
0	Total number of independent contractors (i	naludina hut n	at 11m		1 + ~	thor		had	above) who received me	are then				

 2
 Total number of independent contractors (including but not limited to those listed above)

 \$100,000 of compensation from the organization
 ▶
 0

 SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 (2018)

Form 990 MONTANA TECH FOUNDATION							81-0250363			
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est ([
(A) Name and title	(B) Average hours per	(cl	heck	Pos			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MICHAEL BARTH EXECUTIVE DIRECTOR	40.00			x				110,480.	0.	23 070
(28) DEANNA JOHNSON	40.00			^				110,400.	0.	23,079.
FINANCE DIRECTOR	40.00			x				63,350.	0.	19,794.
(29) JOE MCCLAFFERTY	40.00	-							126 020	
PRESIDENT		-		X				0.	136,930.	20,040.
Total to Part VII, Section A, line 1c		<u></u>						173,830.	136,930.	62,913.

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rm 990				FOUNDATIC	N		81-0250)363 Page
Part VI		Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
<u>9</u> 17	a	Federated campaigns	1a					
<u> </u>		Membership dues						
, mo		Fundraising events						
ar A		Related organizations						
, mil		Government grants (contribut						
i Ö	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo		4,931,606.				
Ó (Noncash contributions included in lines		1,376,600.				
ano	h	Total. Add lines 1a-1f		►	4,931,606.			
				Business Code				
2 8	а							
	b							
nue c	с							
eve	d							
Evenue	е							
f	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		▶				
3		Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	412,889.			412,88
4		Income from investment of ta	x-exempt bond p	roceeds 🕨 🕨				
5		Royalties		►				
			(i) Real	(ii) Personal				
6 a	а	Gross rents						
ł	b	Less: rental expenses						
(с	Rental income or (loss)						
6	d	Net rental income or (loss) .	· <u></u>	►				
7 8	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	13,423,331.					
ł	b	Less: cost or other basis						
		and sales expenses						
(с	Gain or (loss)	590,153.					
(d	Net gain or (loss)		►	590,153.			590,15
Crner Revenue		Gross income from fundraisin including \$						
646		contributions reported on line						
		Part IV, line 18	а					
2 t	b	Less: direct expenses	b					
، ^ر	с	Net income or (loss) from fund	draising events	►				
9 a	а	Gross income from gaming ad	ctivities. See	Ι Τ				
		Part IV, line 19	а					
1		Less: direct expenses						
(с	Net income or (loss) from gam	ning activities	►				
10 a	а	Gross sales of inventory, less	returns	Ι Τ				
		and allowances	а					
1	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
11 a	а							
1	b							
1	с							
		All other revenue						
	d							
		Total. Add lines 11a-11d						

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Form 990 (2018) MONTANA TECH FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 9 9 4 4 5 9	4 9 9 4 7 9		
	and domestic governments. See Part IV, line 21	4,321,153.	4,321,153.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 400		101 500	
	trustees, and key employees	197,436.		101,568.	95,868
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	200 250		100 851	
7	Other salaries and wages	388,358.		120,751.	267,607
8	Pension plan accruals and contributions (include	47 0.00		10 000	
	section 401(k) and 403(b) employer contributions)	47,963.		18,203.	29,760
9	Other employee benefits	86,521.		32,836.	53,685
10	Payroll taxes	34,681.		13,162.	21,519
11	Fees for services (non-employees):				
	Management	14 000		14 000	
	Legal	14,029.		14,029.	
	Accounting	62,410.		62,410.	
	Lobbying	27 507			27 507
	Professional fundraising services. See Part IV, line 17	37,507.		00 500	37,507
f	F F	99,500.		99,500.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0.2 5.25	24 420	14 010	44 000
	column (A) amount, list line 11g expenses on Sch 0.)	83,535. 106,704.	24,429. 2,544.	14,218.	44,888
12	Advertising and promotion	49,506.	25,708.	5,212.	18,586
13	Office expenses	66,299.	4,660.	8,619.	53,020
14	Information technology	00,299.	4,000.	0,019.	JJ,020
15	Royalties				
16		267,166.	139,864.	11,445.	115,857
17	Travel	207,100.	139,004.	,44J•	113,037
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	276.	276.		
20	Interest	270.	2701		
21 22	Payments to affiliates Depreciation, depletion, and amortization	58,914.	33,693.	11,218.	14,003
22 23		26,126.		26,126.	11,003
23 24	Insurance	20,120.		20,120.	
+	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	ENTERTAINMENT	219,309.	145,908.	5,775.	67,626
a b	GIFTS	88,351.	83,639.	986.	3,726
с С	SUPPLIES	69,130.	69,130.		57720
d	REPAIRS AND MAINTENANCE	45,713.	3,817.	12,173.	29,723
	All other expenses	151,919.	101,288.	38,383.	12,248
25	Total functional expenses. Add lines 1 through 24e	6,522,506.	4,956,109.	596,614.	969,783
26	Joint costs. Complete this line only if the organization		_,,		2027103
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2018)

09060501 792194 105820.0

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31 32

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34

Liabilities

Net Assets or Fund Balances

Assets

47,973,929.

48,227,773.

33

34

49,263,139.

49,610,748.

Form 990 (2018)

- orm 990 ((2018)	i	MONTANA	TECH	FOUNDATION
Part X	Bal	ance Sheet			

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year End of year 654,116. 530,297. 1 Cash - non-interest-bearing 2,477,078. 3,468,208. Savings and temporary cash investments 2 2,085,493. 1,140,765. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disgualified 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 99,224. 0. Notes and loans receivable, net 7 8 Inventories for sale or use 7,751. 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 2,435,063. basis. Complete Part VI of Schedule D _____ 10a 377,104. 2,114,390. 2,057,959. b Less: accumulated depreciation _____ 10b 10c 40,328,753. 35,064,433. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 5,733,039. 2,077,015. 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 48,227,773. 49,610,748. Total assets. Add lines 1 through 15 (must equal line 34) 16 54,370. 17 124,614. Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 22 Secured mortgages and notes payable to unrelated third parties 23 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 199,474. 222,995. 25 Schedule D 253,844. 347,609. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. <u>2,511,</u>766. 2,304,820. 27 Unrestricted net assets 9,853,674. 10,374,673. 28 Temporarily restricted net assets 35,608,489. 36,583,646. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32

(B)

	1990 (2018) MONTANA TECH FOUNDATION	81-0	250363	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,934				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,522				
3	Revenue less expenses. Subtract line 2 from line 1	3	-587	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,973				
5	Net unrealized gains (losses) on investments	5	1,877	,06	<u>58.</u>		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	49,263	,13	<u>39.</u>		
Pa	rt 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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L		

Form **990** (2018)

SCH	EDU	LE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name	of	the	organization
------	----	-----	--------------

	Employer identification numb					
	81-0250363					
ctions	s.					

Name of	the organization					E		1 00500260
Part I	Reason for Public (<u>ANA TECH F</u>		omploto thi	is part) Sc		0	1-0250363
	nization is not a private found					()/ A \/;)		
12	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).)							
3	A hospital or a cooperative					;;)		
4	A medical research organiz					•) Enter t	the hospital's name
- <u> </u>	city, and state:			accombed			, Entor	ano noopitar o namo,
5 X		or the benefit of a co	llege or university owned	or operate	ed by a do	overnmental unit	describe	ed in
	section 170(b)(1)(A)(iv). (0		0 ,	·	, 0			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-					general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a lar	nd-grant o	college
	or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the r	name, city	, and state of the	e college	or
	university:							
10	An organization that norma	•						
	activities related to its exen							
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organ	ization a	fter June 30, 1975.
44	See section 509(a)(2). (Co		San barbar da seda de suas de Presidentes	(20(-)(4)		
11	An organization organized a	-	•	•			out the s	numpered of one or
12	An organization organized a more publicly supported or	-	•				-	-
	lines 12a through 12d that	-						
a	Type I. A supporting orga			-			-	nivina
u _	the supported organization	-		• • • •	-			
	organization. You must o			inajonity o				pporting
b	Type II. A supporting org	-		tion with its	s supporte	ed organization(s), by hav	ing
	control or management of	-					•	-
	organization(s). You mus	t complete Part IV,	Sections A and C.	-		-		
с 🗌	Type III functionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functionally i	ntegrate	d with,
	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	porting organization oper	ated in cor	nnection v	vith its supported	d organiz	ation(s)
	that is not functionally int	egrated. The organized	zation generally must sat	isfy a distri	ibution rec	quirement and ar	n attentiv	reness
_	requirement (see instruct		•					
e	Check this box if the orga					Type I, Type II, 1	Гуре III	
	functionally integrated, or		nally integrated supporti	ng organiza	ation.			[
	ter the number of supported of							
g Pr	ovide the following information (i) Name of supported	iii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of mo	onetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see instr		support (see instructions)
			above (see instructions))	100				
		1	1		1	1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Total

Schedule A (Form 990 or 990-EZ) 2018

81-0250363 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8442308.	6930270.	6574081.	6855125.	4931606.	33733390.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8442308.	6930270.	6574081.	6855125.	4931606.	33733390.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5597224.
6	Public support. Subtract line 5 from line 4.						28136166.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	8442308.	6930270.	6574081.	6855125.	4931606.	33733390.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	318,927.	365,064.	335,259.	406,929.	389,889.	1816068.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			/			
	assets (Explain in Part VI.)	55,100.	10,000.	45,000.	50,000.		183,100.
	Total support. Add lines 7 through 10						35732558.
	Gross receipts from related activities,	N	,			12	252,847.
	First five years. If the Form 990 is for	•					. —
<u>So</u>	organization, check this box and stor stion C. Computation of Publi	o here	contago				
	Public support percentage for 2018 (I			.,,		14	78.74 % 79.09 %
	Public support percentage from 2017					15	
16a	33 1/3% support test - 2018. If the c						► ⊽
Ŀ	stop here. The organization qualifies		-		line 15 in 00 1/00/		······································
a	33 1/3% support test - 2017. If the c						
17-	and stop here. The organization qual				12 162 or 16b a		
178	10% -facts-and-circumstances test and if the organization meets the "fac						
	Ŭ			-	•	e e	
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1	
0	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						´ ▶□
18	Private foundation. If the organization		•				
		and not oncord a		.,,,		dule A (Form 990	

832022 10-11-18

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	%
	Investment income percentage for 20			ine 13 column (f))		17	%
18	Investment income percentage from		- · · · · · · · -			18	%
	33 1/3% support tests - 2018. If the					·	
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2017. If the	-	•				► □ 3%. and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18			, c, oncon t			n 990 or 990-EZ) 2018
01			16	5	201		

2018.05080 MONTANA TECH FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **c** 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) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

1

Yes No

17

Schedule A (Form 990 or 990-EZ) 2018 MONTANA TECH FOUNDATION Part IV Supporting Organizations (continued)

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

18

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 MONTANA TECH FOUNDATION		8	1-0250363 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	-		art VI.) See instructio
other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Not short form conital gain	4		

.) See instructions. All

	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
Sect	ion 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6	_ · · · · · · · · · · · · · · · · · · ·			

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018 MONTANA TECH FOUNDATION	81-0250363	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C,
	(See instructions.)		
	A.L.J	ulo A (Earm 000 ar 000 l	=7) 0040
832028 10-11-1	Sched	ule A (Form 990 or 990-I	- 2018

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

81-025036	53

Name of the organization	

Organization type (check one): Section: Filers of: Section: Form 990 or 990-EZ Sol(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF Sol(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation

MONTANA TECH FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{XClusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{XClusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose. Contributions totaling \$5,000 or more during the year for an $e_{XClusively}$ religious, charitable, etc., $e_{XClusively}$ religious, $e_{XClusively}$ religio

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

MONTANA TECH FOUNDATION

Name of organization

Employer identification number

81-0250363

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,011,890.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>165,089.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>350,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>275,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

23 2018.05080 MONTANA TECH FOUNDATION 105820.1

09060501 792194 105820.0

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

81-0250363

MONTANA TECH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$124,935.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$119,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

24

09060501 792194 105820.0

2018.05080 MONTANA TECH FOUNDATION 105820.1

Page 3

Employer identification number

81-0250363

MONTANA TECH FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

rart II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK GIFT		
		\$ <u>1,011,890.</u>	07/11/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK GIFT		
		\$52,589.	12/27/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK GIFT		
		\$10,009.	11/27/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

09060501 792194 105820.0

Page 4

lame of organ	ization		Employer identification number
IONTANA	TECH FOUNDATION		81-0250363
Part III E	xclusively religious, charitable, etc., contributi) through (e) and the following line entr charitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
3454 11-08-18		26	Schedule B (Form 990, 990-EZ, or 990-PF) (20

09060501 792194 105820.0

2018.05080 MONTANA TECH FOUNDATION 105820.1

SCHEDULE	D
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization MONTANA TECH FOUND	ATION	Employer identification number 81-0250363
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		•
		(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		ised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а			2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ►		
4	Number of states where property subject to conservation eas	sement is located 🕨	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) abov	, ,	
	and section 170(h)(4)(B)(ii)?		Yes 🛄 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
Do	conservation easements.	Art Historical Tracquires or (ther Similar Acasta
Fa	t III Organizations Maintaining Collections of		Aller Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	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, ed	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		
0		agurage or other similar agoats for finance	
2	If the organization received or held works of art, historical tre		iai gairi, provide
~	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1		► ¢
a b	Assets included in Form 990, Part X		
			····· 🚩 🦞

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

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Schedule D (Form	990) 2018

09060501 792194 105820.0

27 2018.05080 MONTANA TECH FOUNDATION

Schedule D (Form 990) 2018 MONTANA TECH FOUNDATION 81-02503							age 2			
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Other	r Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	are a sig	gnificant us	se of its c	ollection	items	;
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ams					
b	Scholarly research	е	Other	0.0						
с	Preservation for future generations									
4	Provide a description of the organization's co	plections and explain	how they further t	he organizatio	n's exen	not purpos	e in Part	XIII.		
5	During the year, did the organization solicit o									
-									No	
Par	t IV Escrow and Custodial Arran						Part IV	_		
	reported an amount on Form 990, Par				100 011	1 0111 000,	r arcrv,			
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other ass	sets not i	ncluded				
iu	on Form 990, Part X?		•				X	Yes		No
h	If "Yes," explain the arrangement in Part XIII								L	
D		and complete the lon	owing table.					Amount		
_						4.		Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
Ť	Ending balance					. 1 f		7		
	Did the organization include an amount on Fe					ity?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on I	Part XIII					
Fai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye		(e) Four		
1a	Beginning of year balance	45,194,657.	45,496,491.			-	5,962.			580.
b	Contributions	4,507,117.	5,611,788.	· · ·	3,125.		39,041.			574.
С	Net investment earnings, gains, and losses	1,792,928.	1,907,484.	4,651	L,297.	-86	5,181.		463,	454.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	5,762,278.	7,821,106.	5,001	L,733.	6,11	6,020.	4,	450,	646.
f	Administrative expenses									
g	End of year balance	45,732,424.	45,194,657.	45,496	5,491.	40,72	23,802.	41,	365,	962.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	ı)) held as:						
а	Board designated or quasi-endowment	1.00	_%							
b	Permanent endowment ►76.00	%								
с	Temporarily restricted endowment 2	<u>3.00 %</u>								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for th	e organizat	tion	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	-								
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot		t or other		ccumulated	d	(d) Book	valu	e
		basis (investm	• •	(other)	• • •	preciation		(4) 2001	, raio	•
1a	Land	· · · · ·	,	8,996.	-			18	3.9	96.
	Buildings			6,447.	-	303,68	1.	2,002		
	Leasehold improvements					,		_,	- , ,	
			1 (9,620.		73,42	3.	36	5 1	97.
	Equipment			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , = 4			· , <u> </u>	~ 1 •
	Other		((0-)				2,057	7 9	59
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>, column (B), line 1</u>	UC.)		<u></u>				
						5	schedule	D (Form	390)	2018

Schedule D (Fe	orm 990) 2	2018	MONTANA	TECH	FOUNDAT	ION

Part VII Investments - Other Securities. 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) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)

(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ■

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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	GIFT ANNUITY - DUE TO	
(3)	BENEFICIARIES	222,995.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	222,995.

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) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 MONTANA TECH FOUNDATION			81-	0250363 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,681,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,877,068.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d			-130,388.		
е	Add lines 2a through 2d			2e	1,746,680.
3	Subtract line 2e from line 1			3	5,934,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,934,648.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	6,392,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		-99,500.		
е	Add lines 2a through 2d			2e	-99,500.
3	Subtract line 2e from line 1			3	6,491,618.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	30,888.		
с	Add lines 4a and 4b			4c	30,888.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,522,506.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS

TO SUPPORT THE COLLEGE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN ACTUARY VALUE

INVESTMENT MANAGEMENT FEES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

832054 10-29-18

Schedule D (Form 990) 2018

CHANGE IN ACTUARY VALUE

PART XI LINE 2D

CHANGE IN ACTUARY VALUE DUE TO CHANGE IN VALUATION SOFTWARE

PART XII LINE 4D

CHANGE IN ACTUARY VALUE DUE TO CHANGE IN VALUATION SOFTWARE

Schedule D (Form 990) 2018

832055 10-29-18

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer ide	entification number
MONTANA TECH FO	UNDATION				81-0250	363
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the orgar	ization answere	ed "Yes" on
Form 990, Part I	V, line 14b.					
			ds to substantiate the amount of its grar			
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the g	grants or assis	stance?	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
			an be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			5,078,468.
3 a Subtotal	0	0				5,078,468.
b Total from continuation						
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	0	0				5,078,468.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

8

832071 10-31-18

SCHEDULE F (Form 990)

Schedule F (Form 990) 2018

MONTANA TECH FOUNDATION

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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the t ion 501(c)(3) equivalency letter					

832073 10-31-18

Schedule F (Form 990) 2018 MONTANA TECH FOUNDATION

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 is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Page 3

81-0250363

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

832075 10-31-18	36	Schedule F (Form 990) 2018
	50	

SCHEDULE G	ULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047							OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2018
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection
Name of the organization		TECH FOUNDATION					Employer ide	entification number 363
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether th X Mail solicitat Internet and Internet and Y Phone solicitat In-person so Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special pr oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RUFFALO NOEL LEVIT			Yes	No				
KIRKWOOD PKWY SW, O	CEDAR	PHONATHON		X	127,595.		37,507.	90,088.
Total					127,595.		37,507.	90,088.
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
					_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 MONTANA TECH FOUNDATION Part II Fundraising Events. Complete if the organization answered "Ves" of the organization ans

81-0250363 Page 2

II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contri	utions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Dii	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	
Da	11 rt I	Net income summary. Subtract line 10 from li				
Га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		242422		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	IT "	Yes," explain:				
	_					
83208	32 10)-03-18			Schedule G (For	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 MONTANA TECH FOUNDATION 8	1-0250	0363	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		-	
a	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?] Yes	No No
t	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	t		
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	10		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III I	nos 0	ah 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Fait III, II	1165 9,	<i></i>
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
<u>(I</u>) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ			
<u>(I</u>) ADDRESS OF FUNDRAISER: 1025 KIRKWOOD PKWY SW, CEDAR RAPIDS	, IA	524	04
8200	ss 10.03.19 Schadule G	(Eorm 990	or 990	-E7) 2019

 -	(0000000)		
		Schedule	G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2018
Department of the Treasury	Compi	ete il the organizatio	Attach to For		rt iv, inte 2 i or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization MONTANA T	ECH FOUND	ATION					Employer identification number 81-0250363
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assist	stance?				C C	stance, and the selecti	
2 Describe in Part IV the organization's pro						(
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
MONTANA TECH OF THE UNIVERSITY OF MONTANA - 1300 WEST PARK STREET - BUTTE, MT 59701	81-6001654	115	4,296,153.	0.			STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS AND PROGRAM DISTRIBUTIONS
	01 0001034	115	4,250,155.				FINANCIAL ASSISTANCE TO
SAFE SPACE							CLIENTS IN THE FORM OF
PO BOX 594							GAS CARDS, HOTEL ROOM
BUTTE, MT 59703	81-0394077	501(C)(3)	25,000.	0.			(WHEN NECESSARY), BUS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 		-	e line 1 table			·	· · · · · · · · · · · · · · · · · · ·
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

MONTANA TECH FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

STUDENTS RECEIVING SCHOLARSHIPS NEED TO BE FULL-TIME STUDENTS OF MONTANA

TECH OF THE UNIVERSITY OF MONTANA. SALARY SUPPLEMENTS ARE FOR PROFESSORSHIP

OR RESEARCH DONE BY PERSONS ASSOCIATED WITH THE ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SAFE SPACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE TO CLIENTS IN

THE FORM OF GAS CARDS, HOTEL ROOM (WHEN NECESSARY), BUS TICKETS, PHONE

Schedule I	Form	90
Concadio 1		00

CARDS, MEDICATION, AND TO PURCHASE FOOD

Schedule I (Form 990)

832291 04-01-18

SCHEDULE J	Compensation Infor	mation		OMB No. 1	545-004	17		
(Form 990)						,		
	Compensated Employee Complete if the organization answered "Yes" on I	S		2018				
Department of the Treasury	Attach to Form 990.	-orini 990, Part IV, inite 23.		Open to	Publi	ic		
Internal Revenue Service	Iternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization			Employer i			nber		
Daut L. Oursettier	MONTANA TECH FOUNDATION		81-0	25036	3			
Part I Question	ns Regarding Compensation							
					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,								
	, line 1a. Complete Part III to provide any relevant information reg	U U						
		vance or residence for person						
Travel for con		business use of personal res ial club dues or initiation fees						
		ices (such as maid, chauffeu						
		ices (such as maid, chauned	i, chei)					
b If any of the boxes	on line 1a are checked, did the organization follow a written polic	w regarding payment or						
•	provision of all of the expenses described above? If "No," comple			1b				
	on require substantiation prior to reimbursing or allowing expense	• • • • • • • • • • • • • • • • • • • •						
•	ers, including the CEO/Executive Director, regarding the items ch	•		2				
3 Indicate which, if a	ny, of the following the filing organization used to establish the co	ompensation of the organization	tion's					
	ector. Check all that apply. Do not check any boxes for methods							
	ation of the CEO/Executive Director, but explain in Part III.	, 0						
Compensatio		yment contract						
		n survey or study						
Form 990 of		he board or compensation c	ommittee					
4 During the year, d	d any person listed on Form 990, Part VII, Section A, line 1a, with	respect to the filing						
organization or a r	elated organization:							
						X		
	eceive payment from, a supplemental nonqualified retirement plar					X		
c Participate in, or r	eceive payment from, an equity-based compensation arrangement	t?		4c		X		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lin							
	on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensatio	n					
contingent on the				_		v		
						X X		
	zation?			<u>5</u> b				
	or 5b, describe in Part III.		~					
	on Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensatio	n					
contingent on the net earnings of: a The organization?						x		
	a The organization? b Any related organization?					X		
	or 6b, describe in Part III.			<u>6b</u>				
		vide any nonfixed navments						
	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III					x		
	reported on Form 990, Part VII, paid or accrued pursuant to a co			7				
-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes,"	-		8		x		
	did the organization also follow the rebuttable presumption proce							
	n 53.4958-6(c)?			9				
	Reduction Act Notice, see the Instructions for Form 990.			ule J (Forn	n 990)	2018		
•				•	,			

Schedule J (Form 990) 2018

81-0250363

Page **2**

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 aren't 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-MISC compensation		SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	other deferred benefits compensation		in column (B) reported as deferred on prior Form 990	
(1) JOE MCCLAFFERTY) 0.	0.	0.	0.	0.	0.	0.	
PRESIDENT (i	,	0.	0.	7,392.	12,648.	156,970.	0.	
(i								
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Part III Supplemental Information

Provide the information, explanation, 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 information.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2018 **Open to Public** Inspection

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Go to	www.irs.c	ov/Form990	for instructio	ns and the	latest inform	nation.

Employer	ident	ificatio	n numb
.	1 0	0 - 0 -	200

Name	e of the organization				E	mployer ident			mber
	MONTANA TECH	I FOUND	ATION			81-0	<u>250</u>	<u>363</u>	
Par	t I Types of Property	_							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of de ncash contribu			S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous	X	25	1,376,600.	FMV	ON DATE	OF	GI	FT_
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution \cdot Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				<u> </u>				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organ	•							
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowled	gement 29					.
								Yes	No
30a	During the year, did the organization receive b	-	• • • • •		-	at it			
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period	l?					30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance				tions?		31		X
32a	Does the organization hire or use third parties contributions?		•	· · ·			32a		x
b	If "Yes," describe in Part II.								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

Part II		Suppler	nental	Information	 Provide 	the information re	aui
Schedule	Μ	(Form 990)	2018	MONTANA	TECH	FOUNDATI	ЛC

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

832142 10-18-18	48	Schedule M (Form 990) 2018
822142 10_18_18		 Schedule M (Form 990) 2018

09060501 792194 105820.0

2018.05080 MONTANA TECH FOUNDATION 105820.1 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Go to www.irs.gov/Form990 for the latest information.



81-0250363

MONTANA TECH FOUNDATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA

LAW, THE FOUNDATION IS THE CATALYST AND CONDUIT THROUGH WHICH GIFTS AND

ENDOWMENT INCOME FLOW TO PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR

MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE

FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND

MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.

OVERSEEN BY A BOARD OF DIRECTORS AND STAFFED BY A TEAM OF DEVELOPMENT

PROFESSIONALS, THE FOUNDATION ADMINISTERS ALL GIFTS IN A BUSINESS-LIKE

MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION B, LINE 11B:

IT IS MONTANA TECH FOUNDATION'S POLICY THAT THE BOARD OF DIRECTORS REVIEW THE IRS FORM 990 FILED ON THE ORGANIZATION'S BEHALF BEFORE IT IS FILED WITH THE IRS. THE MEANS OF DELIVERY SHALL BE VIA EMAIL TO EACH DIRECTOR'S EMAIL ADDRESS, ALLOWING FOR A TEN-DAY WINDOW FOR REVIEW BEFORE THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SIGN AND DATE THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR TERM OF SERVICE AND EACH YEAR THEREAFTER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION IS AS FOLLOWS: THE

PRESIDENT IS AN EMPLOYEE OF THE MONTANA TECHNOLOGICAL UNIVERSITY.

COMPENSATION AND BENEFITS ARE DETERMINED BY THE BOARD OF REGENTS OF THE

 STATE OF MONTANA.
 THE BOARD OF THE FOUNDATION DETERMINES AND APPROVES THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

49

Name of the organization MONTANA TECH FOUNDATION	Employer identification number 81-0250363
PERCENTAGE OF THE PRESIDENT'S WAGE TO REIMBURSE MONTANA T	ECHNOLOGICAL
UNIVERSITY. PERIODICALLY THE BOARD WILL AWARD THE PRESIDE	NT WITH A
PERFORMANCE BONUS. THE BOARD OF REGENTS HAS TO APPROVE T	HE PERFORMANCE
BONUS, WHICH IS CHARGED 100% TO THE FOUNDATION. THE PRESI	DENT SETS
COMPENSATION FOR ALL OTHER FOUNDATION MANAGEMENT AND EMPL	OYEES.
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UP	ON REQUEST.
832212 10-10-18 Sch	edule O (Form 990 or 990-EZ) (2018)

Page 2

Schedule O (Form 990 or 990-EZ) (2018)

832161 10-02-18 LHA

59701

MONTANA T 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 115 UNIVERSITY MONTANA

dentification 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-e organizations during the tax year.											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity						
ECH OF THE UNIVERSITY OF MONTANA -											
					1						

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.

Name of the organization

MONTANA TECH FOUNDATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cont entity	•
	-					
	-					
	-					
	-					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990, P	art IV, line 34, becau	se it had one or more	e related tax-exemp	t
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)

Schedule R (Form 990) 2018

OMB	No.	1545-0047	
			1

2018

Employer identification number

81-0250363

Open to Public Inspection

controlled

entity? Yes

No

Х

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2018 MONTANA TECH FOUNDATION

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)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal 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		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2018 MONTANA TECH FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete 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 involved
(1) MONTANA TECH OF THE UNIVERSITY OF MONTANA	0	136,930.	
(2) MONTANA TECH OF THE UNIVERSITY OF MONTANA	R	4,296,153.	
(3) MONTANA TECH OF THE UNIVERSITY OF MONTANA	Р	119,158.	
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018 MONTANA TECH FOUNDATION

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2018

MONTANA TECH FOUNDATION

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

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Form	990-T			nization Bus			ax Return	╹┢	OMB No. 1545-0687
		For on	-	ear beginning JUL 1,			N 30 201	٩	2018
		For ca		v.irs.gov/Form990T for in:				<u>. 9</u> .	2010
	ment of the Treasury I Revenue Service			ers on this form as it may				. (Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed		Name of organization (Check box if name cl	hanged a	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)
B E>	cempt under section	Print	MONTANA TEC	H FOUNDATION	N			8	1-0250363
X		_ or		m or suite no. If a P.O. box		structions.		E Unrela	ated business activity code
]408(e) 220(e)	Type	1300 WEST P	ARK STREET				(000	
	408A 530(a) 529(a)		BUTTE, MT	ovince, country, and ZIP or 59701	-			900	099
C Boo	ok value of all assets		F Group exemption num	ber (See instructions.)					
	<u>49,610,7</u>	48.	G Check organization type	ber (See instructions.) De ▶ X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust
H En	ter the number of the o	organiza	tion's unrelated trades or	businesses. 🕨	1		the only (or first) u	nrelated	
	•		RTNERSHIP IN				complete Parts I-V		
des	scribe the first in the b	lank spa	ice at the end of the previo	ous sentence, complete Pa	rts I and	II, complete a Schedule	M for each addition	nal trade	or
	siness, then complete								
				affiliated group or a paren	nt-subsic	liary controlled group?	►	Ye	s 🚺 No
			tifying number of the pare			Talaab	-	100) 10C 1C1E
			DEANNA JOHNS de or Business Ind				one number 🕨 (
						(A) Income	(B) Expense	5	(C) Net
	Gross receipts or sale			- Dalanaa					
	Less returns and allow		A, line 7)	c Balance >	1c 2				
	Gross profit. Subtract				3				
	-		ch Schedule D)		4a				
			Part II, line 17) (attach Fori		4b				
			sts		4c				
			ship or an S corporation (a		5	-26,810.			-26,810.
	Rent income (Schedu		· · · · · · · · ·		6	•			
	,	, ,	me (Schedule E)		7				
			nd rents from a controlled		8				
9	Investment income of	f a sectio	on 501(c)(7), (9), or (17) o	organization (Schedule G)	9				
10	Exploited exempt activ	vity inco	ome (Schedule I)		10				
11	Advertising income (S	Schedule	e J)		11				
			ns; attach schedule)S		12	16.			16.
13	Total. Combine lines	3 throu	gh 12	re (See instructions fo	13	-26,794.			-26,794.
Pa	(Except for (ons No	ot laken Elsewne	re (See instructions fo it be directly connected	or limitat I with th	tions on deductions.)	income)		
14				edule K)				14	
14								14	
16								16	
17								17	
18								18	
19								19	
20	Charitable contributi	ons (Se	e instructions for limitation	n rules) STATEME	ENT 4	4 SEE STAI	'EMENT 2	20	0.
21	Depreciation (attach	Form 4	562)						
22	Less depreciation cla	aimed or	n Schedule A and elsewhe	re on return		22a		22b	
23	Depletion							23	
24								24	
25								25	
26								26	
27	Excess readership co	osts (Sc	hedule J)					27	E1 0 <i>C</i> /
28								28	<u>51,964.</u> 51,964.
29 20				a loss doduction. Subtract				29	-78,758.
30 31				g loss deduction. Subtract eginning on or after Januar				30 31	70,750.
31 32		-		om line 30	-	, ,		31	-78,758.
			work Reduction Act Notic					02	Form 990-T (2018)
22070				5	6				
605	501 792194	105	820.0			80 MONTANA	TECH FOU	NDAT	ION 10582

Form 990-				81-025	0363	Page 2
Part I						
33	Total of unrelated business taxable income computed f	rom all unrelated trades or businesses	(see instructions)		33	-78,758.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years be	ginning before January 1, 2018 (see in	structions) S	TMT 5	35	0.
36	Total of unrelated business taxable income before spec	cific deduction. Subtract line 35 from th	e sum of			
					36	<u>-78,758.</u>
37	Specific deduction (Generally \$1,000, but see line 37 in	nstructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37	from line 36. If line 37 is greater than I	ine 36,			
					38	-78,758.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line	38 by 21% (0.21)		►	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax					
	Tax rate schedule or Schedule D (Form	1041)		►	40	
41	Proxy tax. See instructions			►	41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instruction				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, which	ever applies			44	0.
Part V	-					
45 a	Foreign tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	45a			
b						
C	General business credit. Attach Form 3800					
d	Credit for prior year minimum tax (attach Form 8801 o					
e	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44	······	·····		46	0.
47	Other taxes. Check if from: Form 4255 For	rm 8611 🔛 Form 8697 🔛 Form	8866 Other	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form		1 1		49	0.
	Payments: A 2017 overpayment credited to 2018					
	2018 estimated tax payments					
	Tax deposited with Form 8868					
	Foreign organizations: Tax paid or withheld at source (
	Backup withholding (see instructions)					
	Credit for small employer health insurance premiums (50f			
g		2439				
	Form 4136 Other		- COg			
51					51	
52	Estimated tax penalty (see instructions). Check if Form				52	
53	Tax due. If line 51 is less than the total of lines 48, 49,				53	
54	Overpayment. If line 51 is larger than the total of lines Enter the amount of line 54 you want: Credited to 2019				54	
55 Part V				funded	55	
				,		
56	At any time during the 2018 calendar year, did the orga over a financial account (bank, securities, or other) in a	-		-		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financia		•	5		
	here		ine loreign country			X
57	During the tax year, did the organization receive a distr	ibution from or was it the granter of a	r transforor to a fo	roign truct?		
57	If "Yes," see instructions for other forms the organization					
58	Enter the amount of tax-exempt interest received or acc	•				
	Under penalties of perjury, I declare that I have examined this		statements, and to the	best of my knowled	ge and belief, i	t is true.
Sign	correct, and complete. Declaration of preparer (other than tax	payer) is based on all information of which prep	parer has any knowledg	e.	-	
Here		PRESI	DENT		y the IRS discuent preparer show	uss this return with
	Signature of officer	Date			tructions)?	
	Print/Type preparer's name	reparer's signature	Date	Check if		
Detal		ichardi s signature	Date	self- employed		
Paid	JAMES E. WOY, CPA JA	AMES E. WOY, CPA	05/01/20	son omproyou	P001	102054
Prepa				Firm's EIN 🕨		0385940
Use (P.O. BOX 748					
	Firm's address BUTTE , MT 59			Phone no. 4	06-782	2-0451
823711 01	•					rm 990-T (2018)
		57			. 0	()

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09060501 792194 105820.0

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation 🕨 N/A	L			
1 Inventory at beginning of year				ar	. 6		
2 Purchases			7 Cost of goods sold. S				
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4 a Additional section 263A costs			line 2		. 7		
(attach schedule)			8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5						
Schedule C - Rent Income (From Real	Property and	d Personal Property L	eased with Real Pro	operty)		
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige 3(a) Deductions dire columns 2(ectly connected a) and 2(b) (atta	d with the income i ach schedule)	n
(1)		liere	int is based on profit or income)				
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	I (A)	►		0 . (b) Total deductions Enter here and on page Part I, line 6, column (B)	1,		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instructions)				
			2. Gross income from		nanced proper		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		 b) Other deduction (attach schedule) 	ns)
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided	7. Gross income		Allocable deduct	tions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property h schedule)	by column 5	reportable (column 2 x column 6)		lumn 6 x total of co 3(a) and 3(b))	olumns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A).		ter here and on pag art I, line 7, column	. .
Totals			▶		0.		0.
Total dividends-received deductions in	cluded in colum	 1 8		<u>L</u>			0.

Form 990-T (2018)

Form 990-T (2018) MONTAN	IA TEC	H FOUN	DATI	ON					81-02	5036	3 Page 4
Schedule F - Interest,	Annuitie	s, Royali	ies, an					tions	s (see ins	struction	is)
				Exempt	Controlled O	rganizatio	ons				
1. Name of controlled organization	tion	2. Emj identifio num	cation		elated income instructions)		al of specified nents made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
_(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations			_						_	
7. Taxable Income		Inrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgar s income	nization's	11 . De with	eductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
				-			Add colum Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						►			0.		0.
Schedule G - Investme (see inst		ne of a S	ection	501(c)(7	7), (9), or (⁻	17) Org	janization				
1. Desc	cription of inco	ome			2. Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
						0.					0.
Schedule I - Exploited (see instru		Activity	Income	e, Other	Than Adv	vertisin	g Income				
1. Description of exploited activity	unrelated incom	Gross I business ie from business	directly o with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Iumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
	page 1	re and on I, Part I, col. (A).	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi	l na Incor	0.	nstructior	. 0							0.
Part I Income From					solidated	Rasis					
I art I meene I form	renouid				Sondated	00313					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co col. 3). If a ga	ising gain ol. 2 minus ain, comput nrough 7.	e 5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											

Ο.

0.

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Totals (carry to Part II, line (5))

Form 990-T (2018) MONTANA TECH FOUNDATION

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columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
otals from Part I 📃 🕨 🕨	0.	0.					0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).	-				Enter here and on page 1, Part II, line 27.
otals, Part II (lines 1-5)	0.	0.					0
Schedule K - Compensation	n of Officers, I	Directors, and	I Trustees (see ir	structions)			
1. Name			2. Title	3. Perce time devot busine	ted to		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
otal. Enter here and on page 1, Part II, li	ine 14	•		•			0

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2018.05080 MONTANA TECH FOUNDATION

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MONTANA TECH FOUNDATION

81-0250363

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
965 INCOME		16.
TOTAL TO FORM 990-T, PAGE 1,	, LINE 12	16.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
MONTANA TECH	N/A	6,583,052.
TOTAL TO FORM 990-T, PAGE 1,	, LINE 20	6,583,052.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DIRECT INVESTMENT FEES INVESTMENT MANAGEMENT PERSON ACCOUNTING FEES FOREIGN TAXES PAID STATE INCOME TAXES	NEL	513. 10,629. 40,440. 357. 25.

FORM 990-T	CONTF	RIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT	TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	CONTRIBUTIONS 2,797,010 3,539,950 5,024,158 4,755,356 6,583,052			
TOTAL CAR TOTAL CUR	- RYOVER RENT YEAR 10% CONTRIBU	TIONS	22,699,526 6,583,052		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	JUSTED	29,282,578 0	_	
EXCESS 10	<pre>% CONTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS</pre>	-	29,282,578 0 29,282,578	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON		_	0
TOTAL CON	TRIBUTION DEDUCTION				0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	2,313.	2,313.	0.	0.
06/30/13	1,817.	1,817.	0.	0.
06/30/15	1,524.	1,524.	0.	0.
06/30/16	5,403.	3,891.	1,512.	1,512.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,512.	1,512.