Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and	ل ending	ON 30, 2018	
B (a	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	MONTANA TECH FOUNDATION			
<u></u>	Name change			81-0	250363
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1300 WEST PARK STREET	Room/suite	E Telephone numbe (406)496-4615
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,025,327.
X	Amend return	BUTTE, MT 59701		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: OCH INCCHAIT ENTIT		for subordinates	? Yes X No
	pendin	1 1300 WEST PARK STREET, BUTTE, MT 5970)1	H(b) Are all subordinates i	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		>:▶ WWW.MTECH.EDU/FOUNDATION		H(c) Group exemption	
		organization; X Corporation Trust Association Other	L Year	of formation: 1967	✓ State of legal domicile: MT
Pa		Summary			
ø	1 E	Briefly describe the organization's mission or most significant activities: ${ m ADVP}$	NCE TH	E TEACHING,	RESEARCH,
Activities & Governance		AND PUBLIC SERVICE ENDEAVORS OF MONTANA			*****
ern		Check this box $lacktriangle$ if the organization discontinued its operations or disposit		1	
Šo	l .			3	29
જ		Number of independent voting members of the governing body (Part VI, line 1b)			29 10
ties		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			49
tivii		otal number of volunteers (estimate if necessary)			21,861.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			21,001.
	b r	Net unrelated business taxable income from Form 990-T, line 34			
	١, ,	Southilly thousand of the State	-	Prior Year 6,619,081.	Current Year 5,911,802.
Пe		Contributions and grants (Part VIII, line 1h)		336,409.	
Revenue		Program service revenue (Part VIII, line 2g)		1,021,462.	2,167,657.
æ	l .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	ŧ .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,976,952.	,
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,755,356.	6,583,052.
		(1)		0.	0.
/ 0		Senefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		784,480.	787,583.
Expenses				0.	0.
per	10a h T	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	67.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,231,721.	1,508,910.
	i .	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,771,557.	
	ı	Revenue less expenses. Subtract line 18 from line 12		1,205,395.	-787,791.
ts or				ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		47,487,846.	48,227,773.
Net Asset Fund Balai	21 T	otal liabilities (Part X, line 26)		135,896.	253,844.
Fee	22 N	Net assets or fund balances. Subtract line 21 from line 20		47,351,950.	47,973,929.
	rt II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sign	ո	Signature of officer		Date	
Her	e	JOE MCCLAFFERTY, PRESIDENT			
	\longrightarrow	Type or print name and title		Soto I	TI DTIN
	. 1.	Print/Type preparer's name Preparer's signature		Date Check	PTIN POOL 0 2 0 5 4
Paid	F	JAMES E. WOY JAMES E. WOY		3/20/19 if self-employ	
		Firm's name ANDERSON ZURMUEHLEN & CO., P.C.		Firm's EIN	81-0385940
Use	Only	Firm's address P.O. BOX 748		10	6 700 0451
	l_	BUTTE, MT 59703		Phone no. 4 U	6-782-0451
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

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Pa	rt III Statement of Program Service Acco	mplishments		
	Check if Schedule O contains a response or not	e to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THE MONTANA			
	RESEARCH, AND PUBLIC SERVICE			
	UNIVERSITY BY GENERATING PR			
	INSTITUTION'S STATE AND FED			
_				ig, AND
2			were not listed on the	Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signiful "Yes," describe these changes on Schedule O.	icant changes in how it conducts	, any program services?	Yes X No
4	Describe the organization's program service accompli	shments for each of its three large	est program services, as measured b	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations are requ	_		•
	revenue, if any, for each program service reported.	sou to report the amount or grant	is and anotations to others, the total	experience, and
4a	<u> </u>	6	583,052.) (Revenue\$	12,295.)
44	SEEK AND INSTITUTE BENEFITS		GIFTS AND GRANTS T	
			GIFTS AND GRANTS I	UNA UIA O
	ASSIST MONTANA TECHNOLOGICA	L UNIVERSITY	<u> </u>	

	California Indiana de la constanta de la cons			
				······································
				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	the state of the s	N-1		***************************************
	•			
	· · · · · · · · · · · · · · · · · · ·		***************************************	
		Address		
		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

		· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O.)		AND	
	(Expenses \$ including grants of	of \$	(Revenue \$	1
40		68,602 .	Y	
	Total program our rise expenses			Form 990 (2017)

MONTANA TECH FOUNDATION Form 990 (2017) MONTANA TECH
Part IV | Checklist of Required Schedules

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> X</u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			~~
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X 2017)

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Part IV Checklist of Required Schedules (continued)

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		-	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			İ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Santa.	
	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
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?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	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		ļ
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	ļ
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Part V			Yes	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1			
·	(gambling) winnings to prize winners?		1c	Х	1000
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	1446	19114	44.5
2 .a	filed for the calendar year ending with or within the year covered by this return	2a	10		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			х	Total Park
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	***************************************			10.15
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		· _	х	31 332
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			X	t
	At any time during the calendar year, did the organization have an interest in, or a signature or other		··· •••	\vdash	T
14	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country:	, addodanty 1	·· Bana	13300	1000
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).	-		
5a	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 trans			T	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did			T	
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices provided to the pay	or? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	was required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	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 con	tract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file is	Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation file a Form 1098-0	? 7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	. Kwi	WAR.	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	, , , , , , , , , , , , , , , , , , , ,				—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	11			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	44.			
_	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	- 100	PARACE.	
		12b	12a	133500	1000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a	111111111111111111111111111111111111111	t
а	Note. See the instructions for additional information the organization must report on Schedule O.		104		133
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
		100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14b	t	
	in too, the it had a form the to report these payments in the provide all experiences in contents	***************************************		n 990	(2017

MONTANA TECH FOUNDATION

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	.,	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DEANNA JOHNSON - (406) 496-4615			
	1300 WEST PARK STREET, BUTTE, MT 59701			

Form 990 (2017)

MONTANA TECH FOUNDATION

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Page 7

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

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

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

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

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

Check this box if neither the organization i	nor any related	orga	aniza	tion	cor	npe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both officer and a director/truste					h an	compensation	compensation	amount of
	week	 -	CCI AII	uau	ii ect	77 ti dis	100,	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(***-27 1099-141130)	organization
	organizations	truste	al trus		уве	шреп		(** 2, 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	ri.	Key employee	Highest compensated employee	<u> </u>			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) RYAN LANCE	1.00								_	_
DIRECTOR		Х				_		0.	0.	0.
(2) TOM BANDY	1.00								_	_
CHAIRMAN		Х		Х				0.	0.	0.
(3) PAT O'BRIEN	1.00	l								
VICE CHAIRMAN	1	Х		X		<u> </u>	_	0.	0.	0.
(4) BRAD ARCHIBALD	1.00									
TREASURER	1 00	X		X			_	0.	0.	0.
(5) MIKE CASHELL	1.00									•
DIRECTOR	1 00	Х	<u> </u>				_	0.	0.	0.
(6) SUNDRA ANDERSON	1.00	٠,,		77					٥	0
SECRETARY	1 00	X		Х		<u> </u>	L	0.	0.	0.
(7) NICK DIGIOVINE	1.00	7.7							0.	0
DIRECTOR	1 00	X						0.	U •	0.
(8) JIM FRASER	1.00	x						0.	0.	0.
OIRECTOR (9) PAUL HLADKY	1.00	<u> </u>					-	1	0.	<u> </u>
(9) PAUL HLADKY DIRECTOR	1.00	x						0.	0.	0.
(10) DARRELL MCKENNA	1.00	<u> </u>	-			-			0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(11) NICK OLDS	1.00		-			-	-		•	
DIRECTOR	1.00	x						0.	0.	0.
(12) KEN THOLSTROM	1.00	-					H			
DIRECTOR		x						0.	0.	0.
(13) HALEY BEAUDRY	1.00						\vdash			
DIRECTOR		х						0.	0.	0.
(14) MARK ERICKSON	1.00									•
DIRECTOR		х						0.	0.	0.
(15) MARY ELLEN LUTEY	1.00									
DIRECTOR		х						0.	0.	0.
(16) DAN MANSON	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JERRY SCHUYLER	1.00									
DIRECTOR		Х						0.	0.	0.

732007 11-28-17

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	1 '	compensation	amount of
	week	├─	Cor an	1 4 4	I),, u u s	100,	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	0.0	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		<u>a</u>	mpen		(***2/1033*****100)		and related
	below	ndividual trustee or director	nstitutional trustee	_	oldu	stco	15			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) MEL BREKHUS	1.00									
DIRECTOR		X						0.	0.	0.
(19) ERIC JACOBSON	1.00									
DIRECTOR		X						0.	0.	0.
(20) BRYAN LARSON	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PAT MCCARTHY	1.00							:		
DIRECTOR		Х						0.	0.	0.
(22) MIKE THATCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(23) CHRISTINE TUTTY JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) SKYE CALLANTINE	1.00									
DIRECTOR		Х						0.	0.	0.
(25) ADAM SAYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MARTY SCHUMA	1.00								-	
DIRECTOR		X						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Part V								169,207.	125,770.	66,666.
d Total (add lines 1b and 1c)								169,207.	125,770.	66,666.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable	
compensation from the organization										1
										Yes No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or,	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch j	pers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co		-							•	ation from
the organization. Report compensation for	tne calendar y	ear (enali	ng w	vitn	or w	<u>itnir</u>		/ear.	
(A) Name and business	address	NIC	ONE	2				(B) Description of s	ervices ((C) Compensation
		7.1	7111				\dashv			
							+	· · ·		
							\dashv			
							1			
							ŀ			
							\dashv			
2 Total number of independent contractors (in	ncludina but n	Ot lir	nite	d to	the	se lie	ted	l above) who received m	ore than	
\$100,000 of compensation from the organiz		J. 111		0	(. addroj mio rodowod in	- I am	
SEE PART VII, SECTION		ודי	TTTZ	דידי			TH!	RETIC		Form 990 (2017)

MONTANA TECH FOUNDATION

Form 990

Part VII Section A. Officers, Directors, Tr		mple	oyee			ligh	est			
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099·MISC)	other compensatio from the organization and related organizations
27) ROCKY SEALE DIRECTOR	1.00	x						0.	0.	(
28) ROBERT SHEPERD	1.00									
IRECTOR	1 00	Х	<u> </u>			_		0.	0.	(
29) STEPHANIE SORINI DIRECTOR	1.00	x						0.	0.	(
30) MICHAEL BARTH	40.00	Γ								
EXECUTIVE DIRECTOR 31) DEANNA JOHNSON	40.00		_	Х	\vdash	-	_	103,570.	0.	24,77
FINANCE DIRECTOR	40.00			х				64,107.	0.	21,28
(32) JOE MCCLAFFERTY	40.00									
PRESIDENT		H		Х				1,530.	125,770.	20,60
*										
Company of the Compan										
				:						
								3		
									,	
otal to Part VII, Section A, line 1c	•		I		لــــا	!	L	169,207.	125,770.	66,666

		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
뙫 1		Federated campaigns						
질		Membership dues						
¥	С	Fundraising events	1c					
<u>ā</u>		Related organizations						
<u> </u>		Government grants (contribut						
a	f	All other contributions, gifts, gran						
튄		similar amounts not included abo	•	5,911,802.				
and Other Similar Amounts	-	Noncash contributions included in lines			E 011 000			
<u>a</u>	h	Total. Add lines 1a-1f	ELECTRON CONTROL CONTR	7	5,911,802.			
		MISCELLANEOUS PROGRAM		Business Code 611600	12,295.	12,295.		
2	-	MISCELLIANEOUS PROGRAM	-	011000	14,495.	12,233.		
Revenue	b							
Ş	C							
۳	d							
	f	All other program service reve	entie					
		Total. Add lines 2a-2f			12,295.		tanki salojak ašiai	
3		Investment income (including			,		227 777 277 247 247 247 247 247 247 247	
		other similar amounts)		1	456,929.		21,861.	435,068
4		Income from investment of ta			•			-
5		Royalties		' ' 				·
		•	(i) Real	(ii) Personal				
6	а	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	10,595,077	49,224.				
	b	Less: cost or other basis						
1		and sales expenses	8,832,914					
	С	Gain or (loss)	1,762,163	-51,435.				
		Net gain or (loss)			1,710,728.			1,710,728
8	а	Gross income from fundraisin	g events (not					
8		including \$	of					
		contributions reported on line						
<u> </u>		Part IV, line 18						
;		Less: direct expenses						
1		Net income or (loss) from fund		<u> </u>				
9	а	Gross income from gaming ac						
	l-	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam			and our realise difficulties.	27 (90 49 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		
		Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·				
"	a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale				er para era terrete erapt er et tette i til 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second state of the second second
	_	Miscellaneous Revenu		Business Code				
11	а	TVIIOGEIRATICOGO FICVOTIA			, maka karim menjim ojim sarang Salah karim Salah Mili Salah M	et vir 1957 v. siljenia menere monga met gjer.		And a trade of AME (10) of 100
' '	b							
	c							
		All other revenue						
1		Total. Add lines 11a-11d						
	е	iotali ila ila ila						

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Form 990 (2017) MONTANA TECH : Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
7b, 8b,	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21	6,583,052.	6,583,052.		
	ants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				0-9-05-4-1,003-57-56-56-56-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	ustees, and key employees	171,918.		90,318.	81,600
	impensation not included above, to disqualified			,	
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	428,637.		107,031.	321,606
	nsion plan accruals and contributions (include			-	***************************************
	ction 401(k) and 403(b) employer contributions)	49,244.		19,358.	29,886
	her employee benefits	102,128.		41,357.	60,771
	ayroll taxes	35,656.		12,773.	22,883
	es for services (non-employees):				
	anagement				
	gal				
	counting	19,865.		19,865.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f In	vestment management fees	82,876.	, ,	82,876.	
	her. (If line 11g amount exceeds 10% of line 25,				
CO	lumn (A) amount, list line 11g expenses on Sch O.)	163,115.	35,001.	34,630.	93,484 48,583
12 Ac	lvertising and promotion	57,803.	9,220.		48,583
13 Of	fice expenses	76,411.	41,585.	7,327.	27,499
14 Int	formation technology	97,362.	21,737.	11,545.	64,080
15 Ro	yalties			1	
	ccupancy	3,039.	300.		2,739
17 Tra	avel	277,359.	171,572.	4,234.	101,553
18 Pa	lyments of travel or entertainment expenses				
foi	any federal, state, or local public officials				
19 Co	onferences, conventions, and meetings				
	erest	288.	288.		
	yments to affiliates		06 24 0	00 700	44 050
	preciation, depletion, and amortization	60,967.	26,312.	22,702.	11,953
	surance	27,433.	1,384.	26,049.	Faller on Agency College and a college of figure
ab 24	ner expenses. Itemize expenses not covered bye. (List miscellaneous expenses in line 24e. If line e amount exceeds 10% of line 25, column (A) yount, list line 24e expenses on Schedule 0.)				
	NTERTAINMENT	194,398.	145,878.	10,078.	38,442
	HANGE IN ACTUARY VALUE	158,865.	158,865.	=-,	,
	IFTS	153,482.	68,409.	5,161.	79,912
	UPPLIES	44,756.	44,756.	-,	/
	other expenses	90,891.	60,243.	15,072.	15,576
	tal functional expenses. Add lines 1 through 24e	8,879,545.	7,368,602.	510,376.	1,000,567
	int costs. Complete this line only if the organization	, := , =		==,=:,	, ,
	ported in column (B) joint costs from a combined				
,	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				
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MONTANA TECH FOUNDATION

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Part X Balance	Sheet	
------------------	-------	--

art	^	Check if Schedule O contains a response or note to any line in this Bart Y			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,292,558.	1	654,116
	2	Savings and temporary cash investments	1,230,120.	2	2,477,078
	3	Pledges and grants receivable, net	1,794,564.	3	2,085,493
	4	Accounts receivable, net	24,300.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	And the control of th	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	Financial to the second
Assets	7	Notes and loans receivable, net		7	99,224
ć	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,438,352.			
	b	Less: accumulated depreciation 10b 323,962.	2,272,660.	10c	2,114,390
-	11	Investments - publicly traded securities	36,868,866.	11	35,064,433
.	12	Investments - other securities. See Part IV, line 11	2,004,778.	12	5,733,039
-	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets		14	
.	15	Other assets. See Part IV, line 11		15	
] .	16	Total assets. Add lines 1 through 15 (must equal line 34)	47,487,846.	16	48,227,773
-	17	Accounts payable and accrued expenses	95,055.	17	54,370
-	18	Grants payable		18	
-	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3 2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
1 2	23	Secured mortgages and notes payable to unrelated third parties	100000000000000000000000000000000000000	23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24). Complete Part X of	40.044		400 454
		Schedule D	40,841.	25	199,474
12	26	Total liabilities. Add lines 17 through 25	135,896.	26	253,844
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
₹		complete lines 27 through 29, and lines 33 and 34.	0 000 500		0 511 566
2	27	Unrestricted net assets	2,292,580.	27	2,511,766
2	28	Temporarily restricted net assets	11,796,289.	28	9,853,674
2	29	Permanently restricted net assets	33,263,081.	29	35,608,489
:		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5		and complete lines 30 through 34.			
{ 3	30	Capital stock or trust principal, or current funds		30	
{ 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	40 000 000
. 3		Total net assets or fund balances	47,351,950.	33	47,973,929
3	34	Total liabilities and net assets/fund balances	47,487,846.	34	48,227,773. Form 990 (2017

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Form	990 (2017) MONTANA TECH FOUNDATION	81-02	50363	Pag	ge 12	
Pai	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	8,09			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,87 -78			
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,35			
5	Net unrealized gains (losses) on investments	5	1,40	9,7	70.	
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	47,97	3,9	29.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
			THE SAME	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			No.	Х	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			Х		
b	Were the organization's financial statements audited by an independent accountant?		2b	Λ	uaani	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	12.7 (0.00)			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audit				
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		A STATE			
Ja	Act and OMB Circular A-133?	igio / tault	За	energy (х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
	and the state of t			990	(2017)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** MONTANA TECH FOUNDATION 81-0250363 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

Total

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Schedule A (Form 990 or 990-EZ) 2017 MONTANA TECH FOUNDATION 81-02503 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					İ	
	include any "unusual grants.")	4,097,961.	8,442,308.	6,930,270.	6,574,081.	6,855,125.	32,899,745.
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	4,097,961.	8,442,308.	6,930,270.	6,574,081.	6,855,125.	32,899,745.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1012	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,252,791.
6	Public support. Subtract line 5 from line 4.						27,646,954.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,097,961.	8,442,308.	6,930,270.	6,574,081.	6,855,125.	32,899,745.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	416,598.	318,927.	365,064.	335,259.	406,929.	1,842,777.
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.)	52,000.	55,100.	10,000.	45,000.	50,000.	212,100.
11	Total support. Add lines 7 through 10						34,954,622.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	252,847.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stop		• • • • • • • • • • • • • • • • • • • •				>
	ction C. Computation of Publ						
	Public support percentage for 2017 (I					14	79.09 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14	• • • • • • • • • • • • • • • • • • • •		15	74.25 %
16a	33 1/3% support test - 2017. If the c	•		•		•	-
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-		· ·		•	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			▶└
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ			•		***************************************	▶∐
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Sche	dule A (Form 990	or 990-EZ) 2017

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

(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.)

Calendary are (or fiscal year beginning in) Parks Age	Sec	tion A. Public Support						
memborship fees received. (Do not include any "unusual grants.") 2. Gross neelpts from admissions, membandines sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross neelpts from admission that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization'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. — 7. A mounts included on lines 1, 2, and 3 received from disqualified persons but any organization without charge 6. Total. Add lines 1 and 3 received from disqualified persons of the services or facilities for the organization without charge 6. Total control in the services of the serv	Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any 'unusual grants.'] Gross necipite from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross neceipts from advisities that are not an unrelated trade or business under section 513 4. Tax revenues levide for the organization's benefit and either pild to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either pild to or expended on its behalf 6. Total. Add lines 1 through 5. 7. A mounts houlded on lines 12, and 3 received from disequilified persons by Amounts houlded on lines 12, and 3 received from disequilified persons by Amounts housed not not 2 and screed from disequilified persons by Amounts housed on lines 10 trongs were disequilified persons by Amounts housed on lines 10 trongs were disequilified persons by Amounts housed on lines 10 trongs were disequilified persons by Amounts housed on lines 10 trongs were disequilified persons by Amounts housed in local support. 5. Public support, lagering registration of the pild of	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose and any activity that is related to the organization's tax-exempt purpose and a considerable of the organization's benefit and either paid to or expended on its behalf or expended on i		membership fees received. (Do not						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of comparization's tax-exempt purpose of the comparization's tax-exempt purpose of the comparization's tax-exempt purpose of the comparization's tax-exempt purpose of the comparization's benefit and either paid to or expended on its behalf or or expended on its behalf or or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization without charge of the comparization of the comparization without charge of the comparization of the co		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by an expensive of the facility of the fa	2	Gross receipts from admissions,						
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	b	33 1/3% support tests - 2016. If the	organization did r	ot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
	20	Private foundation. If the organizatio	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check ti	his box and see in	structions	▶

Yes No

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 (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.)

	Yes	No
1		
3a		
ab		
3b 3c		
4a		
4b		
4c		
5a 5b		Partin.
5c		
6		
7		
8		
0.0		
9a 9b		
9c	Sey Se	
10a		
	Nagail.	
10b		

Sche	edule A (Form 990 or 990-EZ) 2017 MONTANA TECH FOUNDATION 81-	025036	3 Pa	age 5
	rt 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)	14.76.50		1598
	below, the governing body of a supported organization?	11a		<u> </u>
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		L
Sec	tion B. Type I Supporting Organizations			
		F 10 THE SECTION	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	V. 18. 17. 10. T. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
	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			2000
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1315 121	
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		.,	
		Dece Sterre	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	987 MARK	svinsajt	Pangiy
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
Sec	tion b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
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	MARKE	Proposition.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Talas
2	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	glassing)	signa, Villa V
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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	Shares	
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 yeafsee instructi	ons).		
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	e instructions	s).	
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	5.5		
	activities but for the organization's involvement.	2b	.,,,,,	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	STATE	la de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela	V 10-1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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		

Sche	dule A (Form 990 or 990-EZ) 2017 MONTANA TECH FOUNDATION		8	1-0250363 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in F	art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete §	Sections A through E.	
Sect	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		1
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	4526		
_	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,	1		
•	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		
	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	inization (see
	instructions).			
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MONTANA TECH FOUNDATION 81-0250363 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2017 MONTANA	TECH	FOUNDATION	81-0250363 Page 8
Part VI	Supplemental Information. Provider IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 3 and 3; Pa	de the exp c, 5a, 6, 9 art IV, Sec	olanations required by Part II, line 10; Part II, line 17a o la, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part ines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
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	and Alexander			

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Employer identification number

MONTANA TECH FOUNDATION 81-0250363						
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private founda	ation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	l				
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.				
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions one contributor. Complete Parts I and II. See instructions for determining a c					
Special Rules						
sections 509(a)(1 any one contribu	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.					
year, total contrib	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, II, and III.					
year, contributior is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively 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 exclusively 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., contributions totaling \$5,000 or more during the year					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•				

Name of organization

Employer identification number

MONTANA TECH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 282,150.	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
2		\$ <u>154,500.</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		\$163,000.	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
4		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

MONTANA TECH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person X Payroll
(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.)
(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.)

Page 3

Name of organization

Employer identification number

MONTANA TECH FOUNDATION

MONTA			0230303
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(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
		- - - - - - - - - - -	
(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
		Schodulo B (Form)	390 990-F7 or 990-PF\ /2017\

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number MONTANA TECH FOUNDATION 81-0250363 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area □ Protection of natural habitat Preservation of a certified historic structure $oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}$ Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Public exhibition d Loen or exchange programs b Scholer's research e Other Preservation for future generations c Preservation for future generations d Loen or exchange programs b Scholer's research c Preservation for future generations d Loen or exchange programs b Scholer's research c Preservation for future generations d Provide a description of the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection's of the organization's collection's 1 Provide a description of the preservation of the organization's collection's 1 Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes' = Yesplain the arrangement in Part XIII and complete the following table: C Beginning balance	Sche	dule D (Form 990) 2017 MONTANA	TECH FOUNI	DATION			81-	025036	3 P;	age 2
Check all that apply :	_		collections of Ar	t, Historical Tr	easures, or	Other	Similar As	sets(contil	nued)	
Check all that apply :	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a sign	ificant use of	its collectio	n item	s
a Public exhibition d										
b Scholarly research Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No Part V Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X Ine 21. 1a Is the organization an sgent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance Ind Amount 1d Additions during the year Ind Amount 1e Ending balance Ind Amount 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years back (d) Time years back (lo) Four years back (b) Four years back (c) Four expenditures for facilities and programs 7, 821, 106, 5, 901, 733, 802, 11, 305, 962, 37, 448, 580, 32, 680, 935, 100, 100, 100, 100, 100, 100, 100, 10	а		d	Loan or excl	hange program	s				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е							
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1. Descrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c										
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Description Description										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? X Yes No	Ů	, , ,		•				Yes		No
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Tall Sithe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? X Yes No				J				,		
b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a			iary for contribution	s or other asse	ts not inc	cluded			
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d Additions during the year	_	Reginning halance					10	7 41.10		
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four year year year year year year year yea		G				-	·	162		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four year	_									
1a Beginning of year balance 45,496,491, 40,723,802, 41,365,962, 37,448,580, 32,680,035, 5 (511,788, 5,123,125, 6,339,041, 7,904,574, 3,781,545, 5 (7,904,574, 3,904,574, 3,781,545, 5 (7,904,574, 3,904,574,574,574,574,574,574,574,574,574,57	Га	L'Idownient i dias. Complete i				1	Three years he	ook (-) Four	r voore	haok
b Contributions										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance f Permanent endowment f Permanent endowment f Permanent endowment f Permanent endowment f Permanent endowment f Permanent endowment f Permanent endowment funds not in the possession of the organization that are held and administered for the organization f in related organizations g iii related organizations g iii related organizations f Yes on lines 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment f unds. Description of property (a) Cost or other basis (investment)		i								
d Grants or scholarships e Other expenditures for facilities and programs 7,821,106, 5,001,733, 6,116,020, 4,450,646, 3,685,187. f Administrative expenses g End of year balance 145,194,657, 45,496,491, 40,723,802, 41,365,962, 37,448,580. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value 1a Land 18,996. 18,996.			· · ·						····	
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and programs 7,821,106. 5,001,733. 6,116,020. 4,450,646. 3,685,187. f Administrative expenses g End of year balance 45,194,657. 45,496,491. 40,723,802. 41,365,962. 37,448,580. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships								
g End of year balance 45,194,657, 45,496,491, 40,723,802, 41,365,962, 37,448,580, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities								
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
a Board designated or quasi-endowment ▶	g					802.	41,365,9	52. 37	,448,	580,
b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations [iii) related organizations [iiii) related organizations [iviii velated organizations	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	ı)) held as:					
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(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 18,996. 18,996. b Buildings 2,306,447. 257,552. 2,048,895.	За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administere	d for the	organization			
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 18,996. 18,996. 18,996. 2,306,447. 257,552. 2,048,895.		400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3a(ii)		X
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings (b) Cost or other basis (other) 1a Land 2 2, 306, 447. 257, 552. 2, 048, 895.			· ·							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 18,996. 18,996. 2,306,447. 257,552. 2,048,895.	Par									
basis (investment) basis (other) depreciation 1a Land 18,996. 18,996. b Buildings 2,306,447. 257,552. 2,048,895.		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	art X, lin	e 10.			
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b Buildings 2,306,447. 257,552. 2,048,895.	12	Land						1	8.9	96.
						25	7.552.			
		Leasehold improvements			-,,		.,		-, -	
110 000				11	2.909.	6	6.410.	4	6.4	99.
					-,,,,,,,		· /			
e Other				X column (R) line 1	0c)			2.11	4.3	90.

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) 2017 MONTANA TECH FOUNDATION	•	81-0250363 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per F	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1 Total revenue, gains, and other support per audited financial statements		1 9,342,659.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d -158,865.	
e Add lines 2a through 2d		2e 1,250,905.
3 Subtract line 2e from line 1		3 8,091,754.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		1 CARAGA A CARAGA
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c U.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 8,091,754.
Part XII Reconciliation of Expenses per Audited Financial Sta		r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin		1 1 0 700 600
Total expenses and losses per audited financial statements		1 8,720,680.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	2d -158,865.	
e Add lines 2a through 2d		2e -158,865.
3 Subtract line 2e from line 1		3 8,879,545.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5 8,879,545.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.	
PART V, LINE 4:		
PARI V, LINE 4:		
THE ORGANIZATION USES ENDOWMENT FUNDS TO	GENERATE INCOME ERC	M TWESTMENTS
THE ORGINIZATION ODED ENDOWMENT TOUBLE	CHICAGO INC	MI INVESTIGATE
TO SUPPORT THE COLLEGE.		
TO BULLOKI IIII COLLIEGI.		
·		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN ACTUARY VALUE		

PART XII, LINE 2D - OTHER ADJUSTMENTS:		
· · · · · · · · · · · · · · · · · · ·		
CHANGE IN ACTUARY VALUE		
PART XI LINE 2D		
CHANGE IN ACTUARY VALUE DUE TO CHANGE IN	VALUATION SOFTWARE	

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Schedule D (Form 990) 2017 MONT Part XIII Supplemental Information	PANA TECH FOUNDATION	81-0250363 Page 5
Part XIII Supplemental Information	(continued)	
PART XII LINE 4D		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047
2017
Open to Public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of the organization					Employer identif	ication number
MOI	NTANA TECH FO	ИОТФАПИИ				81-025036	53
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV			Total and Compa	oto ii tilo organi	ization anomorou	, 55 511
1			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	•
	-	-		the selection criteria used to award the			Yes No
	0 0 ,	J	ŕ			•••••	
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	side the
	United States.						
3	Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and
		in the region	independent	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
CEN	TRAL AMERICA AND						
THE	CARIBBEAN	0	0	INVESTMENTS			4,899,886.
	- Colonia de la Colonia de la Colonia de la Colonia de la Colonia de la Colonia de la Colonia de la Colonia de						
3 a	Sub-total	0	0				4,899,886.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0	· · · · · · · · · · · · · · · · · · ·			4,899,886.

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

Page 2

MONTANA TECH FOUNDATION

Schedule F (Form 990) 2017

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)
				I				
 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities 	recipient organization: th the grantee or coun	s listed above that are risel has provided a seci	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, er	recognized as tax-ex	empt		

81-0250363

Page 3

MONTANA TECH FOUNDATION

Schedule F (Form 990) 2017 MONTANA TECH FOUNDATION 81–0250363

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.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(g) Description of noncash assistance						Sched
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant					LAVA TO STATE OF	
Number of ecipients						
(b) Region						
(a) Type of grant or assistance (b) Region reduced in the control of the control						

Sched	ule F (Form 990) 2017 MONTANA TECH FOUNDATION	81-0250363 Page	e 4
Part	IV Foreign Forms		
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 🛣 No	o o
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 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)	X Yes No	5
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," 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)	X Yes No	o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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)	Yes X No)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes 🛣 No	o

Schedule F	(Form 990) 2017 MONTANA TECH FOUNDATION	81-0250363	Page 5
Part V	Supplemental Information		
		mating and a state of the same of the state	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	nod); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	estimated number of recipients), as applicable. Also complete this part to provide any additional info	mation: occ matractions.	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

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JMB No. 1545-0047	710	
OM	64	

ROFESSORSHIP SUPPLEMENTS AND PROGRAM DISTRIBUTIONS ž **Employer identification number** 81-0250363 (h) Purpose of grant TUDENT SCHOLARSHIPS or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 6,583,052. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. MONTANA TECH FOUNDATION Enter total number of other organizations listed in the line 1 table 81-6001654 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MONTANA TECH OF THE UNIVERSITY OF MONTANA - 1300 WEST PARK STREET or government Name of the organization BUTTE, MT 59701 Parti Part

Schedule I (Form 990) (2017)

81-0250363

Page 2

Schedule I (Form 990) (2017) MONTANA TECH FOUNDATION

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
	S CONTRACTOR OF THE STATE OF TH				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other ac	iditional information.	
PART I, LINE 2: STITDENTS RECETVING SCHOLARSHIPS NE	NEED TO BE	FIJT.TTIME	STUDENTS	OF MONTANA	
HE UNIVERSITY OF MONTAN	SALARY	1 701		ARE FOR PROFESSORSHIP	
OR RESEARCH DONE BY PERSONS ASSOCIATED WITH THE ORGANIZATION.	CATED WITE	I THE ORGA	NIZATION.		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

Inspection

Name of the organization

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

Employer identification number

	MONTANA TECH	FOUND	ATION			81-0250	363	}
Pa	rt 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		(d) od of determir contribution a		ts
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	Х	16	250,084.	FMV ON	DATE OF	GI	FT
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory				205000			
20	Drugs and medical supplies							
21	Taxidermy			•	***************************************			
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 organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledo	gement 29			1.	
	5					<u> </u>	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			·		Attai	HARY.	177
	exempt purposes for the entire holding period?	?			• • • • • • • • • • • • • • • • • • • •	30a		X
	If "Yes," describe the arrangement in Part II.							77
	Does the organization have a gift acceptance p				tions?	31		<u> </u>
32a	Does the organization hire or use third parties of contributions?		•	• • • • • • • • • • • • • • • • • • • •		32a		х
b	If "Yes," describe in Part II.		-					
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II.				•		1984	
ЦΛ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	A	Cala	adula M /Carr	- 000	

732141 09-07-17

Schedule M	(Form 990) 2017	MONTANA	TECH	FOUNDATION	81-0250363	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information t I, column (b), th dditional informa	Provide e number tion.	the information required by Part I, lines 30b, 32b, and or of contributions, the number of items received, or a	d 33, and whether the organiza combination of both. Also com	ition plete
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			etime in a constant			
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732142 09-07-	17				Schedule M (Form	990) 201

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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-FZ

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

MONTANA TECH FOUNDATION

Employer identification number 81-0250363

AMENDED RETURN REASON FOR AMENDING RETURN- THIS RETURN IS BEING FILED PURSUANT TO THE DELINQUENT INTERNATIONAL INFORMATION RETURN SUBMISSION PROCEDURES. PART IV, LINE 14B, HAS BEEN CHANGED TO "YES" SCHEDULE F HAS BEEN ADDED TO REPORT FOREIGN INVESTMENTS FORM 8865 WAS ELIMINATED AS THE ENTITY PREVIOUSLY REPORTED ON FORM 8865 ELECTED TO BE TREATED AS A FOREIGN CORPORATION FOR U.S. TAX PURPOSES. FORM 926'S HAVE BEEN ADDED TO REPORT INVESTMENT IN FOREIGN CORPORATIONS. THE 2017 FINANCIAL STATEMENTS WERE RESTATED TO ADDRESS A CHANGE IN CONTRIBUTIONS. THIS RETURN WAS AMENDED TO UPDATE THE CONTRIBUTION FIGURES CONSISTENT WITH THE RESTATED FINANCIAL STATEMENTS (PART VIII, F.). 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

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

MANNER IN ACCORDANCE WITH DONORS' WISHES.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

MONTANA TECH FOUNDATION

Employer identification number 81-0250363

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 MEANS OF DELIVERY SHALL BE VIA EMAIL TO EACH DIRECTOR'S EMAIL THE IRS. 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

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

PERCENTAGE OF THE PRESIDENT'S WAGE TO REIMBURSE MONTANA TECHNOLOGICAL

UNIVERSITY. PERIODICALLY THE BOARD WILL AWARD THE PRESIDENT WITH A

THE BOARD OF REGENTS HAS TO APPROVE THE PERFORMANCE PERFORMANCE BONUS.

BONUS, WHICH IS CHARGED 100% TO THE FOUNDATION. THE PRESIDENT SETS

COMPENSATION FOR ALL OTHER FOUNDATION MANAGEMENT AND EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

AUDIT OF IT'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990) (2017)								Page 2
Name of the organizati	on MOI	NTANA TE	CH F	OUND	ATION					Employer identification number 81-0250363
ACCOUNTANT.	THIS	PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR	Y	EAR.
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WARRAN AND A					1000					
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PC-10-10-11		Manager .				***************************************				
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2017 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 81-0250363

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

MONTANA TECH FOUNDATION

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

Parti

Direct controlling entity Œ End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN (if applicable) of disregarded entity <u>a</u> Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	(L)	(9)	(4,749)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ing	control	ed (c) You
of related organization		foreign country)		status (if section	entity	entity	رخ
				501(c)(3))		Yes	N _o
MONTANA TECH OF THE UNIVERSITY OF MONTANA -							
81-6001654, 1300 WEST PARK STREET, BUTTE, MT							
59701	UNIVERSITY	MONTANA	115				×
						-	
	4						
For Paperwork Reduction Act Notice, see the Instructions for Form 990	is for Form 990.				Schedule R (Form 990) 2017	(Form 990) 2017

Page 2

Schedule R (Form 990) 2017 MONTANA TECH FOUNDATION

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. 81-0250363

3	General or Percentage managing ownership partner?			ore related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2017
e				one or mo	(h) Percentage ownership	***************************************			e R (Form
(I)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had	(g) Share of Peend-of-year or assets				Schedul
(h)	onate 1s?			IV, line 34					-
(0)	of /ear is			ım 990, Part	(f) Share of total income				
				ed "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
€	Share			on answer					
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			he organizati	(d) Direct controlling entity				
	Predomi (related excluded f section			mplete if t	(c) Legal domicile (state or foreign country)				45
(p)	trolling /			ooration or Trust. Co year.	(b) Primary activity				
(၁)	Legal domicile (state or foreign country)			is a Corpcing the tax)	Prim				
(q)	Primary activity			janizations Taxable a poration or trust durin	Z _				
(a)	Name, address, and EIN of related organization			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				732162 09-11-17

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes No	ہ ا
1 During the tax year, did the organization engage in any of the following transaction:	is with one or more re	lowing transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a	× -	×
				4b	X	M
c Gift, grant, or capital contribution from related organization(s)				10	×	×
I cans or loan a larantees to or for related organization(s)				10	×	M
				<u>.</u>	P	Þ
e Loans or loan guarantees by related organization(s)				<u>е</u>	9	اه.
					ř	
f Dividends from related organization(s)				¥	×	ایر
a Sale of assets to related organization(s)				19		м
				7 =	PX	×
				ļ	ľ	l,
i Exchange of assets with related organization(s)					1	ا ب
j Lease of facilities, equipment, or other assets to related organization(s)				į.	~	ایر
k Lease of facilities, equipment, or other assets from related organization(s)				¥	1	4
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	<u>~</u>	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	, ×	×
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	ion(s)			£	×	
	(_C)			5	×	i .
			***************************************	2		ı
n Reimbursement paid to related organization(s) for expenses				1		×
				ņ	_	l _M
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						1.0
 r Other transfer of cash or property to related organization(s) 				+	×	
(S)				18	^	×
	who must complete tl	nis line, including covered	relationships and transaction thresholds.			
1			V /			ļ
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) MONTANA TECH OF THE UNIVERSITY OF MONTANA	0	127,300.				
(2) MONTANA TECH OF THE UNIVERSITY OF MONTANA	R	6,583,052.				
(3) MONTANA TECH OF THE UNIVERSITY OF MONTANA	N	0.				
(2)						
(5)						1
(9)						
732163 09-11-17	46		Schedule R (Form 990) 201;	R (Form	990) 20	01.

Page 4

Schedule R (Form 990) 2017 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.

(2)	2-1								
Nome oddyco ome Ein	(a)		(p)		(6)	<u>E</u>	E	9	3
of entity	Primary activity	Legal domicile (state or foreign country)	redominant income parties (related, unrelated, 5011 excluded from tax under 505 sections 512-514)	partners sec. Share of 501(c)(3) total orgs.?	Share of end-of-year assets	Dispropor- tionate allocations?	Oscillation Code V-UBI General or Percentage literatus amount in box 20 managing literatus of Schedule K-1 partner? Ownership literatus (Form 1065)	General or managing partner?	Percentage ownership
						Yes No	(2001 11110 1)	Yes No	
The state of the s									
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Schedule R (Form 990) 2017

Schedule B	R (Form 990) 2017	MONTANA TEC	H FOUNDATION	81-0250363 Page 5
Part VII	R (Form 990) 2017 Supplemental Inf	ormation		
1 410	Jouppierrieritariin	ormation.		
	Provide additional info	rmation for responses to q	uestions on Schedule R. See instructions.	
				·

			Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua Annua An	
				HANNING WEEK

732165 09-11-17

Form 990-T		Exempt Organization Bus	sines	ss Income T	ax Returi	n L	OMB No. 1545-0687
		(and proxy tax und					0047
	For cal	lendar year 2017 or other tax year beginning $\overline{\mathtt{JUL}}$ $$ $$ $$ $$ $$	201	17 , and ending JU	N 30, 201	. <u>8</u> .	2017
Department of the Treasury Internal Revenue Service	 	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it ma				. 0	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		DEmploy (Emploinstruc	yer identification number yees' trust, see tions.)
B Exempt under section	Print	MONTANA TECH FOUNDATIO	N			81	L-0250363
X 501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.		E Unrelat	ted business activity codes structions.)
408(e) 220(e)	Туре	1300 WEST PARK STREET		***************************************] `	,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of BUTTE, MT 59701	_	•		9000)99
C Book value of all assets		F Group exemption number (See instructions.) G Check organization type ► X 501(c) cor		777.44			
48,227,7	73.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
H Describe the organization	n's prim	ary unrelated business activity. $ ightharpoonup \mathbf{PARTNEF}$	SHII	NVESTMEN	TS		
I During the tax year, was	the corp	ooration a subsidiary in an affiliated group or a pare	nt-subsid	liary controlled group?	> [Yes	X No
		tifying number of the parent corporation.					
		DEANNA JOHNSON			one number 🕨 (
L		de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale		- Polones	.				
b Less returns and allow		c Balance	1c 2				
2 Cost of goods sold (S3 Gross profit, Subtract		e A, line 7)	3				appropriate the second
•		rom line 1c ch Schedule D)	4a				<u> </u>
b Net gain (loss) (Form	4797 P	Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ips and S corporations (attach statement)	5	21,861.			21,861.
			6	-			
7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				
		and rents from controlled organizations (Sch. F)	8				
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
		me (Schedule I)	10				
11 Advertising income (S	Schedule	a 1)	11				
		ns; attach schedule)	12	01 061			
		gh 12	13	21,861.			21,861.
		ot Taken Elsewhere (See instructions fourtions, deductions must be directly connecte			s income.)		
		rectors, and trustees (Schedule K)			· · · · · · · · · · · · · · · · · · ·	14	
15 Salaries and wages	10010, 411	rootoro, and tractices (contour ty	• • • • • • • • • • • • • • • • • • • •			15	
3	ance					16	
						17	
						18	
19 Taxes and licenses						19	
20 Charitable contribution	ons (See	e instructions for limitation rules) STATEME	NT 3	SEE STAT	EMENT 1	20	0.
		562)				SWA	
		n Schedule A and elsewhere on return				22b	
						23	
24 Contributions to defe	errea cor	mpensation plans		•••••		24	
25 Employee benefit pro26 Excess exempt experience	ograms nece (Se	shadula I\		***************************************		25	
		chedule I)				26	
28 Other deductions (at	tach sch	hedule J) jedule)		SEE STAT	EMENT 2	28	16,204.
		14 through 28				29	16,204.
30 Unrelated business to	axable in	ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30	5,657.
		(limited to the amount on line 30)				31	5,657.
		ncome before specific deduction. Subtract line 31 fr				32	0.
33 Specific deduction (6	Generally	\$1,000, but see line 33 instructions for exceptions	;)			33	1,000.
	taxable	$\label{eq:come.subtract} \textbf{Income. Subtract line 33 from line 32. If line 33 is a subtract line 33 from line 32.}$	greater tl	nan line 32, enter the sm	aller of zero or		
Andread and the second						34	0.
723701 01-22-18 L F0	r Paper	work Reduction Act Notice, see instructions.					Form 990-T (2017)

Part II	I Tax Computation					
35	Organizations Taxable as Corporations. See instr	uctions for tax computation.				
	Controlled group members (sections 1561 and 15	63) check here 🕨 🔲 See instructions	s and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,	925,000 taxable income brackets (in that o	order):			
	(1) \$ (2) \$	(3) \$				
	Enter organization's share of: (1) Additional 5% ta		i			
	(2) Additional 3% tax (not more than \$100,000)	· · · · · · · · · · · · · · · · · · ·				
	Income tax on the amount on line 34			▶	35c 0).
	Trusts Taxable at Trust Rates. See instructions fo				14.34	_
	Tax rate schedule or Schedule D (Fo	*		1.	36	
37	Proxy tax. See instructions				37	
	Alternative minimum tax				38	_
39	Tax on Non-Compliant Facility Income. See instru	ictions		····	39	_
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies		····).
	/ Tax and Payments	Total applies				<u> </u>
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			_
	-					
	Credit for prior year minimum tax (attach Form 88)	11 or 8827)	41d			
	Total credits. Add lines 41a through 41d				41e	
	Subtract line 41e from line 40					<u> </u>
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	43	<u> </u>
		Tom 0011 Tom 0037 Tom		` -		.
	Payments: A 2016 overpayment credited to 2017					÷
	2017 estimated tax payments					
	Tax deposited with Form 8868 Foreign organizations; Tax paid or withheld at soui					
				i		
	Backup withholding (see instructions)				40.00 (100) 100 (100)	
	Credit for small employer health insurance premiu					
g	Other credits and payments:	orm 2439 Total	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
40	Form 4136 C	ther lotal	45g		13 M	
	Total payments. Add lines 45a through 45g				46	—
	Estimated tax penalty (see instructions). Check if F				47	_
	Tax due. If line 46 is less than the total of lines 44					<u>) </u>
	Overpayment. If line 46 is larger than the total of		1	. —		<u>.</u>
	Enter the amount of line 49 you want: Credited to			funded	50	_
	Statements Regarding Certain				l vee l N	_
	At any time during the 2017 calendar year, did the	-		-	Yes N	0
	over a financial account (bank, securities, or other					
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If YES, enter the name of	tne toreign country			7
	here -				X	
	During the tax year, did the organization receive a		or transferor to, a for	reign trust?		<u></u>
	If YES, see instructions for other forms the organia	· .				
53	Enter the amount of tax-exempt interest received o					31 1
Sian	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that	o this return, including accompanying schedules : in taxpayer) is based on all information of which p	and statements, and to reparer has any knowled	the best of my knowle ige.	age and belief, it is true,	
Sign Here			DENE		the IRS discuss this return with	٦
Here	Signature of officer	Date PRESI	DENT		preparer shown below (see	. 1
						0
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid				self- employed	D00100054	
Prepa	rer JAMES E. WOY		03/20/19	I	P00102054	
Use O	nly Firm's name ► ANDERSON ZUF		•	Firm's EIN	81-0385940	
	P.O. BOX 7				NC 700 0451	
Also Transport	Firm's address BUTTE , MT	59703		Phone no. 40	06-782-0451	-
					Form 990-T (20	17)

Schedule A - Cost of Good	ds Sold. Enter	method of inve	ntory valuation N/A	j				
1 Inventory at beginning of year			6 Inventory at end of ye			6	7.7	
2 Purchases		****	7 Cost of goods sold. S			40.	·	
3 Cost of labor			from line 5. Enter here		i i	133		
4a Additional section 263A costs			_			7		
(attach schedule)	4a		8 Do the rules of section		with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	,			1.00	1 3274.7.
5 Total. Add lines 1 through 4b								3448.94
Schedule C - Rent Income		Property an	d Personal Property	Leas	ed With Real Pro	nortyl		
(see instructions)	(* * * * * * * * * * * * * * * * * * *	. roporty an	a recording reporty		ca with ricar 110	perty		
1. Description of property					William William			
(1)		***************************************				7	*	
(2)		***************************************		******	***************************************			
(3)	****							
(4)	***	····			· · · · · · · · · · · · · · · · · · ·			
	2. Rent receiv	ed or accrued						
(a) From personal property (if the property for the personal property is moon 10% but not more than 50%	re than	of rent for	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)		3(a) Deductions directly columns 2(a) an	connected with d 2(b) (attach so	the income chedule)	in
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)						***************************************		
(3)	- MANUEL							
(4)								
Total	0.	Total	***************************************	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)					
	1100000		2. Gross income from		3. Deductions directly conr to debt-finance		llocable	
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth (attac	er deduction h schedule)	is
(1)							7	
(2)								
(3)								
(4)						+	WWW	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis llocable to nced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deducti x total of co a) and 3(b))	
(1)			%					
(2)			%					
(3)		WATER STATE OF THE	%					
(4)			%			<u> </u>		
					ter here and on page 1, art I, line 7, column (A).		and on page 7, column (
Totals			.		0.			0.
Total dividends-received deductions in	cluded in column	0						<u> </u>
		***************************************				<u> </u>		<u> </u>

Schedule F - Interest, A	Annuitie	s, Royal	ties, ar					zatior	1S (see ins	tructions	3)
				Exempt C	Controlled O	rganizatio	ons				
1. Name of controlled organizat	tion	2. Emp identific numb	ation		elated income instructions)		l of specified lents made	include	of column 4 t ed in the contr ation's gross i	olling	Deductions directly connected with income in column 5
(1)								 			
(2)											
(3)	-							1		***	
(4)							*****				
(약) Nonexempt Controlled Organi	zations			I.,		L		L			
7. Taxable Income	7	nrelated incom	e (loss)	9 Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. Dec	uctions directly connected
, radio mostio		ee instructions		V. 7333	made		10. Part of colu in the control gros	ling organ s income	ization's	with	income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colui Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, ine 8, column (B).
Totals			C 41	. FO4(-)/	7) (0) ***	►	aonizatio		<u> </u>		0.
Schedule G - Investme	ent Incol ructions)	me or a	Section	1 50 1(0)(7), (9), or	(17) OF	ganizatioi	1			
	cription of inco	me			2. Amount o	income	3. Deduction	ected	4. Set-		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
Totals					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited (see instru	Exempt	Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Incom	е			
1. Description of exploited activity	2. c	Gross business e from business	directly of with proof un	penses connected oduction related s income	4. Net incor from unrelate business (c minus colun gain, compu through	d trade or olumn 2 in 3). If a ie cols. 5	5. Gross inc from activity is not unrela business inc	that ited	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								-			
(2)	<u> </u>										
(3)	<u> </u>										
	 										
(4)	page 1	re and on , Part I, col. (A).	page 1	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	na Inco	0 . ma (see i	netruction	0.	L	per a state of the	er om skrije store	* 3.50			
Part I Income From					solidated	l Racie			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part 1 Income From	Periodic	ais nep	orteu c	ili a Con	isoliualet	1 Dasis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (col. 3). If a (tising gain ol. 2 minus ain, comput hrough 7.	5. Circula incom		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)				····							
(3)											
(4)											
· · ·											
Totals (carry to Part II, line (5))	▶		0.	0).						0 . Form 990-T (2017

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	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.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2017)

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
MONTANA TECH	N/A	6,583,0	52.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	6,583,0	52.
·			
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	
DESCRIPTION		AMOUNT	
DIRECT INVESTMENT FEES INVESTMENT MANAGEMENT PERSONN	EL	12,49 3,7	
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	16,20	04.

FORM 990-T	CONTRIBUTIONS SUMMARY	•	STATEMENT	3
QUALIFIED CONTRI	BUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRICE FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20	013 2,797,010 014 3,539,950 015 5,024,158			
TOTAL CARRYOVER	AR 10% CONTRIBUTIONS	20,088,502 6,583,052		
TOTAL CONTRIBUTION TAXABLE INCOME L	ONS AVAILABLE IMITATION AS ADJUSTED	26,671,554 0		
EXCESS 10% CONTRI EXCESS 100% CONTI TOTAL EXCESS CONT	RIBUTIONS	26,671,554 0 26,671,554		
ALLOWABLE CONTRI	BUTIONS DEDUCTION			0
TOTAL CONTRIBUTION	ON DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12 06/30/13 06/30/15	2,313. 1,817. 1,524.	2,313. 1,817. 324.	0. 0. 1,200.	0. 0. 1,200.
06/30/16 NOL CARRYOV	5,403. ER AVAILABLE THIS	0. YEAR	6,603.	6,603.

RECAP OF PASSTHROUGHS

Entity Name:	Name:	Name:	Name:	Name:	Name:	Name:	
MONTANA TECH FOUNDATION	CAPITAL NATURAL	STRATEGIC SOLUT	CAPITAL STRATEG	COMMUNFUND CAPITAL STRATEC	COMMUNFUND CAPITAL VENTUR	COMMUNFUND COMMONFUND CAPITAL PARTNER	COMMONFUND RCAPITAL NATURAL
Schedule K-1/Item Description							
ORDINARY BUSINESS INCOME (LOSS)	8,718	-1,845.	553	441.	. Sala e encomo monario de alcomo - 1.6.	-1,020	166,3-
NET RENTAL REAL ESTATE INCOME (LOSS)		-187.					-21
OTHER NET RENTAL INCOME (LOSS)	-22.			201.			2
INTEREST INCOME	1,060.		213.	221	6	147	455
ONDINARY DIVIDENDS	-77		147.	102.		34	
ROYALTIES			,			4	8698
NET SHORT-TERM CAPITAL GAIN (LOSS)			-29.	10	6	151	-461
NET LONG-TERM CAPITAL GAIN (LOSS)	-545	4,230.	4,900.	4,367.	892	200,9	-1,742
SECTION 1231 GAIN (LOSS)	5,151.	3,391.		-42		96-	2,172
OTHER PORTFOLIO INCOME (LOSS)			186.	221.			21
GAIN (LOSS) FROM SEC. 1256 CONTRACTS						April primary and the primary	
OTHER INCOME (LOSS)	68		256.	550.		540	
SECTION 179 EXPENSE DEDUCTION							
CHARITABLE CONTRIBUTIONS			'	17.		E	8
PORTFOLIO DEDUCTIONS - OTHER							753
INTEREST EXPENSE ON INVESTMENT DEBTS			483,	345.	103	562	3,530
OTHER DEDUCTIONS	. 100		59.	797.		1,084	2,314
DEPRECIATION ADJ. ON POST 1986 PROPERTY						18	15
ADJUSTED GAIN OR LOSS - ORDINARY							
DEPLETION (OTHER THAN OIL AND GAS)				65.			
OTHER ADJUSTMENTS AND TAX PREFERENCES	<u> </u>	e .					1,012
TAX-EXEMPT INTEREST INCOME			Ī	.89			
NONDEDUCTIBLE EXPENSES	89		2.	5			
FOREIGN DEDUCTION - PASSIVE CATEGORY			8 -		154		
CALLON LEAD FAIL		· ·		-	1	W-11.	1
FOREIGN TAXES ACCRUED		T.	,	· T	,		

RECAP OF PASSTHROUGHS

Entity Name:	Name:	Name:		Name:	Name:	Name:	Name:
MONTANA TECH FOUNDATION	STRATEGIC SOLU	SOLUTCAPITAL VENTURECAPITAL SECONDATOTAL	CAPITAL SECONDA	TOTAL			see aleman la grand
Schedule K-1/Item Description							
ORDINARY BUSINESS INCOME (LOSS)	101			541.			
NET RENTAL REAL ESTATE INCOME (LOSS)	966-			-607.			
OTHER NET RENTAL INCOME (LOSS)				268			
INTEREST INCOME	157			2,262.			
	2			297.		and the second s	the state of the s
ROYALTIES				902.		a description of the second of	
NET SHORT-TERM CAPITAL GAIN (LOSS)	-31			-351.			
NET LONG-TERM CAPITAL GAIN (LOSS)	37			18,141.	And the state of t		
SECTION 1231 GAIN (LOSS)	188			10,830.			
OTHER PORTFOLIO INCOME (LOSS)				440		A control of the second of the	
GAIN (LOSS) FROM SEC. 1256 CONTRACTS				• 0	And Substant Substantian and account of the substantian of the substan		Administration of the state of
OTHER INCOME (LOSS)				1,435.			The control of the co
SECTION 179 EXPENSE DEDUCTION				o			Anticlassical anticonvention of the control of the
CHARITABLE CONTRIBUTIONS	A CONTRACTOR OF THE CONTRACTOR			35.	And the second of the second o	MARTINE STATE OF STAT	
PORIFOLIO DEDUCTIONS - OTHER		Strategies in programme to conjugate the strategies of the strateg		753.	According to the control of the cont		
INTEREST EXPENSE ON INVESTMENT DEBTS		240	14.	6,130.		Committee of the Control of the Cont	
OTHER DEDUCTIONS	103 3			5,371.			
DEPRECIATION ADJ. ON POST 1986 PROPERTY				37.			
ADJUSTED GAIN OR LOSS - ORDINARY				H 1			
DEPLETION (OTHER THAN OIL AND GAS)				. 59			
OTHER ADJUSTMENTS AND TAX PREFERENCES	W :			1,847.			
TAX EXEMPT INTEREST INCOME	- 13			• 69			
NONDEDUCTIBLE EXPENSES				81.		e godina di uminici e i pangi dilani se statua a da	
FOREIGN DEDUCTION - PASSIVE CATEGORY				154.			
FOREIGN TAXES PAID				61.			
FOREIGN TAXES ACCRUED				ਜ਼ਿ			
						To the state of th	And the second s