



T (509) 747-2600
F (509) 624-5129

601 W. Riverside Avenue
Suite 1800
Spokane, WA 99201

April 25, 2024

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701
Attention: Jaime Heppler

Dear Jaime,

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to us. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$21,871. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

The 990-T return includes a penalty for underpayment of estimated tax from Form 2220 of \$55.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM 109 RETURN:

The California Form 109 should be mailed on or before May 15, 2024 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0500

The return should be signed and dated by the authorized individual(s).

No payment is required.

Your overpayment in the amount of \$735 has been applied to your California estimated tax.

COLORADO FORM 112 RETURN:

This return has been submitted for electronic filing on or before April 15, 2024. No further action is required.

Your overpayment in the amount of \$1,118 has been applied to your Colorado estimated tax.

ILLINOIS FORM IL-990-T RETURN:

The Illinois Form IL-990-T should be mailed on or before June 17, 2024 to:

Illinois Department of Revenue
P.O. Box 19009
Springfield, IL 62794-9009

The return should be signed and dated by the authorized individual(s).

No payment is required.

Your overpayment in the amount of \$106 has been applied to your Illinois estimated tax.

MASSACHUSETTS FORM M-990T RETURN:

Form M-990T has a balance due of \$182.

The Massachusetts Form M-990T should be filed via the web on or before June 17, 2024 at:
<https://mtc.dor.state.ma.us/mtc>

The Massachusetts Form M-990T includes a penalty for underpayment of estimated tax of \$25.

MONTANA FORM CIT RETURN:

The Montana Form CIT return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8879-SO to our office by May 15, 2024. We will then transmit your return electronically to the Montana DOR. Do not mail the paper copy of the return to the Montana DOR.

No payment is required.

Your overpayment in the amount of \$3,450 has been applied to your Montana estimated tax.

NEBRASKA FORM 1120N RETURN:

The Nebraska Form 1120N return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8879-SO to our office. We will then transmit your return electronically to the NE DOR. Do not mail the paper copy of the return to the NE DOR.

No payment is required with this return when filed.

NEW MEXICO FORM CIT-1 RETURN:

The New Mexico Form CIT-1 should be mailed on or before May 15, 2024 to:

New Mexico Taxation & Revenue Dept.
P.O. Box 25127

Santa Fe, NM 87504-5127

The return should be signed and dated by the authorized individual(s).

No payment is required.

Your overpayment in the amount of \$410 has been applied to your New Mexico estimated tax.

OKLAHOMA FORM 512E RETURN:

The Oklahoma Form 512E should be mailed on or before May 15, 2024 to:

Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800

The return should be signed and dated by the authorized individual(s).

No payment is required.

Your overpayment in the amount of \$453 has been applied to your Oklahoma estimated tax.

VIRGINIA FORM 500 RETURN:

The Virginia Form 500 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return VA-8879C to our office. We will then transmit the return electronically to the VADOT. Do not mail the paper copy of the return to the VADOT.

Your payment should be made as instructed below on or before June 17, 2024.

You have a balance due of \$48.

Refer to the Virginia Department of Taxation website for payment information.

<https://www.tax.virginia.gov/payments>

A separate copy of the federal tax return is also enclosed. This is the copy to be used for public inspection purposes. Note that identification of excess contributors has been removed from Schedule A. Also, note that confidential donor information has been removed from Schedule B.

We have prepared the returns from information you provided to us without verification in accordance with the terms of the Master Services Agreement (MSA) and Statement of Work that we have in place with you. In addition, we have relied on you to alert us if you participated in any "reportable transaction," including a "listed transaction" or a "transaction of interest" as defined in IRC Section 6011, Treasury Reg. Section 1.6011-4 and other related IRS Rulings/Notices. Please contact us if you have engaged in any such transaction, or substantially similar transaction, or in a listed transaction as identified by any state in which you conduct business.

Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

The last few years have seen significant legislative changes impacting all taxpayers. While the IRS, Treasury Department, and state taxing authorities have issued some guidance, questions remain. We've prepared your return using published guidance to date, but it is subject to change as additional guidance becomes available. Importantly, the current tax environment, including the potential for guidance to be issued with retroactive applicability, could increase your risk of penalties and the likelihood you may want or need to file amended

returns.

We appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns or if we may be of further assistance.

Sincerely,

Emina O. Cresswell, CPA
for Moss Adams LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

EIN or SSN
81-0250363

Name and title of officer or person subject to tax **JAIME HEPPLER
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,480,742.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MOSS ADAMS LLP** to enter my PIN **50363**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91408716265

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 04/25/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LANCE ALLEN

- The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Doing business as MONTANA TECH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701 F Name and address of principal officer: JAIME HEPPLER SAME AS C ABOVE	D Employer identification number 81-0250363 E Telephone number 406-496-4615 G Gross receipts \$ 59,401,687. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: FOUNDATION.MTECH.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: MT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,943.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,684.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		11,942,364.	42,903,714.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100,000.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,104,690.	409,932.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,035.	167,096.
		13,181,089.	43,480,742.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,218,583.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,705.	928,758.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	771,065.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,230.	1,490,331.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,193,518.	12,320,425.
19 Revenue less expenses. Subtract line 18 from line 12	5,987,571.	31,160,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,302,899.	100,387,232.
	22 Net assets or fund balances. Subtract line 21 from line 20	675,979.	527,768.
		65,626,920.	99,859,464.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAIME HEPPLER, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL,
	Firm's name MOSS ADAMS LLP	Date 04/25/24
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Check if self-employed <input type="checkbox"/> PTIN P01217304
		Firm's EIN 91-0189318
		Phone no. 509-747-2600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Form 990 (2022)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SUPPLEMENT THE INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL, OPERATING, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,792,096. including grants of \$ 9,901,336.) (Revenue \$ 0.)
THE MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION PROVIDED THE MONTANA TECHNOLOGICAL UNIVERSITY WITH PRIVATE DOLLARS TO ADVANCE ITS MISSION TO CONNECT STUDENTS TO A NETWORK OF PEOPLE, OPPORTUNITIES AND EXPERIENCE THAT EMPOWER THEM TO CHANGE THE WORLD. THE FOUNDATION PROVIDED \$2 MILLION IN SCHOLARSHIPS TO 569 STUDENTS AND \$8 MILLION TO ASSIST DEPARTMENTS WITH PURCHASES OF EQUIPMENT, SUPPLIES AND FACULTY SUPPORT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 10,792,096.

Form 990 (2022)

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section 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 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 on Schedule O.	19	
b	Enter the number of voting members included on line 1a, above, who are independent	19	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
LANCE ALLEN - 406-496-4615
1300 WEST PARK STREET, BUTTE, MT 59701

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE MEYER VICE PRESIDENT OF DEVELOPMENT	40.00			X			103,574.	0.	31,262.	
(2) DEANNA JOHNSON CHIEF FINANCIAL OFFICER	40.00			X			97,774.	0.	30,371.	
(3) JAIME HEPPLER CHIEF EXECUTIVE OFFICER	40.00			X			79,913.	0.	6,600.	
(4) BRYAN LARSON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) NICK DIGIOVINE BOARD CHAIR (THRU 6/23)	1.00	X		X			0.	0.	0.	
(6) BOB SHEPHERD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) TOM HOHN SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOSH VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(9) KATHY ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVE BURGER DIRECTOR	1.00	X					0.	0.	0.	
(11) SKYE CALLANTINE DIRECTOR	1.00	X					0.	0.	0.	
(12) JON CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY KOLSTAD DIRECTOR	1.00	X					0.	0.	0.	
(14) JONNA LASLOVICH DIRECTOR	1.00	X					0.	0.	0.	
(15) LEO MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MCGIVERN DIRECTOR	1.00	X					0.	0.	0.	
(17) BOB MORRIS DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGGIE PETERSON DIRECTOR	1.00	X						0.	0.	0.
(19) ADAM SAYERS DIRECTOR	1.00	X						0.	0.	0.
(20) ROCKY SEALE DIRECTOR	1.00	X						0.	0.	0.
(21) STEPHANIE SORINI DIRECTOR	1.00	X						0.	0.	0.
(22) TIM SULSER DIRECTOR	1.00	X						0.	0.	0.
(23) SEAN WOOLVERTON DIRECTOR	1.00	X						0.	0.	0.
(24) BRIAN SMYTH DIRECTOR (THRU 9/22)	1.00	X						0.	0.	0.
1b Subtotal								281,261.	0.	68,233.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								281,261.	0.	68,233.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,172,226.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)		337,982.			337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events		111,712.			111,712.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities		9,441.			9,441.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a PASSTHROUGH INCOME	Business Code	900099	45,943.	45,943.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		45,943.				
12 Total revenue. See instructions		43,480,742.	0.	45,943.	531,085.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,900,136.	9,900,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,494.		143,592.	205,902.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,323.		159,544.	228,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,849.		14,136.	17,713.
9 Other employee benefits	107,131.		48,412.	58,719.
10 Payroll taxes	51,961.		19,933.	32,028.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,250.	1,500.	1,750.	
c Accounting	56,027.		56,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,704.		103,704.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,144.	109,095.	26,957.	25,092.
12 Advertising and promotion	13,980.	11,120.		2,860.
13 Office expenses	190,989.	149,624.	39,669.	1,696.
14 Information technology	150,180.	4,207.	23,132.	122,841.
15 Royalties				
16 Occupancy				
17 Travel	184,519.	150,114.	19,824.	14,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,270.	27,145.	4,390.	735.
20 Interest	221.	221.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,162.	37,137.	10,531.	17,494.
23 Insurance	22,387.	429.	21,958.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	209,176.	179,571.	17,444.	12,161.
b REPAIRS & MAINTENANCE	142,984.	135,521.	5,956.	1,507.
c GIFTS	86,033.	58,327.	4,131.	23,575.
d DUES & SUBSCRIPTIONS	21,794.	18,547.	915.	2,332.
e All other expenses	46,511.	8,202.	35,259.	3,050.
25 Total functional expenses. Add lines 1 through 24e	12,320,425.	10,792,096.	757,264.	771,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,151,588.	1	1,032,600.	
	2 Savings and temporary cash investments	5,035,174.	2	5,643,050.	
	3 Pledges and grants receivable, net	1,813,209.	3	24,034,935.	
	4 Accounts receivable, net	28,500.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	195,721.	9	137,800.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,450,613.			
	b Less: accumulated depreciation	713,354.			
	11 Investments - publicly traded securities	1,782,639.	10c	1,737,259.	
	12 Investments - other securities. See Part IV, line 11	54,243,616.	11	65,662,289.	
	13 Investments - program-related. See Part IV, line 11	1,832,852.	12	1,915,631.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	219,600.	14	223,668.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,302,899.	15	204,834.	16	
			100,387,232.		
Liabilities	17 Accounts payable and accrued expenses	312,986.	17	246,586.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	158,159.	23	66,799.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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 Schedule D	204,834.	25	214,383.	
	26 Total liabilities. Add lines 17 through 25	675,979.	26	527,768.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,364,185.	27	2,242,968.	
	28 Net assets with donor restrictions	63,262,735.	28	97,616,496.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,626,920.	32	99,859,464.	
33 Total liabilities and net assets/fund balances	66,302,899.	33	100,387,232.		

Form **990** (2022)

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part 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	43,480,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,320,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,160,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,626,920.
5	Net unrealized gains (losses) on investments	5	3,122,719.
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 on Schedule O)	9	-50,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,859,464.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

MONTANA TECHNOLOGICAL UNIVERSITY
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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37713498.
6 Public support. Subtract line 5 from line 4.						32919346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,889.	115,977.	67,655.	68,313.	71,950.	736,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		43,266.		135,965.	31,684.	210,915.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50,000.			50,000.
11 Total support. Add lines 7 through 10						71630543.
12 Gross receipts from related activities, etc. (see instructions)					12	983,168.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.96	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.93	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
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	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number

81-0250363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 \$ _____

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

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYAN LANCE FAMILY FOUNDATION PO BOX 15203 ALBANY, NY 12212-5201	\$ 31,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NUCOR STEEL, INC. 3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	\$ 2,078,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR H. DITTO 4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	\$ 994,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PETROLEUM EXPERTS, INC. 57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079	\$ 6,564,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PLEDGE RECEIVABLE <hr/> <hr/> <hr/>	\$ <u>31,000,000.</u>	<u>06/05/23</u>
<u>4</u>	GEO ENG SOFTWARE FOR SME LABS <hr/> <hr/> <hr/>	\$ <u>6,564,992.</u>	<u>01/31/23</u>
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2022

Open to Public
Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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
a Total number of conservation easements	2a
b 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 July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 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)?

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 \$ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	23,329.
(3) GIFT ANNUITY PAYABLE	191,054.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,383.

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

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	46,535,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,122,719.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,152.
e	Add lines 2a through 2d	2e	3,204,871.
3	Subtract line 2e from line 1	3	43,331,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	45,943.
c	Add lines 4a and 4b	4c	149,647.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,480,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,303,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,701.
e	Add lines 2a through 2d	2e	86,701.
3	Subtract line 2e from line 1	3	12,216,721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,320,425.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS TO SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 50L(C)(3) AS AMENDED. THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN 509(A) OF THE INTERNAL REVENUE CODE. BUSINESS INCOME UNRELATED TO THE PURPOSE OF THE ORGANIZATION IS REPORTED IN A FORM 990-T AND INCOME TAXES ARE PAID ON UNRELATED BUSINESS INCOME. THE FOUNDATION COMPLIES WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	82,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME	45,943.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
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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)* 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

- 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* Yes No

- 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 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

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS STATEMENT. THE AMOUNT IN COLUMN (F) IS THE FAIR MARKET VALUE.

Multiple horizontal lines for supplemental information input.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NATURAL RESOURCE GOLD (event type)	METALLURGICA AND MATERI (event type)	13 (total number)		
Revenue	1	Gross receipts	59,170.	39,985.	133,893.	233,048.
	2	Less: Contributions	23,500.	15,900.	5,325.	44,725.
	3	Gross income (line 1 minus line 2)	35,670.	24,085.	128,568.	188,323.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,688.		8,682.	11,370.
	7	Food and beverages	4,540.	11,815.	14,606.	30,961.
	8	Entertainment	10,758.		5,616.	16,374.
	9	Other direct expenses	3,395.	7,539.	6,972.	17,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				76,611.
11	Net income summary. Subtract line 10 from line 3, column (d)				111,712.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			4,400.	4,400.
	4	Rent/facility costs				
	5	Other direct expenses			5,690.	5,690.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				10,090.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				9,441.	

9 Enter the state(s) in which the organization conducts gaming activities: MT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: AS A 501C(3) IN MONTANA, WE ARE NOT REQUIRED TO OBTAIN LICENSING.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number
81-0250363

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTANA TECHNOLOGICAL UNIVERSITY 1300 W PARK STREET BUTTE, MT 59701	81-6001654	STATE OF MONTANA	2,608,999.	7,276,535.	FMV	ART, BOOKS, GOODS, INTELLECTUAL PROPERTY,	STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS, AND PROGRAM DISTRIBUTIONS
MONTANA TECH ALUMNI ASSOCIATION 1300 W PARK STREET BUTTE, MT 59701	81-0388134	501(C)(3)	14,602.	0.			GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

MONTANA TECHNOLOGICAL UNIVERSITY
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

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

PART I, LINE 2:

THE MONEY IS ONLY PAID TO THE UNIVERSITY AFTER THE ACTUAL EXPENSE HAS OCCURRED. FOR SCHOLARSHIPS AND PROFESSORSHIPS, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE FUNDS HAVE BEEN PAID TO THE STUDENT OR FACULTY. FOR CAPITAL EXPENDITURES, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE PURCHASE IS MADE. THE FOUNDATION DOES VERIFY THE USAGE IS CORRECT BEFORE THE FUNDS ARE DISTRIBUTED TO THE UNIVERSITY.

PART II, LINE 1, COLUMN (G):

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION** Employer identification number **81-0250363**

Part 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) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	3,600.	MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		650.	MARKET VALUE
5 Clothing and household goods	X		9,524.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	6,564,992.	MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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	X	15	622,552.	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EQUIPMENT</u>)	X	18	68,198.	MARKET VALUE
26 Other (<u>SMALL GIFTS</u>)	X	25	3,993.	MARKET VALUE
27 Other (<u>GIFT BASKETS</u>)	X	14	1,595.	MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	17	1,431.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, ITEM C, DOING BUSINESS AS:

MONTANA TECH FOUNDATION

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

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA
LAW, THE FOUNDATION IS THE CATALYST AND CONDUIT THROUGH WHICH GIFTS AND
ENDOWMENT INCOME FLOW TO PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR
MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE
FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND
MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.
OVERSEEN BY A BOARD OF DIRECTORS AND STAFFED BY A TEAM OF DEVELOPMENT
PROFESSIONALS, THE FOUNDATION ADMINISTERS ALL GIFTS IN A BUSINESS-LIKE
MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE: SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD, THE
EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OVER ALL QUESTIONS AFFECTING THE
POLICY, PROPERTY, STAFF AND GENERAL PURPOSES OF THE FOUNDATION, AND DURING
INTERVALS BETWEEN MEETINGS OF THE BOARD, MAY EXERCISE THE POWER AND
AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE PROPERTY AND AFFAIRS OF THE
FOUNDATION, EXCEPT THE POWER TO ELECT DIRECTORS AND OFFICERS, AND THE POWER
TO CHANGE THE BYLAWS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE SHALL
REGULARLY REPORT TO THE BOARD. WHEN DULY REPORTED TO THE BOARD, ACTS OF THE
EXECUTIVE COMMITTEE SHALL STAND AS ACTS OF THE BOARD, UPON RATIFICATION BY
THE BOARD.

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, PART VI, SECTION A, LINE 2:

JON CHERRY AND SKYE CALLANTINE - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JUNE OF 2023 TO REFLECT THAT THE CEO WILL REPORT TO THE BOARD OF DIRECTORS AND WILL BE ALLOWED TO SERVE MORE THAN TWO YEARS IF APPROVED BY THE MAJORITY OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT IS AVAILABLE, IT WILL BE REVIEWED BY MANAGEMENT BEFORE BEING SENT TO THE BOARD. AN EMAIL WILL THEN BE SENT TO THE BOARD STATING THAT THE 990 IS AVAILABLE FOR REVIEW IN ONBOARD FOR THE NEXT 10 DAYS AT WHICH TIME THE 990 WILL BE FILED WITH THE IRS.

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.

THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT BEST INTERESTS. BOARD ACTION WILL BE TAKEN AS THE RESULT OF A MAJORITY VOTE OF DISINTERESTED DIRECTORS. DELIBERATIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER CANNOT PARTICIPATE IN

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
PASSTHROUGH INCOME	-45,943.
TOTAL TO FORM 990, PART XI, LINE 9	-50,492.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MONTANA TECHNOLOGICAL UNIVERSITY - 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA			N/A		X

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA TECHNOLOGICAL UNIVERSITY	O	45,000.	ACTUAL EXPENSE
(2) MONTANA TECHNOLOGICAL UNIVERSITY	B	9,885,534.	ACTUAL EXPENSE
(3)			
(4)			
(5)			
(6)			

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

Amount Due or Refund:

Overpayment of \$21,871. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

EIN or SSN
81-0250363

Name and title of officer or person subject to tax **JAIME HEPPLER
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>6,434.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MOSS ADAMS LLP** to enter my PIN **50363**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91408716265

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 04/25/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LANCE ALLEN

• The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,167.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	28,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701</p>	<p>D Employer identification number 81-0250363</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 100,387,232.</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> <p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) 1</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p> <p>L The books are in care of LANCE ALLEN Telephone number 406-496-4615</p>	

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	35,093.
2 Reserved	2	
3 Add lines 1 and 2	3	35,093.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	3,409.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	31,684.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	31,684.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	30,684.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,444.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	6,444.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c	10.	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		10.
2	Subtract line 1e from Part II, line 7	2		6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11		0.

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

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name **EMINA O. CRESSWELL, CPA** Preparer's signature **EMINA O. CRESSWELL, CPA** Date **04/25/24** Check if self-employed PTIN **P01217304**

Firm's name **MOSS ADAMS LLP** Firm's EIN **91-0189318**

Firm's address **601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201** Phone no. **509-747-2600**

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3
4
5
6
7 **61,306.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9 **61,306.**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11 ()
12
13
14
15
16
17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
 You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
 FOUNDATION**

Identifying number
81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
---------------------------	--	-----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
 - a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
 - b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

11

12

13

14

15

16

17

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

California corporation number
0233105

Additional information. See instructions.
FEIN
81-0250363

Street address (suite or room)
1300 WEST PARK STREET

PMB no.

City
BUTTE

State
MT

ZIP code
59701

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16,497,973	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	42,903,714	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	59,401,687	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	15,834,244	00
	7	Total costs. Add line 5 and line 6	7	15,834,244	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	43,567,443	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	12,341,964	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	31,225,479	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				

Signature of officer **CEO** Title Date _____ Telephone _____

Preparer's signature **EMINA O. CRESSWELL, CPA** Date **04/25/24** Check if self-employed PTIN **P01217304**

Firm's name (or yours, if self-employed) and address **MOSS ADAMS LLP** Firm's FEIN **91-0189318**
601 W. RIVERSIDE AVENUE STE 1800 Telephone **509-747-2600**
SPOKANE, WA 99201

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	0	00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements	•	17		00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				•
12 Other assets				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NUCOR STEEL, INC.	3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	06/30/23	2,078,950.
ARTHUR H. DITTO	4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	06/30/23	994,736.
TOTAL INCLUDED ON LINE 3			3,073,686.

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
RYAN LANCE FAMILY FOUNDATION	PO BOX 15203 ALBANY, NY 12212-5201			
PLEDGE RECEIVABLE		06/05/23	31,000,000.	31,000,000.
CONTRIBUTOR'S NAME		CONTRIBUTOR'S ADDRESS		
PETROLEUM EXPERTS, INC.		57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT	
GEO ENG SOFTWARE FOR SME LABS	01/31/23	6,564,992.	6,564,992.	
TOTAL INCLUDED ON LINE 3			37,564,992.	37,564,992.

TAXABLE YEAR

2022

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Identifying number 81-0250363
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	59,401,687
2 Total gross income (Form 199, line 8)	2	43,567,443
3 Total expenses and disbursements (Form 199, line 9)	3	12,341,964

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



Sign Here		_____		CEO
		Signature of officer		Title
		_____		Date

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01217304
Must Sign	Firm's name (or yours if self-employed) and address 	MOSS ADAMS LLP 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA			Firm's FEIN 91-0189318 ZIP code 99201

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address 	_____		
				Firm's FEIN ZIP code

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	735
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	735

Overpayment:

Credited to your estimated tax	\$	735
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0500

Return Must be Mailed On or Before:

May 15, 2024

Special Instructions:

California Exempt Organization
Business Income Tax Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION California corporation number 0233105

Additional information. See instructions. FEIN 81-0250363

Street address (suite/room no.) 1300 WEST PARK STREET PMB no.

City (If the corporation has a foreign address, see instructions.) BUTTE State MT ZIP code 59701

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended return? Yes No
- F Accounting method used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) code 523000
- L Is this a hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	- 341	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	- 341	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	- 341	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	- 341	00
	10	Tax <u>8.84</u> % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	60	00
	16	2022 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	675	00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19	735	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	735	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	735	00
	25	Enter amount of line 24 to be applied to 2023 estimated tax	•	25	735	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29			00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			• 5	- 341	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	- 341	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest. Attach schedule	• 18		00
19 Taxes. Attach schedule	• 19		00
20 Contributions. See instructions and attach schedule	• 20	SEE STATEMENT 3	0 00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A. See instructions	• 21b		00
22 Depletion. Attach schedule	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs. See instructions	• 23b		00
24 Other deductions. Attach schedule	• 24		00
25 Total deductions. Add line 14 through line 24	• 25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	- 341	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28	- 341	00
29 Specific deduction. See instructions	• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30	- 341	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CEO	Date	• Telephone
	Preparer's signature	EMINA O. CRESSWELL, CPA	04/25/24	• PTIN P01217304
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	MOSS ADAMS LLP 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Check if self-employed <input type="checkbox"/>	• Firm's FEIN 91-0189318 • Telephone 509-747-2600
	May the FTB discuss this return with the preparer shown above? See instructions			

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	1	00	
2	Enter credit name	code	2	00	
3	Enter credit name	code	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11			4	00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			•

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property (attach schedule)
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
a	•		•	•	•
b	•		•	•	•
c	•		•	•	•
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
a	•	• %	•	•	•
b	•	• %	•	•	•
c	•	• %	•	•	•
Total. Enter here and on Side 2, Part I, line 7					•

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
a	•	•		•	•	
b	•	•		•	•	
c	•	•		•	•	
Totals	•	•	•	•	•	•

Part II Income from Periodicals Reported on a Separate Basis

d	•	•	•	•	•	•
e	•	•	•	•	•	•
f	•	•	•	•	•	•

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
•	•	•	•
•	•	•	•
•	•	•	•
Enter total here and on Side 2, Part I, line 11	•	Enter total here and on Side 2, Part II, line 27	•

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

CA 109

CHARITABLE CONTRIBUTIONS CARRYOVER

STATEMENT 3

DESCRIPTION

AMOUNT

CARRYOVER FROM PRIOR YEAR(S)

17,143.

LESS EXCESS CONTRIBUTIONS

-17,143.

TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20

0.

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

FOUNDATION
MONTANA TECHNOLOGICAL UNIVERSITY

California corporation number

0233105

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation
 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN

81-0250363

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	341	00
2	2022 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	341	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	341	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	341	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0
---	--	-----------------------	---

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2							

Current Year NOLs

Year	Type of NOL	Initial loss	Amount used in 2022	Available balance	Carryover to 2023
3 2022	DIS				col. (d) minus col. (f) See instructions.
4 2022	GEN	341			341
2022					
2022					
2022					

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 4						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LANCE ALLEN

- The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LANCE ALLEN

- The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,167.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	28,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Montana Technology University Foundation, Inc.
For the tax year ended 6/30/23
EIN # 81-0250363
Attachment to Form 109

Page 2, Part I, Line 5

	EIN	Amount Sourced to California	Withholding
UBI from investment in partnership	85-2749850	(471)	-
UBI from investment in partnership	82-4487056	1,459	593
UBI from investment in partnership	47-2004432	(1)	-
UBI from investment in partnership	87-1018183	(896)	-
UBI from investment in partnership	38-3932557	(630)	-
UBI from investment in partnership	86-1900765	(431)	-
UBI from investment in partnership	38-3844471	237	-
UBI from investment in partnership	82-3512697	(19)	-
UBI from investment in partnership	82-5085373	223	-
UBI from investment in partnership	85-3819293	100	29
UBI from investment in partnership	82-3170994	460	-
UBI from investment in partnership	81-2852078	(760)	-
UBI from investment in partnership	36-4939667	82	-
UBI from investment in partnership	46-5165140	306	53
		<u>(341)</u>	<u>675</u>

Resident and Nonresident Withholding Tax Statement

2022

592-B

Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)			SSN or ITIN	
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE OPPORTUNITY FUND 2014, LP				
Address (apt./ste., room, PO box, or PMB no.)			<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
950 MAIN AVENUE, SUITE 1600			46-5165140	
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number	
CLEVELAND	OH	44113		

Part II Payee Information

Name of payee			SSN or ITIN	
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION				
Address (apt./ste., room, PO box, or PMB no.)			<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
1300 W. PARK ST.			**-***0363	
City (If you have a foreign address, see instructions.)	State	ZIP code		
BUTTE	MT	59701		

Part III Type of Income Subject to Withholding. Check the applicable box(es)

<input type="checkbox"/> A Payments to Independent Contractors	<input type="checkbox"/> E Estate Distributions	<input type="checkbox"/> H Allocations to Foreign (non-U.S.) Nonresident Partners/Members
<input type="checkbox"/> B Trust Distributions	<input type="checkbox"/> F Elective Withholding	<input type="checkbox"/> I Other _____
<input type="checkbox"/> C Rents or Royalties	<input type="checkbox"/> G Elective Withholding/Indian Tribe	
<input checked="" type="checkbox"/> D Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders		

Part IV Tax Withheld

1 Total income subject to withholding	1	368	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	53	00
3 Total backup withholding	3		00

Resident and Nonresident Withholding Tax Statement

2022

592-B

Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)		SSN or ITIN	
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P.			
Address (apt./ste., room, PO box, or PMB no.)		<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
15 OLD DANBURY RD		82-4487056	
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number
WILTON	CT	06897-0812	

Part II Payee Information

Name of payee		SSN or ITIN	
MONTANA TECH FOUNDATION ENDOWMENT FUND			
Address (apt./ste., room, PO box, or PMB no.)		<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.	
1300 WEST PARK STREET		81-0250363	
City (If you have a foreign address, see instructions.)	State	ZIP code	
BUTTE	MT	59701	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

<input type="checkbox"/> A Payments to Independent Contractors	<input type="checkbox"/> E Estate Distributions	<input type="checkbox"/> H Allocations to Foreign (non-U.S.) Nonresident Partners/Members
<input type="checkbox"/> B Trust Distributions	<input type="checkbox"/> F Elective Withholding	<input type="checkbox"/> I Other _____
<input type="checkbox"/> C Rents or Royalties	<input type="checkbox"/> G Elective Withholding/Indian Tribe	
<input checked="" type="checkbox"/> D Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders		

Part IV Tax Withheld

1 Total income subject to withholding	1	1,455 00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	593 00
3 Total backup withholding	3	00

Resident and Nonresident Withholding Tax Statement

2022

592-B

Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)		SSN or ITIN	
COMMONFUND PRIVATE CREDIT FUND II, L.P.			
Address (apt./ste., room, PO box, or PMB no.)		<input checked="" type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.
15 OLD DANBURY ROAD, P.O. BOX 812		85-3819293	
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number
WILTON	CT	06897-0812	

Part II Payee Information

Name of payee		SSN or ITIN	
MONTANA TECH FOUNDATION ENDOWMENT FUND			
Address (apt./ste., room, PO box, or PMB no.)		<input checked="" type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no. <input type="checkbox"/> CA SOS file no.
1300 WEST PARK STREET		81-0250363	
City (If you have a foreign address, see instructions.)	State	ZIP code	
BUTTE	MT	59701	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

<input type="checkbox"/> A Payments to Independent Contractors	<input type="checkbox"/> E Estate Distributions	<input type="checkbox"/> H Allocations to Foreign (non-U.S.) Nonresident Partners/Members
<input type="checkbox"/> B Trust Distributions	<input type="checkbox"/> F Elective Withholding	<input type="checkbox"/> I Other _____
<input type="checkbox"/> C Rents or Royalties	<input type="checkbox"/> G Elective Withholding/Indian Tribe	
<input checked="" type="checkbox"/> D Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders		

Part IV Tax Withheld

1 Total income subject to withholding	1	227	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	29	00
3 Total backup withholding	3		00

TAX RETURN FILING INSTRUCTIONS

COLORADO FORM 112

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	1,295
Less: payments and credits	\$	2,413
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	1,118

Overpayment:

Credit to your estimated tax	\$	1,118
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return DR 8454 to our office. We will then transmit your return to the CDOR. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:



State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
07/01/22	06/30/23

Tax Type	<input type="checkbox"/> Individual Income (DR 0104) <input checked="" type="checkbox"/> Corporate Income (DR 0112) <input type="checkbox"/> Partnership/S-Corp Income (DR 0106) <input type="checkbox"/> Fiduciary Income (DR 0105)		
----------	--	--	--

Taxpayer Last Name or Business Name	First Name or Business DBA if different from Business Name	Middle Initial
MONTANA TECHNOLOGICAL UNIV		
Spouse's Last Name (if applicable)	First Name	Middle Initial
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
		81-0250363
Taxpayer or Business Address	City	State ZIP
1300 WEST PARK STREET	BUTTE	MT 59701

Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	\$	
3. Colorado Tax from your Colorado return (see instructions for more information)	3	\$	1,295
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information)	4	\$	2,000

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)
Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
	P01217304
Check if also Preparer <input type="checkbox"/>	Date (MM/DD/YY)
	04/25/24



2022 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/22)		Year Ending (MM/DD/YY)	
07/01/22		06/30/23	
Name of Corporation		• Colorado Account Number	
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION			
Address		• Federal Employer ID Number	
1300 WEST PARK STREET		81-0250363	
City	State	ZIP	
BUTTE	MT	59701	
• <input type="checkbox"/> Mark for Final Return		• <input type="checkbox"/> If you are submitting a statement disclosing a listed or reported transaction, mark this box	

• **A. Apportionment of Income.** This return is being filed for:

<input type="checkbox"/> (42) A corporation not apportioning income; <input checked="" type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required); <input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112RF required);	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales; <input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272; <input type="checkbox"/> (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);
--	---

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

<input checked="" type="checkbox"/> A single corporation filing a separate return; <input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required); <input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);
---	---

• Enter the year of election (YYYY)

Federal Taxable Income	Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	• 1	0 00
2. Federal taxable income of companies not included in this return	• 2	0 00
3. Net federal taxable income, subtract line 2 from line 1	3	0 00
Additions		
4. Federal net operating loss deduction	• 4	00
5. Colorado income tax deduction	• 5	00



Name	Account Number	
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION		
6. Other additions, submit explanation	• 6	00
7. Sum of lines 3 through 6	7	0 00
Subtractions		
8. Exempt federal interest	• 8	00
9. Excludable foreign source income	• 9	00
10. Colorado Marijuana Business Deduction	• 10	00
11. Other subtractions, explanation required below	• 11	00
Explain:		
12. Sum of lines 8 through 11	12	00
Taxable Income		
13. Modified federal taxable income, subtract line 12 from line 7	13	0 00
14. Colorado taxable income before net operating loss deduction	• 14	29,441 00
15. Colorado net operating loss deduction: (see instructions)		
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018	• 15(a)	00
(b) Subtract line 15(a) from line 14, if zero skip to 15(d)	15(b)	00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018	• 15(c)	00
(d) Colorado net operating loss deduction, sum of (a) and (c)	15(d)	00
16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions)	• 16	00
17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14	17	29,441 00
18 Tax, 4.4% of the amount on line 17	• 18	1,295 00
Credits		
19. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18.) You must submit the DR 0112CR with your return.	• 19	00
20. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return.	• 20	00
21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return.	• 21	00
22. Net tax, sum of lines 19, 20, and 21. Subtract that sum from line 18.	22	1,295 00
23. Recapture of prior year credits	• 23	00



220112 41019

Name		Account Number	
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION			
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
Address		City	State ZIP
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
• 523900		•	
F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Kind of business in detail PARTNERSHIP INVESTMENTS			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			• <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			• <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name of person or firm preparing return		First Name	Middle Initial
CRESSWELL CPA		EMINA	O
Address of person or firm preparing return		Phone Number	
601 W. RIVERSIDE AVENUE STE 1800		509-747-2600	
City	State	ZIP	
SPOKANE	WA	99201	
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
CEO			
Do Not Submit Federal Return, Forms or Schedules when Filing this Return			

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6</p>	<p>If you are filing this return without a check or payment please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 5</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



2022 Schedule RF - Apportionment Schedule

Complete this form in accordance with section 39-22-303.6 C.R.S., and the regulations thereunder.

Name	Account Number
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT	81-0250363
1. Total modified federal taxable income from the DR 0112 line 13	1 0
Apportionable Income Apportioned to Colorado By Use of the Receipts Factor	
Do not include foreign source income modified out on the DR 0112 line 9.	
	<div style="display: flex; justify-content: space-around;"> ● Colorado ● Everywhere </div>
2. Gross receipts from the sale of tangible personal property ● 2	
3. Gross receipts from the sale of services ● 3	
4. Gross receipts from the sale, rental, lease, or license of real property ● 4	
5. Gross receipts from the rental, lease, or license of tangible personal property ● 5	
6. Gross receipts from the sale, rental, lease, or license of intangible property ● 6	
7. Distributive share of partnership factors ● 7	
8. Total receipts (total of lines 2 through 7 in each column) 8	
9. Line 8 (Colorado) divided by line 8 (Everywhere) 9	.0000
Complete Lines 10 and 13 only if nonapportionable income is being directly allocated. If all income is being treated as apportionable income, enter 0 (Zero) on Lines 10 and 13.	
10. Less income directly allocable to any state, including Colorado	
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property ●
	(b) Capital gains and losses ●
	(c) Interest and dividends ●
	(d) Patents and copyright royalties ●
	(e) Other nonapportionable income ●
	(f) Total income directly allocable (add lines (a) through (e)) 10
11. Modified federal taxable income subject to apportionment, line 1 less line 10 11	
12. Income apportioned to Colorado, line 9 multiplied by line 11 12	

Do not submit federal return, forms or schedules when filing this return.



220112RF21019



Name		Account Number	
MONTANA TECHNOLOGICAL UNIVERSI		81-0250363	
13. Add income directly allocable to Colorado:			
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property	•	
	(b) Capital gains and losses	•	
	(c) Interest and dividends	•	
	(d) Patents and copyright royalties	•	
	(e) Other nonapportionable income	•	29,441
	(f) Total income directly allocable to Colorado (add lines (a) through (e))		13
14. Total income apportioned and allocated to Colorado, sum of lines 12 and 13(f). Enter here and on the DR 0112 line 14		14	29,441
15. <input type="checkbox"/> Pursuant to §39-22-303.6(8) C.R.S. , taxpayer elects to treat all income as apportionable income for the tax year covered by this return			





220106K 11756

2022 Colorado K-1

Form with sections for: Fiscal Year Beginning/Ending, Name of Partner or Shareholder, Address, Resident/Non-Resident status, Partnership/S Corporation info, and a table for Partner's or Shareholder's share of income and other items (lines 1-15).

Montana Technology University Foundation, Inc.

EIN # 81-0250363

For the tax year ending 6/30/23

Attachment to Form CO 112

		State sourced	
		UBTI	Withholding
UBI from investment in partnership	82-4487056	(5)	-
UBI from investment in partnership	87-1018183	(118)	-
UBI from investment in partnership	86-1900765	(28)	-
UBI from investment in partnership	38-3844471	5	-
UBI from investment in partnership	47-2468038	20,962	-
UBI from investment in partnership	82-3512697	(586)	-
UBI from investment in partnership	37-1656529	9,155	-
UBI from investment in partnership	85-3819293	7	-
UBI from investment in partnership	82-3170994	110	-
UBI from investment in partnership	81-2852078	(25)	-
UBI from investment in partnership	36-4939667	(36)	-
Total Income From Passthroughs		29,441	-

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	106
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	106

Overpayment:

Credited to your estimated tax	\$	106
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Illinois Department of Revenue
P.O. Box 19009
Springfield, IL 62794-9009

Return Must be Mailed On or Before:

June 17, 2024

Special Instructions:



2022 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2022, enter your fiscal tax year here. Tax year beginning <u>JUL 1</u> , 20 <u>22</u> , ending <u>JUN 30</u> 20 <u>23</u> <small>month day year month day year</small> WARNING This form is for tax years ending on or after December 31, 2022, and before December 31, 2023. For all other situations, see instructions to determine the correct form to use.	Enter the amount you are paying. \$ _____
---	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: MONTANA TECHNOLOGICAL UNIVERSITY FOU

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____
 Mailing address: 1300 WEST PARK STREET
 City: BUTTE State: MT ZIP: 59701

C If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
81-0250363

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
523000

J Check this box if you are a 52/53 week filer.

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions. Attach a copy of your U.S. Form 990-T.	1	45,943 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	45,943 .00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input checked="" type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	374,349 .00
5 Business income or loss. Subtract Line 4 from Line 3.	5	-328,406 .00
6 Total sales everywhere. This amount cannot be negative.	6	45,943 .
7 Total sales inside Illinois. This amount cannot be negative.	7	0 .
8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8	.000000
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	0 .00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	-3,899 .00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	-3,899 .00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	-3,899 .00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	.00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16 Investment credits. Attach Form IL-477.	16	0 .00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter zero.	17	0 .00

Attach your payment and Form IL-990-T-V here.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund or balance due calculation.

Form box for Step 34: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe.

► If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signatures and preparer information table. Includes fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, Firm Name, Address, FEIN, Phone), and a checkbox for Department discussion.

► If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

► If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Form 990 (2022)

81-0250363 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				16,172,226.			
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)			337,982.		337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events			111,712.		111,712.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities			9,441.		9,441.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a PASSTHROUGH INCOME	Business Code	900099	45,943.	45,943.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			45,943.			
12 Total revenue. See instructions			43,480,742.	0.	45,943.	531,085.	

FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 1

PASSTHROUGH INVESTMENTS

TO FORM IL-990-T, PAGE 1

298031 01-23-23

Printed by the authority of the state of Illinois

Illinois Department of Revenue

2022 IL-990-T-V

IL-990-T-V (R-12/22) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

Tax year ending

FEIN 81-0250363 000 1

06 23
Month Year

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION
1300 WEST PARK STREET
BUTTE, MT 59701

Preparer's phone number 509-747-2600

\$ 10.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue."



990200623 1 810250363 000 1 00000001000

Montana Technology University Foundation, Inc.
EIN # 81-0250363
For the tax year ending 6/30/23
Attachment to Form IL-990-T

		State sourced	
		UBTI	Withholding
UBI from investment in partnership	85-2749850	(1)	-
UBI from investment in partnership	82-4487056	199	-
UBI from investment in partnership	87-1018183	(26)	-
UBI from investment in partnership	38-3932557	(4,280)	-
UBI from investment in partnership	86-1900765	56	-
UBI from investment in partnership	38-3844471	77	-
UBI from investment in partnership	37-1656529	41	-
UBI from investment in partnership	85-3819293	44	-
UBI from investment in partnership	82-3170994	74	-
UBI from investment in partnership	81-2852078	(139)	-
UBI from investment in partnership	36-4939667	56	-
		<u>(3,899)</u>	<u>-</u>



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND REAL ESTATE OPPORTUNITY FUND
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 86-1900765
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECH FOUNDATION ENDOWMENT FUND
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 **--***0363
Social Security number or FEIN
- 8 0.859987
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

- 9b To be completed by the recipient on Line 5 only.
- I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:
Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10	
11 Dividends	11	
12 Rental income	12	
13 Patent royalties	13	
14 Copyright royalties	14	
15 Other royalty income	15	
16 Capital gain or loss from real property	16	
17 Capital gain or loss from tangible personal property	17	
18 Capital gain or loss from intangible personal property	18	
19 Other income and expense	19	
Specify		

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 (9,118)	39
21 Net income or loss from rental real estate activities	21 (12,695)	(5,326)
22 Net income or loss from other rental activities	22	
23 Interest	23 246	182
24 Dividends	24 772	
25 Royalties	25	
26 Net short-term capital gain or loss	26	
27 Net long-term capital gain or loss. Total for year.	27	
28 Unrecaptured Section 1250 gain	28 947	844
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 450	
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 13,584	13,005
31 Other income and expense	31 (11,306)	(1,522)
Specify		

Enter identification number from Line 7.

-*0363



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, Column A (Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)), and Column B (Member's share apportioned or allocated to Illinois). Rows include Section 1245 and 1250 gain (48), Section 1231 gain (49), Section 1231 gain less casualty and theft gain (50), and Capital gain (51).

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include Illinois Income Tax Credits (52a-52x) and Other credits (53a-53b), Recapture (54a-54d), Pass-through withholding (55), and Federal income attributable to transactions (56, 57).



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL OCIO GLOBAL PRIVATE
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 87-1018183
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.830496
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.
 I am a: grantor trust disregarded entity
 and the amounts on this schedule will be reported by:
 Name: _____
 SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 _____ (4,590)	_____ (1)
21 Net income or loss from rental real estate activities	21 _____ 1	_____
22 Net income or loss from other rental activities	22 _____ 16	_____
23 Interest	23 _____ 600	_____
24 Dividends	24 _____ 1,529	_____
25 Royalties	25 _____ 1	_____
26 Net short-term capital gain or loss	26 _____ 564	_____
27 Net long-term capital gain or loss. Total for year.	27 _____ 8,286	_____
28 Unrecaptured Section 1250 gain	28 _____ 130	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____ 37	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____ 48	_____
31 Other income and expense _____ Specify	31 _____ (42,838)	_____ 19



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A	B
	Member's share from Form IL-1065 or IL-1120-ST	Member's share apportioned or allocated to Illinois
32 Federally tax-exempt interest income	32 _____	_____
33 Illinois taxes and surcharge deducted. See instructions.	33 _____	_____
34 Illinois Special Depreciation addition	34 _____	_____
35 Related-Party Expenses addition	35 _____	_____
36 Distributive share of additions	36 _____	_____
37 Other additions (from Illinois Schedule M for businesses)	37 _____	_____
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a _____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b _____	_____
39 River Edge Redevelopment Zone Dividend subtraction	39 _____	_____
40 High Impact Business Dividend subtraction	40 _____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41 _____	_____
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42 _____	_____
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43 _____	_____
44 Illinois Special Depreciation subtraction	44 _____	_____
45 Related-Party Expenses subtraction	45 _____	_____
46 Distributive share of subtractions	46 _____	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47 _____	_____

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A	B
	Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48 _____	_____
49 Section 1231 gain	49 _____	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50 _____	_____
51 Capital gain	51 _____	_____

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return	Member's share from Illinois tax return
52 Illinois Income Tax Credits			
a Film Production Services	5000	52a _____	
b Enterprise Zone Investment	5080	52b _____	
c Enterprise Zone Construction Jobs	5120	52c _____	
d High Impact Business Construction Jobs	5160	52d _____	
e Affordable Housing Donations	5260	52e _____	
f EDGE	5300	52f _____	
g New Construction EDGE	5320	52g _____	
h Research and Development	5340	52h _____	
i Wages Paid to Ex-Felons	5380	52i _____	
j Student-Assistance Contributions	5420	52j _____	
k Angel Investment	5460	52k _____	
l New Markets Development	5500	52l _____	
m River Edge Historic Preservation	5540	52m _____	
n River Edge Construction Jobs	5560	52n _____	
o Live Theater Production	5580	52o _____	
p Hospital	5620	52p _____	
q Invest in Kids	5660	52q _____	
r Data Center Construction Employment	5820	52r _____	
s Apprenticeship Education Expense	0160	52s _____	
t Historic Preservation	1030	52t _____	
u REV Illinois Investment	5230	52u _____	
v Agritourism Liability Insurance	5440	52v _____	
w Recovery and Mental Health	0180	52w _____	
x Other income tax credits		52x _____	
53 Other credits			
a Pass-through Entity (PTE) Tax Credit See instructions.			53a _____
b Replacement Tax Investment Credits See instructions.			53b _____
54 Recapture			
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture			54a _____
b REV Illinois Investment Credit recapture			54b _____
c Replacement Tax Investment Credit recapture			54c _____
d Additional income tax credit recapture			54d _____
55 Pass-through withholding See instructions.			55 _____
56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.			56 _____
57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge. See instructions.			57 _____



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL PARTNERS V, LP
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 38-3844471
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.954320
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.
 I am a: grantor trust disregarded entity
 and the amounts on this schedule will be reported by:
 Name: _____
 SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 _____ 5,280	_____ 83
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____ 5	_____
23 Interest	23 _____ 1,673	_____ 1
24 Dividends	24 _____ 5,583	_____ 1
25 Royalties	25 _____ 28	_____
26 Net short-term capital gain or loss	26 _____ (881)	_____
27 Net long-term capital gain or loss. Total for year.	27 _____ 45,706	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____ (56)	_____ (3)
31 Other income and expense _____ Specify	31 _____ (13,443)	_____ (10)

Enter identification number from Line 7.

81-0250363



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, Column A (Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)), and Column B (Member's share apportioned or allocated to Illinois). Rows include Section 1245 and 1250 gain (48), Section 1231 gain (49), Section 1231 gain less casualty and theft gain (50), and Capital gain (51).

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include Illinois Income Tax Credits (52a-52x) and Other credits (53a-53b), Recapture (54a-54d), Pass-through withholding (55), and Federal income attributable to transactions (56-57).



Schedule K-1-P



Year ending

12 22
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL ENVIRONMENTAL
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 85-2749850
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.430700
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:

Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A		B	
	Member's share (See instructions.)		Member's share allocable to Illinois	
10 Interest	10	_____		_____
11 Dividends	11	_____		_____
12 Rental income	12	_____		_____
13 Patent royalties	13	_____		_____
14 Copyright royalties	14	_____		_____
15 Other royalty income	15	_____		_____
16 Capital gain or loss from real property	16	_____		_____
17 Capital gain or loss from tangible personal property	17	_____		_____
18 Capital gain or loss from intangible personal property	18	_____		_____
19 Other income and expense _____ <small style="margin-left: 100px;">Specify</small>	19	_____		_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A		B
		Member's share from U.S. Schedule K-1, less nonbusiness income		Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	(6,031)		(420)
21 Net income or loss from rental real estate activities	21	(5,714)		
22 Net income or loss from other rental activities	22			
23 Interest	23	23		
24 Dividends	24	3,518		
25 Royalties	25			
26 Net short-term capital gain or loss	26	1,033		
27 Net long-term capital gain or loss. Total for year.	27	2,230		
28 Unrecaptured Section 1250 gain	28			
29 Guaranteed payments to partner (U.S. Form 1065 only)	29			
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30	(17)		
31 Other income and expense _____ <small style="margin-left: 100px;">Specify</small>	31	(15,183)		(2)

Enter identification number from Line 7.

81-0250363



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, Column A (Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)), and Column B (Member's share apportioned or allocated to Illinois). Rows include Section 1245 and 1250 gain (48), Section 1231 gain (49), Section 1231 gain less casualty and theft gain (50), and Capital gain (51).

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include Illinois Income Tax Credits (52a-52x) and Other credits (53a-53b), Recapture (54a-54d), Pass-through withholding (55), and Federal income attributable to transactions (56-57).



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL NATURAL RESOURCES
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 37-1656529
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.192316
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.
 I am a: grantor trust disregarded entity
 and the amounts on this schedule will be reported by:
 Name: _____
 SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>57,309</u>	_____
21 Net income or loss from rental real estate activities	21 <u>8</u>	_____
22 Net income or loss from other rental activities	22 <u>299</u>	_____
23 Interest	23 <u>2,342</u>	_____
24 Dividends	24 <u>54,489</u>	_____
25 Royalties	25 <u>19,362</u>	_____
26 Net short-term capital gain or loss	26 <u>2,963</u>	_____
27 Net long-term capital gain or loss. Total for year.	27 <u>38,837</u>	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 <u>2,139</u>	_____
31 Other income and expense _____ Specify	31 <u>(26,056)</u>	_____

Enter identification number from Line 7.

81-0250363



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, Column A (Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)), and Column B (Member's share apportioned or allocated to Illinois). Rows include Section 1245 and 1250 gain (48), Section 1231 gain (49), Section 1231 gain less casualty and theft gain (50), and Capital gain (51).

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return, and Member's share from Illinois tax return. Rows include Illinois Income Tax Credits (52a-52x) and Other credits (53a-53b), Recapture (54a-54d), Pass-through withholding (55), and Federal income attributable to transactions (56-57).



Schedule K-1-P



Year ending

12 22
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL SECONDARY PARTNERS II
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 82-3170994
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.299953
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:

Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ <small style="margin-left: 20px;">Specify</small>	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	14,661	81
21 Net income or loss from rental real estate activities	(378)	_____
22 Net income or loss from other rental activities	12	_____
23 Interest	6,096	_____
24 Dividends	8,422	_____
25 Royalties	2,729	_____
26 Net short-term capital gain or loss	486	_____
27 Net long-term capital gain or loss. Total for year.	105,590	9
28 Unrecaptured Section 1250 gain	171	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	_____	1
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	7,358	3
31 Other income and expense _____ <small style="margin-left: 20px;">Specify</small>	(35,344)	(38)

Enter identification number from Line 7.

81-0250363



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

Table with 3 columns: Description, Column A (Member's share from Form IL-1065 or IL-1120-ST), and Column B (Member's share apportioned or allocated to Illinois). Rows include Additions (32-37) and Subtractions (38a-47).

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

Table with 3 columns: Description, Column A (Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)), and Column B (Member's share apportioned or allocated to Illinois). Rows include 48-51.

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

Table with 4 columns: Description, Credit Code, Member's share from Illinois tax return (Column A), and Member's share from Illinois tax return (Column B). Rows include 52 Illinois Income Tax Credits (a-x) and 53 Other credits (a-d).



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL STRATEGIC SOLUTIONS
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 81-2852078
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.560852
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:

Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ <small style="margin-left: 20px;">Specify</small>	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 _____ 246	_____ (203)
21 Net income or loss from rental real estate activities	21 _____ (48)	_____
22 Net income or loss from other rental activities	22 _____ 9	_____
23 Interest	23 _____ 4,948	_____ 2
24 Dividends	24 _____ 4,913	_____
25 Royalties	25 _____ 232	_____
26 Net short-term capital gain or loss	26 _____ 44	_____
27 Net long-term capital gain or loss. Total for year.	27 _____ 60,602	_____ 1
28 Unrecaptured Section 1250 gain	28 _____ 33	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____ 4,793	_____ 127
31 Other income and expense _____ <small style="margin-left: 20px;">Specify</small>	31 _____ (13,095)	_____ (7)



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A	B
	Member's share from Form IL-1065 or IL-1120-ST	Member's share apportioned or allocated to Illinois
32 Federally tax-exempt interest income	32 _____	_____
33 Illinois taxes and surcharge deducted. See instructions.	33 _____	_____
34 Illinois Special Depreciation addition	34 _____	_____
35 Related-Party Expenses addition	35 _____	_____
36 Distributive share of additions	36 _____	_____
37 Other additions (from Illinois Schedule M for businesses)	37 _____	_____
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a _____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b _____	_____
39 River Edge Redevelopment Zone Dividend subtraction	39 _____	_____
40 High Impact Business Dividend subtraction	40 _____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41 _____	_____
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42 _____	_____
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43 _____	_____
44 Illinois Special Depreciation subtraction	44 _____	_____
45 Related-Party Expenses subtraction	45 _____	_____
46 Distributive share of subtractions	46 _____	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47 _____	_____

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A	B
	Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48 _____	_____
49 Section 1231 gain	49 _____	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50 _____	_____
51 Capital gain	51 _____	_____

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return	Member's share from Illinois tax return
52 Illinois Income Tax Credits			
a Film Production Services	5000	52a _____	
b Enterprise Zone Investment	5080	52b _____	
c Enterprise Zone Construction Jobs	5120	52c _____	
d High Impact Business Construction Jobs	5160	52d _____	
e Affordable Housing Donations	5260	52e _____	
f EDGE	5300	52f _____	
g New Construction EDGE	5320	52g _____	
h Research and Development	5340	52h _____	
i Wages Paid to Ex-Felons	5380	52i _____	
j Student-Assistance Contributions	5420	52j _____	
k Angel Investment	5460	52k _____	
l New Markets Development	5500	52l _____	
m River Edge Historic Preservation	5540	52m _____	
n River Edge Construction Jobs	5560	52n _____	
o Live Theater Production	5580	52o _____	
p Hospital	5620	52p _____	
q Invest in Kids	5660	52q _____	
r Data Center Construction Employment	5820	52r _____	
s Apprenticeship Education Expense	0160	52s _____	
t Historic Preservation	1030	52t _____	
u REV Illinois Investment	5230	52u _____	
v Agritourism Liability Insurance	5440	52v _____	
w Recovery and Mental Health	0180	52w _____	
x Other income tax credits		52x _____	
53 Other credits			
a Pass-through Entity (PTE) Tax Credit See instructions.			53a _____
b Replacement Tax Investment Credits See instructions.			53b _____
54 Recapture			
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture			54a _____
b REV Illinois Investment Credit recapture			54b _____
c Replacement Tax Investment Credit recapture			54c _____
d Additional income tax credit recapture			54d _____
55 Pass-through withholding See instructions.			55 _____
56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.			56 _____
57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge. See instructions.			57 _____



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL STRATEGIC SOLUTIONS
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 36-4939667
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.987306
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:
Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 _____ (567)	_____ 71
21 Net income or loss from rental real estate activities	21 _____ (26)	_____
22 Net income or loss from other rental activities	22 _____ 1	_____
23 Interest	23 _____ 3,036	_____
24 Dividends	24 _____ 5,071	_____
25 Royalties	25 _____ 159	_____
26 Net short-term capital gain or loss	26 _____ 4,652	_____
27 Net long-term capital gain or loss. Total for year.	27 _____ 17,921	_____ 1
28 Unrecaptured Section 1250 gain	28 _____ 14	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____ 450	_____
31 Other income and expense _____ Specify	31 _____ (54,475)	_____ (23)



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A	B
	Member's share from Form IL-1065 or IL-1120-ST	Member's share apportioned or allocated to Illinois
32 Federally tax-exempt interest income	32 _____	_____
33 Illinois taxes and surcharge deducted. See instructions.	33 _____	_____
34 Illinois Special Depreciation addition	34 _____	_____
35 Related-Party Expenses addition	35 _____	_____
36 Distributive share of additions	36 _____	_____
37 Other additions (from Illinois Schedule M for businesses)	37 _____	_____
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a _____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b _____	_____
39 River Edge Redevelopment Zone Dividend subtraction	39 _____	_____
40 High Impact Business Dividend subtraction	40 _____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41 _____	_____
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42 _____	_____
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43 _____	_____
44 Illinois Special Depreciation subtraction	44 _____	_____
45 Related-Party Expenses subtraction	45 _____	_____
46 Distributive share of subtractions	46 _____	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47 _____	_____

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A	B
	Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48 _____	_____
49 Section 1231 gain	49 _____	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50 _____	_____
51 Capital gain	51 _____	_____

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return	Member's share from Illinois tax return
52 Illinois Income Tax Credits			
a Film Production Services	5000	52a _____	
b Enterprise Zone Investment	5080	52b _____	
c Enterprise Zone Construction Jobs	5120	52c _____	
d High Impact Business Construction Jobs	5160	52d _____	
e Affordable Housing Donations	5260	52e _____	
f EDGE	5300	52f _____	
g New Construction EDGE	5320	52g _____	
h Research and Development	5340	52h _____	
i Wages Paid to Ex-Felons	5380	52i _____	
j Student-Assistance Contributions	5420	52j _____	
k Angel Investment	5460	52k _____	
l New Markets Development	5500	52l _____	
m River Edge Historic Preservation	5540	52m _____	
n River Edge Construction Jobs	5560	52n _____	
o Live Theater Production	5580	52o _____	
p Hospital	5620	52p _____	
q Invest in Kids	5660	52q _____	
r Data Center Construction Employment	5820	52r _____	
s Apprenticeship Education Expense	0160	52s _____	
t Historic Preservation	1030	52t _____	
u REV Illinois Investment	5230	52u _____	
v Agritourism Liability Insurance	5440	52v _____	
w Recovery and Mental Health	0180	52w _____	
x Other income tax credits		52x _____	
53 Other credits			
a Pass-through Entity (PTE) Tax Credit See instructions.			53a _____
b Replacement Tax Investment Credits See instructions.			53b _____
54 Recapture			
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture			54a _____
b REV Illinois Investment Credit recapture			54b _____
c Replacement Tax Investment Credit recapture			54c _____
d Additional income tax credit recapture			54d _____
55 Pass-through withholding See instructions.			55 _____
56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.			56 _____
57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge. See instructions.			57 _____



Schedule K-1-P



Year ending

06 23
Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type partnership S corporation
- 2 COMMONFUND CAPITAL STRATEGIC SOLUTIONS
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 38-3932557
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1."

Step 2: Identify your partner or shareholder

- 5 MONTANA TECHNOLOGICAL UNIVERSITY
Name
- 6 1300 WEST PARK STREET
Mailing address
- BUTTE, MT 59701
City State ZIP
- 7 81-0250363
Social Security number or FEIN
- 8 0.623871
Share (%)

- 9a Check the appropriate box. See instructions.
- individual corporation trust
 - partnership S corporation estate

9b To be completed by the recipient on Line 5 only.

I am a: grantor trust disregarded entity
and the amounts on this schedule will be reported by:

Name: _____
SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>3,035</u>	<u>51</u>
21 Net income or loss from rental real estate activities	21 <u>(8)</u>	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 <u>5,099</u>	_____
24 Dividends	24 <u>4,042</u>	<u>2</u>
25 Royalties	25 <u>5</u>	_____
26 Net short-term capital gain or loss	26 <u>186</u>	_____
27 Net long-term capital gain or loss. Total for year.	27 <u>99,264</u>	<u>1</u>
28 Unrecaptured Section 1250 gain	28 <u>8</u>	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 <u>1,868</u>	<u>258</u>
31 Other income and expense _____ Specify	31 <u>(9,976)</u>	<u>(6)</u>



Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A	B
	Member's share from Form IL-1065 or IL-1120-ST	Member's share apportioned or allocated to Illinois
32 Federally tax-exempt interest income	32 _____	_____
33 Illinois taxes and surcharge deducted. See instructions.	33 _____	_____
34 Illinois Special Depreciation addition	34 _____	_____
35 Related-Party Expenses addition	35 _____	_____
36 Distributive share of additions	36 _____	_____
37 Other additions (from Illinois Schedule M for businesses)	37 _____	_____
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a _____	_____
b Interest from U.S. Treasury obligations (nonbusiness income)	38b _____	_____
39 River Edge Redevelopment Zone Dividend subtraction	39 _____	_____
40 High Impact Business Dividend subtraction	40 _____	_____
41 Contribution subtraction (Form IL-1120-ST filers only)	41 _____	_____
42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only)	42 _____	_____
43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only)	43 _____	_____
44 Illinois Special Depreciation subtraction	44 _____	_____
45 Related-Party Expenses subtraction	45 _____	_____
46 Distributive share of subtractions	46 _____	_____
47 Other subtractions (from Illinois Schedule M for businesses)	47 _____	_____

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A	B
	Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48 _____	_____
49 Section 1231 gain	49 _____	_____
50 Section 1231 gain less casualty and theft gain. See instructions.	50 _____	_____
51 Capital gain	51 _____	_____

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return	Member's share from Illinois tax return
52 Illinois Income Tax Credits			
a Film Production Services	5000	52a _____	
b Enterprise Zone Investment	5080	52b _____	
c Enterprise Zone Construction Jobs	5120	52c _____	
d High Impact Business Construction Jobs	5160	52d _____	
e Affordable Housing Donations	5260	52e _____	
f EDGE	5300	52f _____	
g New Construction EDGE	5320	52g _____	
h Research and Development	5340	52h _____	
i Wages Paid to Ex-Felons	5380	52i _____	
j Student-Assistance Contributions	5420	52j _____	
k Angel Investment	5460	52k _____	
l New Markets Development	5500	52l _____	
m River Edge Historic Preservation	5540	52m _____	
n River Edge Construction Jobs	5560	52n _____	
o Live Theater Production	5580	52o _____	
p Hospital	5620	52p _____	
q Invest in Kids	5660	52q _____	
r Data Center Construction Employment	5820	52r _____	
s Apprenticeship Education Expense	0160	52s _____	
t Historic Preservation	1030	52t _____	
u REV Illinois Investment	5230	52u _____	
v Agritourism Liability Insurance	5440	52v _____	
w Recovery and Mental Health	0180	52w _____	
x Other income tax credits		52x _____	
53 Other credits			
a Pass-through Entity (PTE) Tax Credit See instructions.			53a _____
b Replacement Tax Investment Credits See instructions.			53b _____
54 Recapture			
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture			54a _____
b REV Illinois Investment Credit recapture			54b _____
c Replacement Tax Investment Credit recapture			54c _____
d Additional income tax credit recapture			54d _____
55 Pass-through withholding See instructions.			55 _____
56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.			56 _____
57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge. See instructions.			57 _____

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701</p>	<p>D Employer identification number 81-0250363</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 100,387,232.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of **LANCE ALLEN** Telephone number **406-496-4615**

Part I Total Unrelated Business Taxable Income			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1		35,093.
2 Reserved	2		
3 Add lines 1 and 2	3		35,093.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4		3,409.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5		31,684.
6 Deduction for net operating loss. See instructions	6		
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7		31,684.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8		1,000.
9 Trusts. Section 199A deduction. See instructions	9		
10 Total deductions. Add lines 8 and 9	10		1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		30,684.

Part II Tax Computation			
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1		6,444.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2		
3 Proxy tax. See instructions	3		
4 Other tax amounts. See instructions	4		
5 Alternative minimum tax (trusts only)	5		
6 Tax on noncompliant facility income. See instructions	6		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7		6,444.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2022)

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	10.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	10.
2	Subtract line 1e from Part II, line 7	2	6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____ If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V _____		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	CEO Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 04/16/24	Check <input type="checkbox"/> if self-employed PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318		
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600		

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 61,306.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 61,306.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022
Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	1,041
Less: payments and credits	\$	884
Plus: other amount	\$	0
Plus: interest and penalties	\$	25
Balance due	\$	182

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

The Massachusetts Form M-990T should be filed via the web at:
<https://mtc.dor.state.ma.us/mtc>

Return Must be Mailed On or Before:

June 17, 2024

Special Instructions:



**Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return**

2022

For calendar year 2022 or taxable year beginning **JULY 1, 2022** and ending **JUNE 30, 2023**

Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.

Name of corporation MONTANA TECHNOLOGICAL UNIVERSITY		Federal Identification number 81-0250363	
Mailing address 1300 WEST PARK STREET			
City/Town BUTTE	State MT	ZIP 59701	
Taxpayer's books are in care of LANCE ALLEN		Telephone number 406-496-4615	
Number of employees in Massachusetts		Number of employees worldwide	

Fill in if (see instructions)

Initial return Final return Name change Address change Amended return (see instructions) Amended return due to federal change

Amended return due to federal audit Amended return due to IRS BBA Partnership Audit Enclosing Schedule DRE Enclosing Schedule FCI

Enclosing Schedule TDS S election termination or revocation Member of a lower-tier entity

Fill in if

501(c)(3) 501() () (Enter IRC section number) See instructions

Fill in if the corporation was a subsidiary in an affiliated group or a parent-subsidary controlled group during the taxable year

Name of parent corporation _____ Federal Identification number of parent corporation _____

Unrelated Business Income. Use whole dollar method.

1 Unrelated business taxable income (from Schedule E, Part II, line 18). See instructions	1	31,684.
2 Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3 Section 168(k) "bonus" depreciation adjustment. See instructions	3	
4 Section 31I and 31K intangible expense add back adjustment. See instructions	4	
5 Section 31J and 31K interest expense add back adjustment	5	
6 Federal NOL add back adjustment (from Schedule E, Part II, line 17). See instructions	6	
7 State and municipal bond interest not included in U.S. net income	7	
8 Other adjustments (from Schedule E, Part III, line 4). See instructions	8	
9 Income subject to apportionment. See instructions	9	31,684.
10 Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	10	0.000000
11 Multiply line 9 by line 10	11	

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate officer (see instructions)	Date	Print paid preparer's name	Preparer's PTIN
		EMINA O. CRESSWELL,	P01217304
Title	Date	Paid preparer's phone	Paid preparer's
CEO		509-747-2600	EIN 91-0189318
Fill in if you are signing as an authorized delegate of the		Paid preparer's signature	Date <input type="checkbox"/> Fill in if self-employed
appropriate corporate officer <input type="checkbox"/> (enclose Form M-2848)		EMINA O. CRESSWELL, CPA	04/25/24
Taxpayer's e-mail address _____			

The Privacy Act Notice is available upon request. Mail to **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company **MONTANA TECHNOLOGICAL UNIVERSITY** Federal Identification number **81-0250363**

Unrelated Business Income (cont'd.)

12	Income not subject to apportionment (from Schedule E, Part IV). See instructions	12	13,013.
13	Add lines 11 and 12	13	13,013.
14	Certified Massachusetts solar or wind power deduction	14	
15	Taxable income before net operating loss deduction. Subtract line 14 from line 13	15	13,013.
16	Loss carryover deduction (from Schedule NOL)	16	
17	Taxable income. Subtract line 16 from line 15	17	13,013.

Excise before credits

18	Multiply line 17 by .08	18	1,041.
19	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions	19	
20	Excise due before credits. Add lines 18 and 19	20	1,041.

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Total credits. Enclose Schedule CMS	21	
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Excise after credits

22	Excise due before voluntary contributions. Subtract line 21 from line 20. Not less than "0"	22	1,041.
23	Voluntary contribution for endangered wildlife conservation	23	
24	Total excise plus voluntary contribution. Add lines 22 and 23	24	1,041.

Payments

25	2021 overpayment applied to 2022 estimated tax	25	
26	2022 Massachusetts estimated tax payments (do not include amount in line 25)	26	
27	Payment made with extension	27	500.
28	Payment with original return. Use only if amending a return	28	
29	Pass-through entity withholding Payer Identification number 46-5165140	29	384.
30	Total refundable credits. Enclose Schedule CMS	30	
31	Total payments. Add lines 25 through 30	31	884.

Refund or balance due

32	Amount overpaid. Subtract line 24 from line 31	32	
33	Amount overpaid to be credited to 2023 estimated tax	33	
34	Amount overpaid to be refunded. Subtract line 33 from line 32	34	
35	Balance due. Subtract line 31 from line 24	35	157.
36a	M-2220 penalty	36a	25.
36b	Other penalties	36b	
36	Total penalty. Add lines 36a and 36b	36	25.
37	Interest on unpaid balance	37	
38	Total payment due at time of filing	38	182.



**Massachusetts Department of Revenue
Schedule E (Form M-990T)**

2022

Name of corporation **MONTANA TECHNOLOGICAL UNIVERSITY** Federal Identification number **81-0250363**

Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a Gross receipts or sales	1a	
1b Less returns and allowances	1b	
1c Balance. Subtract line 1b from line 1a	1c	
2 Cost of goods sold	2	
3 Gross profit. Subtract line 2 from line 1c	3	
4a Capital gain net income (attach Schedule D. From U.S. Form 1120). See instructions	4a	103,736.
4b Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797). See instructions	4b	
4c Unused capital loss carryover	4c	
4d Balance. Subtract line 4c from the total of lines 4a and 4b	4d	103,736.
5 Income or loss from a partnership or an S corporation (attach statement)	5	STATEMENT 1 -57,793.
6 Rent income	6	
7 Unrelated debt-financed income	7	
8 Interest, annuities, royalties and rents from a controlled organization	8	
9 Investment income of § 501(c)(7), (9) or (17) organizations	9	
10 Exploited exempt activity income	10	
11 Advertising income	11	
12 Other income (attach statement)	12	
13 Total income. Combine lines 3 through 12	13	45,943.

Part II Deductions Not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1 Compensation of officers, directors, and trustees	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest	5	
6 Taxes and licenses	6	3,350.
7 Depreciation	7	
8 Less depreciation	8	
9 Depletion	9	
10 Contributions to deferred compensations	10	
11 Employee benefit programs	11	
12 Excess exempt expenses	12	
13 Excess readership costs	13	
14 Other deductions	14	7,500.
15 Total deductions. Combine lines 1 through 14	15	10,850.



Name of corporation **MONTANA TECHNOLOGICAL UNIVERSITY** Federal Identification number **81-0250363**

Part II Deductions Not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II) (cont'd.)

16 Unrelated business income before applying net operating loss deduction. Subtract line 15 from Part I, line 13 ... **16**

17 Deduction for net operating loss **17**

18 Unrelated business taxable income **18**

Part III Adjustments (other adjustments from Form M-990T, Line 8)

1 Research and development **1**

2 Abandoned building and renovation deduction (see instructions) **2**

3 Adjustments other than in lines 1 and 2. List item(s) and amount(s). Enter total of all other adjustments on line 3 (see instructions):

Item	Amount

3 Total line 3 adjustments **3**

4 Total Part III adjustments. Combine total of lines 1 through 3 **4**

Part IV Adjustments (income not subject to apportionment from M-990T, Line 12)

1 List item(s) and amount(s) of income not subject to apportionment (see instructions):

Item	Amount
UBI ALLOCABLE TO MASSACHUSETTS	13,013.

1 Total Part IV adjustments **1**

SCHEDULE E

INCOME OR LOSS FROM A
PARTNERSHIP OR AN S CORPORATION

STATEMENT 1

DESCRIPTION	AMOUNT
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020,	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020,	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020,	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020,	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INC	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINAR	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTERES	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEN	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER I	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINA	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTERE	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDE	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER I	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORD	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INT	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIV	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTH	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (L	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINE	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (L	-8,687.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FU	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINE	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (L	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOM	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOM	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (L	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS I	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INC	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BU	-41,268.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOM	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUS	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROU	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROU	232.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROU	-6.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY BUSINESS	-5,893.
	<hr/>
TOTAL TO SCHEDULE E, LINE 5	-57,793.
	<hr/> <hr/>



**Massachusetts Department of Revenue
Form M-2220
Underpayment of Massachusetts
Estimated Tax by Corporations**

2022

Enclose this form with your return. Electronic filing requirements may apply (see TIRs 16-9 and 21-9). Please print in ink or type.

Name of corporation **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDA** Federal Identification number **81-0250363**

Figuring your underpayment. See instructions.

1 Enter 2022 tax	1		1041
2 Enter 90% of line 1	2		937
3 Enter 90% of 2022 tax using 2021 income apportionment percentage	3		
4 Enter 2021 tax	4		
5 Enter line 2, 3 or 4, whichever is smallest	5		937
6 Enter in col's. a through d (respectively) the installment dates of the 15th day of the 3rd, 6th, 9th and 12th months of your taxable year	6	a.	b.
		c.	d.
		9	9
7 Enter in col. a line 5 x 40% Enter in col. b line 5 x 25% Enter in col. c line 5 x 25% Enter in col. d line 5 x 10%	7	375	234
		234	94
<input type="checkbox"/> Check if you are a new corporation (see instructions).			
8 Amount paid or credited for each period	8	384	
9 Overpayment of previous installment	9	9	
10 Total. Add lines 8 and 9	10	384	9
11 Overpayment. Subtract line 7 from line 10	11	9	
12 Underpayment. Subtract line 10 from line 7 ...	12	225	234
			94
Figuring your underpayment penalty. Enter same installment dates used in line 6			
13 Amount of underpayment from line 12	13		
14 Enter the date of payment or the 15th day of the third month after the close of the taxable year, whichever is earlier	14		
15 Number of days from due date of installment to the date shown in line 14	15		
16 Number of days in line 15 after 3/15/22 and before 4/1/22	16		
17 Number of days in line 15 after 3/31/22 and before 7/1/22	17		

SEE ATTACHED UNDERPAYMENT WORKSHEET



Name of corporation
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDA

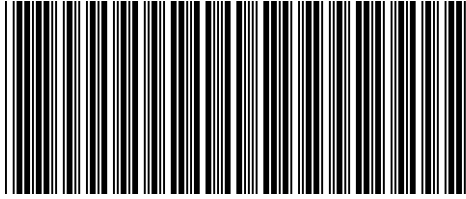
Federal Identification number
81-0250363

Figuring your underpayment penalty. (cont'd.)

	a.	b.	c.	d.
Enter same installment dates used in line 6				
18 Number of days in line 15 after 6/30/22 and before 10/1/22	18			
19 Number of days in line 15 after 9/30/22 and before 1/1/23	19			
20 Number of days in line 15 after 12/31/22 and before 4/1/23	20			
21 Number of days in line 15 after 3/31/23 and before 7/1/23	21			
22 Number of days in line 15 after 6/30/23 and before 10/1/23	22			
23 Number of days in line 15 after 9/30/23 and before 1/1/24	23			
24 Number of days in line 15 after 12/31/23 and before 3/16/24	24			
25 Underpayment in line 13 x (number of days in line 16 ÷ 365) x 4%	25			
26 Underpayment in line 13 x (number of days in line 17 ÷ 365) x 5%	26			
27 Underpayment in line 13 x (number of days in line 18 ÷ 365) x 6%	27			
28 Underpayment in line 13 x (number of days in line 19 ÷ 365) x 7%	28			
29 Underpayment in line 13 x (number of days in line 20 ÷ 365) x 8%	29			
30 Underpayment in line 13 x (number of days in line 21 ÷ 365) x *%	30			
31 Underpayment in line 13 x (number of days in line 22 ÷ 365) x *%	31			
32 Underpayment in line 13 x (number of days in line 23 ÷ 365) x *%	32			
33 Underpayment in line 13 x (number of days in line 24 ÷ 365) x *%	33			
34 Add lines 25 through 33	34			
35 Total of amounts in line 34. Enter the amount on line 35 of the corresponding line of the return	35			25

*Rate to be determined.

SEE ATTACHED UNDERPAYMENT WORKSHEET



2022 Schedule F

MA22066011019

Income Apportionment

MONTANA TECHNOLOGICAL UNIVERSITY 81 0250363

- Fill in:
- Section 38 manufacturer
 - Mutual fund service corporation reporting sales of mutual funds only
 - Mutual fund service corporation reporting sales of non-mutual funds
 - Other
 - Change in method of calculating one or more factors from prior year

LOCATION	STATE	FACILITY TYPE	ACCEPTS ORDERS	REG. IN STATE	FILES IN STATE
----------	-------	---------------	-------------------	------------------	-------------------

Apportionment Factors

1. Tangible property					
a. Property owned	Massachusetts		Worldwide		
b. Property rented	Massachusetts		Worldwide		
c. Total property owned and rented	Massachusetts		Worldwide		
d. Tangible property apportionment percentage			1d		0.000000
2. Payroll					
a. Total payroll	Massachusetts		Worldwide		
b. Payroll apportionment percentage			2b		0.000000
3. Sales					
a. Tangible (destination)	Massachusetts				
b. Tangible (throw back)	Massachusetts		Worldwide		45943
c. Services	Massachusetts		Worldwide		
d. Rents and royalties	Massachusetts		Worldwide		
e. Other sales factors	Massachusetts		Worldwide		
f. Total sales factors	Massachusetts		Worldwide		45943
g. Sales apportionment percentage			3g		0.000000
4. Apportionment percentage			4		0.000000
5. Massachusetts apportionment percentage			5		0.000000

257691 11-15-22

Montana Technology University Foundation, Inc.
For the tax year ended 6/30/23
EIN # 81-0250363
Attachment to Form M-990T

	EIN	Amount Sourced to Massachusetts	Withholding
UBI from investment in partnership	85-2749850	(18)	-
UBI from investment in partnership	82-4487056	7,529	-
UBI from investment in partnership	87-1018183	(18)	-
UBI from investment in partnership	86-1900765	(32)	-
UBI from investment in partnership	38-3844471	667	-
UBI from investment in partnership	82-3512697	(51)	-
UBI from investment in partnership	82-3170994	128	-
UBI from investment in partnership	81-2852078	(74)	-
UBI from investment in partnership	36-4939667	111	-
UBI from investment in partnership	46-5165140	4,771	384
		<u>13,013</u>	<u>384</u>

**Massachusetts Department of Revenue
Form M-990T-7004
Massachusetts Income Tax Extension
Payment Worksheet and Voucher**

This worksheet and voucher may be used by taxpayers filing Form M-990T, Form M-990T-62 or Form 3M. If you are mandated to pay electronically do *not* use the voucher form below. See TIR 16-9.

Worksheet for Tax Due

1 Estimated amount of tax for the taxable year	1	
2 Advance and/or estimated payments made (if any)	2	
3 Tax due. Subtract line 2 from line 1	3	

The full amount of tax due reported on line 3 must be paid by or before the original return due date. If there is no tax due on line 3; no further action is needed for the extension. If there is a tax due on line 3, pay online at mass.gov/masstaxconnect or use the M-990T-7004 voucher.

278041 02-15-23

DETACH HERE

2022 Form M-990T-7004

Massachusetts UBIT Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type 18	ID type 004	Vendor code 1019
Name of business	Federal Identification number 81-0250363		Check if incorporated in Massachusetts <input type="checkbox"/>	
Type of extension being applied for				
<input type="checkbox"/> Automatic eight-month <input type="checkbox"/> Extension until:				
Mailing address				
City/Town	State	ZIP	Amount enclosed	
			\$	

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to : Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 419544, Boston, MA 02241-9544.



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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701</p> <p>C Book value of all assets at end of year 100,387,232.</p>	<p>D Employer identification number 81-0250363</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>		<p>L The books are in care of LANCE ALLEN Telephone number 406-496-4615</p>	

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	35,093.
2 Reserved	2	
3 Add lines 1 and 2	3	35,093.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	3,409.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	31,684.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	31,684.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	30,684.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,444.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	6,444.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	10.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	10.
2	Subtract line 1e from Part II, line 7	2	6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____ If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V _____		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer _____	Date _____	CEO Title	<table border="1"> <tr> <td>May the IRS discuss this return with the preparer shown below (see instructions)?</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes
May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 04/16/24	Check <input type="checkbox"/> if self-employed PTIN P01217304		
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318				
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600				

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 61,306.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 61,306.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
---------------------------	--	-----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.	
	COMMONFUND CAPITAL PARTNERS V, LP							241.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

TAX RETURN FILING INSTRUCTIONS

MONTANA FORM CIT

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	50
Less: payments and credits	\$	3,500
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	3,450

Overpayment:

Credit to your estimated tax	\$	3,450
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return Form 8879-SO to our office. We will then transmit your return to the Montana DOR. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

8879-SO

State-Only e-file Signature Authorization

2022

Do not send to the Taxing Authority. This is not a tax return.
Keep this form for your records.

Taxpayer name
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

FEIN
81 0250363

Part I Electronically Filed States

MONTANA

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize MOSS ADAMS LLP to enter or generate my PIN 50363 as my signature on my tax year 2022 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Title CEO

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 91408716265 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature Date 04/25/2024

ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority

No Staples!

2022 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

Name: For calendar year 2022 or tax year beginning 07012022 and ending 06302023
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION
FEIN 810250363
Mailing Address: 1300 WEST PARK STREET
Federal Business Code/NAICS 523900
State Incorporated in MT on 11081967
City: BUTTE State: MT ZIP Code: 59701 Date Qualified in Montana: 07012019
MT Secretary of State ID: D033482

Mark all that apply:

Initial Return Amended Return - Filers need to complete the entire form using the corrected amounts.
Final Return Refund Return

Part I - Filing Method

- 1. Mark this box if you are protected under the provision of Public Law 86-272.
How many companies are claiming protection under Public Law 86-272?
If marked, Schedule K must be completed and included with your tax return; skip questions 2 through 5 of this part.
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes? Yes X No
3. Are you filing a combined return for Montana purposes? Yes X No
4. If you answered Yes to questions 2 or 3 above, then mark one of the following filing methods and include Schedule M:
a. Separate Company d. Domestic Combination
b. Separate Accounting e. Limited Combination (Attach statement)
c. Worldwide Combination f. Water's Edge
(You must have a valid election and Schedule WE must be included.)
5. How many members of the unitary group had property, payroll or receipts in Montana or have an interest in a pass-through entity with Montana activity during the taxable period?
6. Are all members of the unitary group 100% Montana corporations? X Yes No
7. If you answered Yes to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:
a. Ultimate U.S. parent's name as reported on federal tax return
b. Ultimate U.S. parent's FEIN

Part II - Amended Return Only (mark all that apply)

- a. Federal Revenue Agent Report; include a complete copy of this report.
b. NOL carryback/carryforward; list year(s) of loss. (Schedule NOL must be included.)
c. Apportionment factor changes; include a statement explaining all adjustments in detail.
d. Amended federal tax return (Form 1120X); include a complete copy of the federal Form 1120X.
e. Application and/or change in tax credit; list type of credit being claimed.
f. Other; include a statement explaining all adjustments in detail.

Part III - General Questions (all questions must be answered)

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
PARTNERSHIP INVESTMENTS
b. Is this your corporation's first Montana tax return? Yes X No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name FEIN



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MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

2022 Form CIT, Page 2

Period End Date

06302023

FEIN

810250363

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ... Yes X No
If Yes, please include detailed statement and indicate whether your corporation has:
Withdrawn Merged Dissolved Reorganized
Date of withdrawal, dissolution, merger, or reorganization
If applicable, enter the successor's name FEIN
d. For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction that you have not filed with the Montana Department of Revenue? ... Yes X No
If Yes, indicate what period(s)
e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ... Yes X No
If Yes, which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)?
f. Have you filed an amended federal tax return for any of the last five taxable periods? ... Yes X No
If Yes, for which years have you filed amended Montana returns?
g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If Yes, enter name and % of ownership ... Yes X No
h. Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? ... Yes X No
If Yes, enter name and % of ownership
i. Did the same individual, partnership, corporation, estate or trust designated above in question g or h, at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another (brother-sister) corporation? ... Yes No
j. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation that is not included in the consolidated group? ... Yes X No
If Yes, how many corporations?
k. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a foreign corporation? If Yes, how many corporations? ... Yes X No
l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ... Yes X No
If Yes, enter name and % of ownership
m. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a domestic partnership? If Yes, how many partnerships? ... Yes X No
n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If Yes, how many partnerships? ... Yes X No
If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.
o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. ... Yes X No

Part IV - Reporting of Special Transactions

Mark Yes if you filed any of the following forms with the Internal Revenue Service.

You must include with your Montana tax return a complete copy of any of these applicable forms.

- a. I filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service. ... Yes X No
Form 8886 is used to disclose information for each reportable transaction in which you participated.
b. I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service. ... Yes X No
Schedule UTP is used to disclose uncertain tax positions.



22EP02A1

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

2022 Form CIT, Page 3

Period End Date

06302023

FEIN

810250363

Computation of Montana Taxable Income and Net Amount Due

1. Taxable income reported on your federal tax return (line 28). Include a copy of signed federal Form 1120	1.	31684	00
2. Additions			
2a. State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 17	2a.	00	
2b. Federal tax exempt interest	2b.	00	
2c. Contributions used to compute qualified endowment credit	2c.	00	
2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule)	2d.	00	
2e. Income/loss of unitary corporations not included in federal consolidated return (attach schedule)	2e.	00	
2f. Deemed dividends - Water's Edge filers only (include Schedule WE)	2f.	00	
2g. Income/loss of corporations incorporated in tax havens - Water's Edge filers only (attach schedule)	2g.	00	
2h. Federal capital loss carry-over utilized on federal return. Include Schedule D	2h.	00	
2i. All of your other additions. Include a detailed breakdown	2i.	00	
Add lines 2a through 2i and enter the result. This is the total of your additions.	2.		00
3. Reductions			
3a. IRC Section 243 dividend received deduction	3a.	00	
3b. Nonapportionable income (include a detailed breakdown)	3b.	00	
3c. Montana recycling deduction (include Form RCYL)	3c.	00	
3d. Income/loss of nonunitary corporations included in federal consolidated return (attach schedule)	3d.	00	
3e. Income/loss of 80/20 companies - Water's Edge filers only (attach schedule)	3e.	00	
3f. Capital loss incurred in current year. Include federal Schedule D	3f.	00	
3g. All of your other reductions. Include a detailed breakdown STMT 1	3g.	64804	00
Add lines 3a through 3g and enter the result. This is the total of your reductions.	3.	64804	00
4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income.	4.	-33120	00

Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)

5. Income apportioned to Montana (multiply line 4 x 100.0000 % from Schedule K, line 6)	5.	-33120	00
6. Enter the income that you allocated directly to Montana. Include a detailed breakdown	6.		00
7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4)	7.	-33120	00
If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.			
8. Enter your Montana net operating loss carried over to this period	8.		00
Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.			
9. Subtract line 8 from line 7 and enter the result here. This is your Montana taxable income.	9.	-33120	00
10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). This is your Montana tax liability. (This amount cannot be less than the minimum tax liability of \$50.)	10.		50 00

Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



22EP03A1

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

2022 Form CIT, Page 4

Period End Date

06302023

FEIN

810250363

Computation of Montana Taxable Income and Net Amount Due (continued)

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include: 11. Your Montana tax liability from line 10 (50.00), 12. Payments (Total 3500.00), 13. Enter total credits (00.00), 14. Add lines 12 and 13, then subtract from line 11 and enter result (-3450.00), 15. Enter the amount of overpayment that you want to be applied to your 2023 estimated tax (3450.00), 16. Add lines 14 and 15; enter the result (00.00), 17. Enter interest on all the tax paid after the due date (00.00), 18. Enter estimated tax underpayment interest (00.00), 19. Penalty (00.00), 20a. If the result is positive, enter the amount due here (00.00), 20b. If the result is negative, enter the refund due here (00.00).

Direct Deposit

Your Refund

Form with fields: 1. RTN#, 2. ACCT#, 3. If using direct deposit, you are required to mark one box. (Checking/Savings), 4. Is this refund going to an account that is located outside of the United States or its territories? (Yes/No)

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer: x _____ Date: _____ Printed Name and Title: JAIME HEPPLER, CEO Telephone Number: 406 496 4615

Print/Type Preparer's Name: EMINA O. CRESSWELL, CPA Preparer's Signature: EMINA O. CRESSWELL, Date: 04252024 PTIN: P01217304 Firm's Name: MOSS ADAMS LLP Firm's Address: 601 W. RIVERSIDE AVENUE Telephone Number: 509 747 2600 Firm's FEIN: 910189318 SPOKANE WA 99201

May the DOR discuss this tax return with your tax preparer? [X] Yes [] No

Please mail your completed Form CIT to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021



22EP04A1

Schedule K - Apportionment Factors for Multi-State Taxpayers

Enter dollar values in columns A and B. Enter percentages in column C.

For combined filers, also complete Schedule-K Combined (See instructions)

1. Property Factor: Enter average values for real and tangible personal property.

	A. Everywhere	B. Montana	C. Factor
1a. Land	00		00
1b. Buildings	00		00
1c. Machinery	00		00
1d. Equipment	00		00
1e. Furniture and fixtures	00		00
1f. Leases and leased property	00		00
1g. Inventories	00		00
1h. Depletable assets	00		00
1i. Supplies and other	00		00
1j. Property of foreign subs included in combined group	00		00
1k. Property of unconsolidated subs included in combined group	00		00
1l. Property (pro-rata share) of pass-throughs included in group	00		00
1m. Multiply amount of rents by 8 and enter result	00		00
Total Property Value - add lines 1a through 1m	00		00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your property factor** 1. %

2. Payroll Factor:

2a. Compensation of officers	00		00
2b. Salaries and wages	00		00
Payroll included in:			
2c. Costs of goods sold	00		00
2d. Other deductions	00		00
2e. Payroll of foreign subs included in combined group	00		00
2f. Payroll of unconsolidated subs included in combined group	00		00
2g. Payroll (pro-rata share) of pass-throughs included in group	00		00
Total Payroll Value - add lines 2a through 2g	00		00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your payroll factor** 2. %

3. Gross Receipts Factor: Montana Sources Sales on Market Basis

3a. Gross receipts, less returns and allowances	00		
3b. Receipts delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana	3b. (1)		00
(2) Shipped from within Montana	3b. (2)		00
3c. Receipts shipped from Montana to:			
(1) United States government	3c. (1)		00
(2) Purchasers in a state where the taxpayer is not taxable	3c. (2)		00
3d. Receipts other than receipts of tangible personal property (for example, service income)	3d.		00
3e. Net gains reported on federal Schedule D and federal Form 4797	3e.	00	00
3f. Other gross receipts (rents, royalties, interest, etc.)	3f.	00	00
3g. Receipts of foreign subs included in combined group	3g.	00	00
3h. Receipts of unconsolidated subs included in combined group	3h.	00	00
3i. Receipts (pro-rata share) of pass-throughs included in group	3i.	00	00
3j. Less: All intercompany transactions	3j.	00	00
Total Receipts Value - add lines 3a through 3j		00	00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your receipts factor** 3. %

4. Enter the amount reported on line 3 4. .0000 %

5. Add the percentages on lines 1, 2, 3, and 4 in column C. **This is the sum of your factors** 5. .0000 %

6. Divide the total percentage on line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A. (See instructions)
Enter the results here and also on Form CIT, page 3, line 5. **This is your apportionment factor** 6. 100.0000 %



22EP05A1

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701	B Employer identification number 81-0250363 C Date incorporated 11/08/1967 D Total assets (see instructions) \$ 0.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a	Gross receipts or sales		
	b	Returns and allowances		
	c	Balance. Subtract line 1b from line 1a		
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		
	4	Dividends and inclusions (Schedule C, line 23)		
	5	Interest		
	6	Gross rents		
	7	Gross royalties		
	8	Capital gain net income (attach Schedule D (Form 1120))		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
10	Other income (attach statement)			
11	Total income. Add lines 3 through 10			

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (attach Form 1125-E)		
	13	Salaries and wages (less employment credits)		
	14	Repairs and maintenance		
	15	Bad debts		
	16	Rents		
	17	Taxes and licenses		
	18	Interest (see instructions)		
	19	Charitable contributions		
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		
	21	Depletion		
	22	Advertising		
	23	Pension, profit-sharing, etc., plans		
	24	Employee benefit programs		
	25	Reserved for future use		
	26	Other deductions (attach statement)		
	27	Total deductions. Add lines 12 through 26		
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		0.
	29a	Net operating loss deduction (see instructions)		
b	Special deductions (Schedule C, line 24)			
c	Add lines 29a and 29b			

Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions		
	31	Total tax (Schedule J, Part I, line 11)		0.
	32	Reserved for future use		
	33	Total payments and credits (Schedule J, Part III, line 23)		
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed		0.
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		
37	Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____	Date _____	CEO Title	

Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL	Date 04/25/24	Check if self-employed <input type="checkbox"/>	PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600	

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		See Instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		See Instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Reserved for future use			
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. See instructions		2	0.
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0.
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0.

Part II - Reserved For Future Use

12	Reserved for future use		12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022		13	
14	2022 estimated tax payments		14	
15	2022 refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	Total credits. Add lines 20a through 20d		21	
22	Reserved for future use		22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a Cash b Accrual c Other (specify) _____

2 See the instructions and enter the:

a Business activity code no. 523900

b Business activity PARTNERSHIP INVESTME

c Product or service _____

3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **X**
 If "Yes," enter name and EIN of the parent corporation _____

4 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) **X**

b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) **X**

5 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions **X**
 If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions **X**
 If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 **X**
 If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
 If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? **X**
 For rules of attribution, see section 318. If "Yes," enter:
 (a) Percentage owned _____ and (b) Owner's country _____
 (c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount
 If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here
 If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ _____

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	X	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ <u>0.</u>		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (att. stmt.)				
15 Total assets		0.		0.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (att. stmt.)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated				
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock	()		()	
28 Total liabilities and shareholders' equity		0.		0.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return
 Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$ _____	
3 Excess of capital losses over capital gains		_____	
4 Income subject to tax not recorded on books this year (itemize): _____		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		b Charitable contributions \$ _____	
b Charitable contributions \$ _____		9 Add lines 7 and 8	
c Travel and entertainment ... \$ _____		10 Income (page 1, line 28) - line 6 less line 9	
6 Add lines 1 through 5			

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1 Balance at beginning of year		5 Distributions: a Cash	
2 Net income (loss) per books		b Stock	
3 Other increases (itemize): _____		c Property	
4 Add lines 1, 2, and 3		6 Other decreases (itemize): _____	
		7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	

Montana Corporate Income Tax Payment Instructions

Pay Electronically

TransAction Portal (TAP)

Visit <https://tap.dor.mt.gov> to easily pay for e-filed or paper-filed returns by e-check (for free) or by credit/debit card (for a small fee).

Tax Software

- Most tax software allows you to make a payment when you file your return; others allow you to schedule your payment for a future date.
- Please check your tax software program to see what electronic payment options may be available.

Payments of \$500,000 or more must be made electronically.

Pay by Check

- If you are paying for multiple tax periods, use separate vouchers for each tax period.
- Do not staple or tape the voucher to your check or tax return.
- Complete and detach the voucher below and mail it with your check to:

Montana Department of Revenue
PO Box 8021
Helena, MT 59604-8021

262342 10-18-22

Cut line

Form-CT

V1 08/2020

Montana Corporate Income Tax Payment Voucher

Help us apply your payment.

- Send this voucher with your check
- Write your ID and tax year on the check memo line

1. Current Year

Name MONTANA TECHNOLOGICAL UNIVERSITY F
Phone 406 496 4615

2. Estimated

5. Period Ending Date

06302023

X 3. Tentative



13AJ01A1

6. FEIN

810250363

4. Amended

Department of Revenue
PO Box 8021
Helena, MT 59604-8021

7. Amount Paid

3500 00

Pay online at <https://tap.dor.mt.gov>

Montana Technology University Foundation, Inc.

EIN # 81-0250363

For the tax year ending 6/30/23

Attachment to Form CIT

State sourced

UBTI

UBI from investment in partnership - sourced to CA	(341)
UBI from investment in partnership - sourced to CO	29,441
UBI from investment in partnership - sourced to IL	(3,899)
UBI from investment in partnership - sourced to MA	13,013
UBI from investment in partnership - sourced to NM	11,241
UBI from investment in partnership - sourced to OK	13,679
UBI from investment in partnership - sourced to VA	1,670
Total Income From Passthroughs Directly Allocable to states other than Montana	64,804

Return of Organization Exempt From Income Tax

Form **990**

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

2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Doing business as MONTANA TECH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701 F Name and address of principal officer: JAIME HEPPLER SAME AS C ABOVE	D Employer identification number 81-0250363 E Telephone number 406-496-4615 G Gross receipts \$ 59,401,687. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: FOUNDATION.MTECH.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: MT

Part I Summary				
		1 Briefly describe the organization's mission or most significant activities: ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY.		
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	9	
	6	Total number of volunteers (estimate if necessary)	45	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	45,943.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	30,684.	
	Revenue		Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	11,942,364.	42,903,714.
9		Program service revenue (Part VIII, line 2g)	100,000.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,104,690.	409,932.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,035.	167,096.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,181,089.	43,480,742.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,218,583.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,705.	928,758.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	771,065.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,230.	1,490,331.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,193,518.	12,320,425.
19	Revenue less expenses. Subtract line 18 from line 12	5,987,571.	31,160,317.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	66,302,899.	100,387,232.
	21	Total liabilities (Part X, line 26)	675,979.	527,768.
22	Net assets or fund balances. Subtract line 21 from line 20	65,626,920.	99,859,464.	

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer		Date		
	JAIME HEPPLER, CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL,	04/16/24		P01217304
	Firm's name	Firm's EIN		Firm's EIN	
	MOSS ADAMS LLP	91-0189318		91-0189318	
	Firm's address	Phone no.			
	601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	509-747-2600			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Form 990 (2022)

81-0250363 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SUPPLEMENT THE INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL, OPERATING, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,792,096. including grants of \$ 9,901,336.) (Revenue \$ 0.)
THE MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION PROVIDED THE MONTANA TECHNOLOGICAL UNIVERSITY WITH PRIVATE DOLLARS TO ADVANCE ITS MISSION TO CONNECT STUDENTS TO A NETWORK OF PEOPLE, OPPORTUNITIES AND EXPERIENCE THAT EMPOWER THEM TO CHANGE THE WORLD. THE FOUNDATION PROVIDED \$2 MILLION IN SCHOLARSHIPS TO 569 STUDENTS AND \$8 MILLION TO ASSIST DEPARTMENTS WITH PURCHASES OF EQUIPMENT, SUPPLIES AND FACULTY SUPPORT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **10,792,096.**

Form 990 (2022)

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Form 990 (2022)

81-0250363 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section 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 19 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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
LANCE ALLEN - 406-496-4615
1300 WEST PARK STREET, BUTTE, MT 59701

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE MEYER VICE PRESIDENT OF DEVELOPMENT	40.00			X			103,574.	0.	31,262.	
(2) DEANNA JOHNSON CHIEF FINANCIAL OFFICER	40.00			X			97,774.	0.	30,371.	
(3) JAIME HEPPLER CHIEF EXECUTIVE OFFICER	40.00			X			79,913.	0.	6,600.	
(4) BRYAN LARSON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) NICK DIGIOVINE BOARD CHAIR (THRU 6/23)	1.00	X		X			0.	0.	0.	
(6) BOB SHEPHERD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) TOM HOHN SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOSH VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(9) KATHY ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVE BURGER DIRECTOR	1.00	X					0.	0.	0.	
(11) SKYE CALLANTINE DIRECTOR	1.00	X					0.	0.	0.	
(12) JON CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY KOLSTAD DIRECTOR	1.00	X					0.	0.	0.	
(14) JONNA LASLOVICH DIRECTOR	1.00	X					0.	0.	0.	
(15) LEO MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MCGIVERN DIRECTOR	1.00	X					0.	0.	0.	
(17) BOB MORRIS DIRECTOR	1.00	X					0.	0.	0.	

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGGIE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(19) ADAM SAYERS DIRECTOR	1.00	X					0.	0.	0.	
(20) ROCKY SEALE DIRECTOR	1.00	X					0.	0.	0.	
(21) STEPHANIE SORINI DIRECTOR	1.00	X					0.	0.	0.	
(22) TIM SULSER DIRECTOR	1.00	X					0.	0.	0.	
(23) SEAN WOOLVERTON DIRECTOR	1.00	X					0.	0.	0.	
(24) BRIAN SMYTH DIRECTOR (THRU 9/22)	1.00	X					0.	0.	0.	
1b Subtotal							281,261.	0.	68,233.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							281,261.	0.	68,233.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
	Program Service Revenue			Business Code			
2 a _____							
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,172,226.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)			337,982.		337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events			111,712.		111,712.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities			9,441.		9,441.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11 a PASSTHROUGH INCOME		900099	45,943.	45,943.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			45,943.				
12 Total revenue. See instructions			43,480,742.	0.	45,943.	531,085.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,900,136.	9,900,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,494.		143,592.	205,902.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,323.		159,544.	228,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,849.		14,136.	17,713.
9 Other employee benefits	107,131.		48,412.	58,719.
10 Payroll taxes	51,961.		19,933.	32,028.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,250.	1,500.	1,750.	
c Accounting	56,027.		56,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,704.		103,704.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,144.	109,095.	26,957.	25,092.
12 Advertising and promotion	13,980.	11,120.		2,860.
13 Office expenses	190,989.	149,624.	39,669.	1,696.
14 Information technology	150,180.	4,207.	23,132.	122,841.
15 Royalties				
16 Occupancy				
17 Travel	184,519.	150,114.	19,824.	14,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,270.	27,145.	4,390.	735.
20 Interest	221.	221.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,162.	37,137.	10,531.	17,494.
23 Insurance	22,387.	429.	21,958.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	209,176.	179,571.	17,444.	12,161.
b REPAIRS & MAINTENANCE	142,984.	135,521.	5,956.	1,507.
c GIFTS	86,033.	58,327.	4,131.	23,575.
d DUES & SUBSCRIPTIONS	21,794.	18,547.	915.	2,332.
e All other expenses _____	46,511.	8,202.	35,259.	3,050.
25 Total functional expenses. Add lines 1 through 24e	12,320,425.	10,792,096.	757,264.	771,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,151,588.	1	1,032,600.	
	2 Savings and temporary cash investments	5,035,174.	2	5,643,050.	
	3 Pledges and grants receivable, net	1,813,209.	3	24,034,935.	
	4 Accounts receivable, net	28,500.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	195,721.	9	137,800.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,450,613.			
	b Less: accumulated depreciation	713,354.			
	11 Investments - publicly traded securities	1,782,639.	10c	1,737,259.	
	12 Investments - other securities. See Part IV, line 11	54,243,616.	11	65,662,289.	
	13 Investments - program-related. See Part IV, line 11	1,832,852.	12	1,915,631.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 33)	219,600.	15	223,668.		
	66,302,899.	16	100,387,232.		
Liabilities	17 Accounts payable and accrued expenses	312,986.	17	246,586.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	158,159.	23	66,799.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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 Schedule D	204,834.	25	214,383.	
	26 Total liabilities. Add lines 17 through 25	675,979.	26	527,768.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,364,185.	27	2,242,968.	
	28 Net assets with donor restrictions	63,262,735.	28	97,616,496.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,626,920.	32	99,859,464.	
	33 Total liabilities and net assets/fund balances	66,302,899.	33	100,387,232.	

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Part 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	43,480,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,320,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,160,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,626,920.
5	Net unrealized gains (losses) on investments	5	3,122,719.
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 on Schedule O)	9	-50,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,859,464.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37713498.
6 Public support. Subtract line 5 from line 4.						32919346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,889.	115,977.	67,655.	68,313.	71,950.	736,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		43,266.		135,965.	31,684.	210,915.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50,000.			50,000.
11 Total support. Add lines 7 through 10						71630543.
12 Gross receipts from related activities, etc. (see instructions)					12	983,168.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.96	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.93	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Schedule A (Form 990) 2022

81-0250363 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number

81-0250363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 \$ _____

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

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYAN LANCE FAMILY FOUNDATION PO BOX 15203 ALBANY, NY 12212-5201	\$ 31,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NUCOR STEEL, INC. 3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	\$ 2,078,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR H. DITTO 4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	\$ 994,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PETROLEUM EXPERTS, INC. 57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079	\$ 6,564,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PLEDGE RECEIVABLE <hr/> <hr/> <hr/>	\$ <u>31,000,000.</u>	<u>06/05/23</u>
<u>4</u>	GEO ENG SOFTWARE FOR SME LABS <hr/> <hr/> <hr/>	\$ <u>6,564,992.</u>	<u>01/31/23</u>
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Employer identification number 81-0250363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, including revenue and asset amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	23,329.
(3) GIFT ANNUITY PAYABLE	191,054.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,383.

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

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	46,535,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,122,719.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,152.
e	Add lines 2a through 2d	2e	3,204,871.
3	Subtract line 2e from line 1	3	43,331,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	45,943.
c	Add lines 4a and 4b	4c	149,647.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,480,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,303,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,701.
e	Add lines 2a through 2d	2e	86,701.
3	Subtract line 2e from line 1	3	12,216,721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,320,425.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS TO SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 50L(C)(3) AS AMENDED. THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN 509(A) OF THE INTERNAL REVENUE CODE. BUSINESS INCOME UNRELATED TO THE PURPOSE OF THE ORGANIZATION IS REPORTED IN A FORM 990-T AND INCOME TAXES ARE PAID ON UNRELATED BUSINESS INCOME. THE FOUNDATION COMPLIES WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	82,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME	45,943.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
----------------------	---------

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)* 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

- 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* Yes No

- 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 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

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NATURAL RESOURCE GOLD (event type)	METALLURGICA AND MATERI (event type)	13 (total number)		
Revenue	1	Gross receipts	59,170.	39,985.	133,893.	233,048.
	2	Less: Contributions	23,500.	15,900.	5,325.	44,725.
	3	Gross income (line 1 minus line 2)	35,670.	24,085.	128,568.	188,323.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,688.		8,682.	11,370.
	7	Food and beverages	4,540.	11,815.	14,606.	30,961.
	8	Entertainment	10,758.		5,616.	16,374.
	9	Other direct expenses	3,395.	7,539.	6,972.	17,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				76,611.
11	Net income summary. Subtract line 10 from line 3, column (d)				111,712.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			19,531.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			4,400.	4,400.
	4	Rent/facility costs				
	5	Other direct expenses			5,690.	5,690.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				10,090.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				9,441.	

9 Enter the state(s) in which the organization conducts gaming activities: MT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: AS A 501C(3) IN MONTANA, WE ARE NOT REQUIRED TO OBTAIN LICENSING.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number
81-0250363

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTANA TECHNOLOGICAL UNIVERSITY 1300 W PARK STREET BUTTE, MT 59701	81-6001654	STATE OF MONTANA	2,608,999.	7,276,535.	FMV	ART, BOOKS, GOODS, INTELLECTUAL PROPERTY,	STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS, AND PROGRAM DISTRIBUTIONS
MONTANA TECH ALUMNI ASSOCIATION 1300 W PARK STREET BUTTE, MT 59701	81-0388134	501(C)(3)	14,602.	0.			GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

MONTANA TECHNOLOGICAL UNIVERSITY
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

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

PART I, LINE 2:

THE MONEY IS ONLY PAID TO THE UNIVERSITY AFTER THE ACTUAL EXPENSE HAS OCCURRED. FOR SCHOLARSHIPS AND PROFESSORSHIPS, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE FUNDS HAVE BEEN PAID TO THE STUDENT OR FACULTY. FOR CAPITAL EXPENDITURES, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE PURCHASE IS MADE. THE FOUNDATION DOES VERIFY THE USAGE IS CORRECT BEFORE THE FUNDS ARE DISTRIBUTED TO THE UNIVERSITY.

PART II, LINE 1, COLUMN (G):

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION** Employer identification number **81-0250363**

Part 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) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	3,600.	MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		650.	MARKET VALUE
5 Clothing and household goods	X		9,524.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	6,564,992.	MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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	X	15	622,552.	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EQUIPMENT</u>)	X	18	68,198.	MARKET VALUE
26 Other (<u>SMALL GIFTS</u>)	X	25	3,993.	MARKET VALUE
27 Other (<u>GIFT BASKETS</u>)	X	14	1,595.	MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	17	1,431.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, ITEM C, DOING BUSINESS AS:

MONTANA TECH FOUNDATION

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

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA
LAW, THE FOUNDATION IS THE CATALYST AND CONDUIT THROUGH WHICH GIFTS AND
ENDOWMENT INCOME FLOW TO PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR
MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE
FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND
MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.
OVERSEEN BY A BOARD OF DIRECTORS AND STAFFED BY A TEAM OF DEVELOPMENT
PROFESSIONALS, THE FOUNDATION ADMINISTERS ALL GIFTS IN A BUSINESS-LIKE
MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE: SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD, THE
EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OVER ALL QUESTIONS AFFECTING THE
POLICY, PROPERTY, STAFF AND GENERAL PURPOSES OF THE FOUNDATION, AND DURING
INTERVALS BETWEEN MEETINGS OF THE BOARD, MAY EXERCISE THE POWER AND
AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE PROPERTY AND AFFAIRS OF THE
FOUNDATION, EXCEPT THE POWER TO ELECT DIRECTORS AND OFFICERS, AND THE POWER
TO CHANGE THE BYLAWS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE SHALL
REGULARLY REPORT TO THE BOARD. WHEN DULY REPORTED TO THE BOARD, ACTS OF THE
EXECUTIVE COMMITTEE SHALL STAND AS ACTS OF THE BOARD, UPON RATIFICATION BY
THE BOARD.

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, PART VI, SECTION A, LINE 2:

JON CHERRY AND SKYE CALLANTINE - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JUNE OF 2023 TO REFLECT THAT THE CEO WILL REPORT TO THE BOARD OF DIRECTORS AND WILL BE ALLOWED TO SERVE MORE THAN TWO YEARS IF APPROVED BY THE MAJORITY OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT IS AVAILABLE, IT WILL BE REVIEWED BY MANAGEMENT BEFORE BEING SENT TO THE BOARD. AN EMAIL WILL THEN BE SENT TO THE BOARD STATING THAT THE 990 IS AVAILABLE FOR REVIEW IN ONBOARD FOR THE NEXT 10 DAYS AT WHICH TIME THE 990 WILL BE FILED WITH THE IRS.

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.

THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT BEST INTERESTS. BOARD ACTION WILL BE TAKEN AS THE RESULT OF A MAJORITY VOTE OF DISINTERESTED DIRECTORS. DELIBERATIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER CANNOT PARTICIPATE IN

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
PASSTHROUGH INCOME	-45,943.
TOTAL TO FORM 990, PART XI, LINE 9	-50,492.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MONTANA TECHNOLOGICAL UNIVERSITY - 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA			N/A		X

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA TECHNOLOGICAL UNIVERSITY	O	45,000.	ACTUAL EXPENSE
(2) MONTANA TECHNOLOGICAL UNIVERSITY	B	9,885,534.	ACTUAL EXPENSE
(3)			
(4)			
(5)			
(6)			

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701</p>	<p>D Employer identification number 81-0250363</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 100,387,232.</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> <p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) 1</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p> <p>L The books are in care of LANCE ALLEN Telephone number 406-496-4615</p>	

Part I Total Unrelated Business Taxable Income	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1 35,093.
2 Reserved	2
3 Add lines 1 and 2	3 35,093.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4 3,409.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5 31,684.
6 Deduction for net operating loss. See instructions	6
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7 31,684.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8 1,000.
9 Trusts. Section 199A deduction. See instructions	9
10 Total deductions. Add lines 8 and 9	10 1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11 30,684.

Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 6,444.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2
3 Proxy tax. See instructions	3
4 Other tax amounts. See instructions	4
5 Alternative minimum tax (trusts only)	5
6 Tax on noncompliant facility income. See instructions	6
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7 6,444.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	10.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	10.
2	Subtract line 1e from Part II, line 7	2	6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g	
7	Total payments. Add lines 6a through 6g	7	28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 04/16/24	Check <input type="checkbox"/> if self-employed PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318		
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600		

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	-57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	3,350.
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 4	14	7,500.
15 Total deductions. Add lines 1 through 14	15	10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	35,093.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 61,306.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 61,306.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
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1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KYLEE HAMAKER

• The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,167.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	28,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

TAX RETURN FILING INSTRUCTIONS

NEBRASKA FORM 1120N

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return Form 8879-SO to our office. We will then transmit your return to the NE DOR. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

8879-SO

State-Only e-file Signature Authorization

2022

Do not send to the Taxing Authority. This is not a tax return.
Keep this form for your records.

Taxpayer name
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

FEIN
81 0250363

Part I Electronically Filed States

NEBRASKA

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- [X] I authorize MOSS ADAMS LLP to enter or generate my PIN 50363 as my signature on my tax year 2022 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Title CEO

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 91408716265 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature Date 04/25/2024

ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority

Nebraska Corporation Income Tax Return
for the taxable year January 1, 2022 through December 31, 2022 or other taxable year
beginning **JUL 1**, 2022 and ending **JUN 30**, 2023

Name Doing Business As (dba) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT				PLEASE DO NOT WRITE IN THIS SPACE	
Legal Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT					
Street or Other Mailing Address 1300 WEST PARK STREET					
City BUTTE		State MT	ZIP Code 59701		
Business Classification Code 523900	Date Business Began in Nebraska 07/01/2022	Principal Business Activity in Nebraska PARTNERSHIP INVEST	Federal ID Number 81-0250363	Nebraska ID Number 0000000	

Check if: Initial Return Address Change Exempt Organization 7004 Attached
 Final Return (Example, dissolved. See instr.) Name Change Cooperative Meeting IRC § 6072(d) 3800N, 775N, 312N, or 1107N Attached

Corporation Filing Status (Answer questions A through D, as applicable.)

A. Does this corporation own at least 50% of another corporation; or is it owned at least 50% by another corporation?
(1) YES (2) NO
If Yes, attach Federal Form 851 or a schedule of affiliated corporations and federal IDs. Answer questions B, C, and D.

B. Is one single Nebraska return being filed for the entire group?
(1) YES (2) NO

C. Are you filing as a unitary group in any other state?
(1) YES (2) NO

D. Check the method used to determine Nebraska income (check only one):
(1) Combined report of a controlled group of corporations
(2) Separate report by a member of a controlled group of corporations (attach supporting documentation)
(3) Alternate method (attach Nebraska Department of Revenue approval)

1	Federal gross sales or receipts, less returns and allowances	1	0
2	Federal taxable income (FTI) (see instructions)	2	30,684
3	Adjustments increasing FTI (line 9, from attached Nebraska Schedule A)	3	
4	Adjustments decreasing FTI (line 19, from attached Nebraska Schedule A)	4	52,292
5	Adjusted FTI (enter line 2 plus line 3 minus line 4)	5	-21,608
6	Nebraska taxable income before Nebraska carryovers (see instructions)	6	-21,608
7	Nebraska capital loss carryover (see instructions - attach worksheet)	7	
8	Nebraska taxable income after Nebraska capital loss carryover (line 6 minus line 7)	8	-21,608
9	Nebraska net operating loss carryover (see instructions - attach worksheet)	9	
10	Net Nebraska taxable income (line 8 minus line 9)	10	-21,608
11	Nebraska tax <input type="checkbox"/> Check this box if you are an insurance company	11	0
12	Premium tax credit (see instructions - attach schedule)	12	
13	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	13	
14	Community Development Assistance Act credit (attach Form CDN)	14	
15	Form 3800N nonrefundable credit (attach Form 3800N)	15	
16	Total nonrefundable credits (total of lines 12 through 15)	16	
17	Nebraska tax after nonrefundable credits. Subtract line 16 from line 11 (if line 16 is more than line 11, enter -0-)	17	0
18	Form 3800N refundable credit (attach Form 3800N)	18	
19	Tax deposited with Form 7004N	19	
20	2022 estimated income tax payments (minus any Form 4466N adjustment)	20	
21	Beginning Farmer credit	21	
22	Nebraska income tax withheld (see instructions)	22	
23	Credit for school district property taxes (attach Form PTC)	23	
24	Credit for community college property taxes (attach Form PTC)	24	
25	Total refundable credits and payments (total of lines 18 through 24)	25	
26	Tax Due (line 17 minus line 25)	26	
27	Penalty for underpayment of estimated income tax (see instructions)	27	
28	Amount Due (when line 25 is less than the total of lines 17 and 27) If paying electronically, check here <input type="checkbox"/>	28	
29	Overpayment (when line 25 is greater than the total of lines 17 and 27)	29	
30	Amount on line 29 to be credited to 2023 estimated income tax	30	
31	Overpayment to be refunded (line 29 minus line 30). Direct deposit: Complete lines 32a, 32b, and 32c	31	

32a Routing No. _____ 32b Type of Account Checking Savings
32c Account No. _____ 32d Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that as taxpayer or preparer, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

sign here Signature of Officer _____ Date _____ Email Address _____

CEO 406-496-4615 **MOSS ADAMS LLP**
Title Daytime Phone Number 601 W. RIVERSIDE AVENUE STE 1800

paid **EMINA O. CRESSWELL, CPA** 04/25/24 **SPOKANE, WA 99201**
Preparer's Signature Date Print Firm's Name (or yours if self-employed), Address and ZIP Code

use only **P01217304** EIN **91-0189318** Daytime Phone **509-747-2600**
Preparer's PTIN Paper filers must attach a copy of the federal return and supporting schedules, as filed with the IRS, to this return. 8-270-2022

203401 01-24-23

Nebraska Schedule A - Adjustments to FTI
Nebraska Schedule I - Apportionment for Multistate Business

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Nebraska ID Number
 0000000

Nebraska Schedule A

• You must use Schedule A if you make an adjustment on lines 3 or 4 of Form 1120N.

Adjustments Increasing FTI

1	State and local government interest and dividend income (see instructions)		1	
2	Federal net operating loss deduction		2	
3	Federal capital loss carryover		3	
4	Allocable, nonapportionable loss	4		
5	Related expenses		5	
6	Interest expense disallowance		6	
7	Total allocable, nonapportionable loss (add lines 4-6) (attach affidavit - see instructions)		7	
8	Other increasing adjustments a List type: _____ b Amount: \$ _____ Total other increasing adjustments. Enter total of lines 8b		8	
9	Total adjustments increasing FTI (total of lines 1, 2, 3, 7, and 8). Enter here and on line 3, Form 1120N		9	

Adjustments Decreasing FTI

10	Qualified U.S. government interest deduction. (attach supporting schedule)		10	
11	Total foreign dividends (line 7, Nebraska Schedule II)		11	
12	Special foreign tax credit adjustment (line 12, Nebraska Schedule II)		12	
13	Allocable, nonapportionable income	13		
14	Related expenses		14	
15	Interest expense disallowance		15	
16	Net allocable, nonapportionable income (line 13 minus lines 14 and 15) (attach affidavit - see instructions)		16	
17	Nebraska College Savings Program (see instructions)		17	
18	Other decreasing adjustments a List type: UBI NOT ATTRIBUTABLE TO NEBRA b Amount: \$ 52,292. Total other decreasing adjustments. Enter total of lines 18b		18	52,292.
19	TOTAL adjustments decreasing FTI (total of lines 10, 11, 12, 16, 17, and 18). Enter here and on line 4, Form 1120N		19	52,292.

Nebraska Schedule I -
Apportionment for Multistate Business

1	Adjusted FTI (line 5, Form 1120N)		1	
2	Nebraska apportionment factor (from line 15 below)	2	%	
3	Taxable income apportioned to Nebraska (line 1 multiplied by line 2). Enter here and on line 6, Form 1120N		3	

Nebraska Apportionment Factor - Sales or Gross Receipts

		Total	Nebraska	
4	Sales or gross receipts minus returns and allowances	4		
5	Sales delivered or shipped to purchasers in Nebraska: shipped from outside Nebraska		5	
6	Sales delivered or shipped to purchasers in Nebraska: shipped from within Nebraska		6	
7	Sales shipped from Nebraska to the U.S. government		7	
8	Interest on sales of tangible personal property	8	8	
9	Interest, dividends, and royalties from intangible property	9	9	
10	Gross rents	10	10	
11	Net gain on sales of intangible property	11	11	
12	Gross receipts from sales of tangible personal and real property not included above	12	12	
13	Other income a List type: _____ b Total Amount: \$ _____ c Nebraska Amount: \$ _____ Enter total of lines 13b in first column. Enter total of lines 13c in second column	13	13	
14	Total sales or gross receipts	14	14	
15	Nebraska apportionment factor. (Divide line 14, Nebraska column, by line 14, Total column, and round to six decimal places). Enter as a percent here and on Schedule I, line 2 above		15	%

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701	B Employer identification number 81-0250363 C Date incorporated 11/08/1967 D Total assets (see instructions) \$ 0.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Dividends and inclusions (Schedule C, line 23)			4
	5 Interest			5
	6 Gross rents			6
	7 Gross royalties			7
	8 Capital gain net income (attach Schedule D (Form 1120))			8
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9
10 Other income (attach statement)			10	
11 Total income. Add lines 3 through 10			11	

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)			
	13 Salaries and wages (less employment credits)			13
	14 Repairs and maintenance			14
	15 Bad debts			15
	16 Rents			16
	17 Taxes and licenses			17
	18 Interest (see instructions)			18
	19 Charitable contributions			19
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20
	21 Depletion			21
	22 Advertising			22
	23 Pension, profit-sharing, etc., plans			23
	24 Employee benefit programs			24
	25 Reserved for future use			25
	26 Other deductions (attach statement)			26
	27 Total deductions. Add lines 12 through 26			27
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28
	29a Net operating loss deduction (see instructions)	29a		
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b			29c	

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions			
	31 Total tax (Schedule J, Part I, line 11)			31
	32 Reserved for future use			32
	33 Total payments and credits (Schedule J, Part III, line 23)			33
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>			34
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed			35
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid			36
37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded			37	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	CEO Title
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL	Date 04/25/24	Check if self-employed <input type="checkbox"/>	PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600	

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		See Instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		See Instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Reserved for future use			
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. See instructions		2	0.
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0.
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0.

Part II - Reserved For Future Use

12	Reserved for future use		12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022		13	
14	2022 estimated tax payments		14	
15	2022 refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	Total credits. Add lines 20a through 20d		21	
22	Reserved for future use		22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33		23	

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ <u>0.</u>	X	
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions If "Yes," complete and attach Schedule UTP.		X
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) If "Yes," complete and attach Form 8991.		X
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (att. stmt.)				
15 Total assets		0.		0.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (att. stmt.)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated				
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock	()		()	
28 Total liabilities and shareholders' equity		0.		0.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return
 Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$ _____	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): _____		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		b Charitable contributions \$ _____	
b Charitable contributions \$ _____			
c Travel and entertainment ... \$ _____		9 Add lines 7 and 8	
6 Add lines 1 through 5		10 Income (page 1, line 28) - line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1 Balance at beginning of year		5 Distributions: a Cash	
2 Net income (loss) per books		b Stock	
3 Other increases (itemize): _____		c Property	
		6 Other decreases (itemize): _____	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3		8 Balance at end of year (line 4 less line 7)	

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KYLEE HAMAKER

• The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,167.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	28,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Montana Technology University Foundation, Inc.
For the tax year ended 6/30/23
EIN # 81-0250363
Attachment to Form 1120N

	EIN	Amount Sourced to Nebraska	Withholding
UBI from investment in partnership	82-4487056	(21,606)	-
UBI from investment in partnership	87-1018183	(2)	-
UBI from investment in partnership	86-1900765	2	-
UBI from investment in partnership	38-3844471	1	-
UBI from investment in partnership	82-3170994	(2)	-
UBI from investment in partnership	81-2852078	(2)	-
UBI from investment in partnership	36-4939667	1	-
		(21,608)	-

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Doing business as MONTANA TECH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701 F Name and address of principal officer: JAIME HEPPLER SAME AS C ABOVE	D Employer identification number 81-0250363 E Telephone number 406-496-4615 G Gross receipts \$ 59,401,687. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: FOUNDATION.MTECH.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: MT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,943.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,684.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		11,942,364.	42,903,714.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100,000.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,104,690.	409,932.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,035.	167,096.
		13,181,089.	43,480,742.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,218,583.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,705.	928,758.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	771,065.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,230.	1,490,331.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,193,518.	12,320,425.
	19 Revenue less expenses. Subtract line 18 from line 12	5,987,571.	31,160,317.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,302,899.	100,387,232.
	22 Net assets or fund balances. Subtract line 21 from line 20	675,979.	527,768.
		65,626,920.	99,859,464.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAIME HEPPLER, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL,
	Firm's name MOSS ADAMS LLP	Date 04/16/24
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Check if self-employed <input type="checkbox"/> PTIN P01217304
		Firm's EIN 91-0189318
		Phone no. 509-747-2600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Form 990 (2022)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SUPPLEMENT THE INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL, OPERATING, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,792,096. including grants of \$ 9,901,336.) (Revenue \$ 0.)
THE MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION PROVIDED THE MONTANA TECHNOLOGICAL UNIVERSITY WITH PRIVATE DOLLARS TO ADVANCE ITS MISSION TO CONNECT STUDENTS TO A NETWORK OF PEOPLE, OPPORTUNITIES AND EXPERIENCE THAT EMPOWER THEM TO CHANGE THE WORLD. THE FOUNDATION PROVIDED \$2 MILLION IN SCHOLARSHIPS TO 569 STUDENTS AND \$8 MILLION TO ASSIST DEPARTMENTS WITH PURCHASES OF EQUIPMENT, SUPPLIES AND FACULTY SUPPORT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **10,792,096.**

Form 990 (2022)

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Form 990 (2022)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section 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 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 on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
LANCE ALLEN - 406-496-4615
1300 WEST PARK STREET, BUTTE, MT 59701

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE MEYER VICE PRESIDENT OF DEVELOPMENT	40.00			X			103,574.	0.	31,262.	
(2) DEANNA JOHNSON CHIEF FINANCIAL OFFICER	40.00			X			97,774.	0.	30,371.	
(3) JAIME HEPPLER CHIEF EXECUTIVE OFFICER	40.00			X			79,913.	0.	6,600.	
(4) BRYAN LARSON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) NICK DIGIOVINE BOARD CHAIR (THRU 6/23)	1.00	X		X			0.	0.	0.	
(6) BOB SHEPHERD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) TOM HOHN SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOSH VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(9) KATHY ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVE BURGER DIRECTOR	1.00	X					0.	0.	0.	
(11) SKYE CALLANTINE DIRECTOR	1.00	X					0.	0.	0.	
(12) JON CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY KOLSTAD DIRECTOR	1.00	X					0.	0.	0.	
(14) JONNA LASLOVICH DIRECTOR	1.00	X					0.	0.	0.	
(15) LEO MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MCGIVERN DIRECTOR	1.00	X					0.	0.	0.	
(17) BOB MORRIS DIRECTOR	1.00	X					0.	0.	0.	

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGGIE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(19) ADAM SAYERS DIRECTOR	1.00	X					0.	0.	0.	
(20) ROCKY SEALE DIRECTOR	1.00	X					0.	0.	0.	
(21) STEPHANIE SORINI DIRECTOR	1.00	X					0.	0.	0.	
(22) TIM SULSER DIRECTOR	1.00	X					0.	0.	0.	
(23) SEAN WOOLVERTON DIRECTOR	1.00	X					0.	0.	0.	
(24) BRIAN SMYTH DIRECTOR (THRU 9/22)	1.00	X					0.	0.	0.	
1b Subtotal							281,261.	0.	68,233.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							281,261.	0.	68,233.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
	Program Service Revenue			Business Code			
2 a _____							
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				16,172,226.			
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)			337,982.		337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events			111,712.		111,712.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities			9,441.		9,441.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11 a PASSTHROUGH INCOME		900099	45,943.	45,943.		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			45,943.				
12 Total revenue. See instructions			43,480,742.	0.	45,943.	531,085.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,900,136.	9,900,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,494.		143,592.	205,902.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,323.		159,544.	228,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,849.		14,136.	17,713.
9 Other employee benefits	107,131.		48,412.	58,719.
10 Payroll taxes	51,961.		19,933.	32,028.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,250.	1,500.	1,750.	
c Accounting	56,027.		56,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,704.		103,704.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,144.	109,095.	26,957.	25,092.
12 Advertising and promotion	13,980.	11,120.		2,860.
13 Office expenses	190,989.	149,624.	39,669.	1,696.
14 Information technology	150,180.	4,207.	23,132.	122,841.
15 Royalties				
16 Occupancy				
17 Travel	184,519.	150,114.	19,824.	14,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,270.	27,145.	4,390.	735.
20 Interest	221.	221.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,162.	37,137.	10,531.	17,494.
23 Insurance	22,387.	429.	21,958.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	209,176.	179,571.	17,444.	12,161.
b REPAIRS & MAINTENANCE	142,984.	135,521.	5,956.	1,507.
c GIFTS	86,033.	58,327.	4,131.	23,575.
d DUES & SUBSCRIPTIONS	21,794.	18,547.	915.	2,332.
e All other expenses _____	46,511.	8,202.	35,259.	3,050.
25 Total functional expenses. Add lines 1 through 24e	12,320,425.	10,792,096.	757,264.	771,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,151,588.	1	1,032,600.	
	2 Savings and temporary cash investments	5,035,174.	2	5,643,050.	
	3 Pledges and grants receivable, net	1,813,209.	3	24,034,935.	
	4 Accounts receivable, net	28,500.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	195,721.	9	137,800.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,450,613.			
	b Less: accumulated depreciation	713,354.			
	11 Investments - publicly traded securities	1,782,639.	10c	1,737,259.	
	12 Investments - other securities. See Part IV, line 11	54,243,616.	11	65,662,289.	
	13 Investments - program-related. See Part IV, line 11	1,832,852.	12	1,915,631.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	219,600.	14	223,668.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,302,899.	15	23,668.		
17 Accounts payable and accrued expenses	312,986.	16	100,387,232.		
18 Grants payable		17	246,586.		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21			
23 Secured mortgages and notes payable to unrelated third parties	158,159.	22			
24 Unsecured notes and loans payable to unrelated third parties		23	66,799.		
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 Schedule D	204,834.	24			
26 Total liabilities. Add lines 17 through 25	675,979.	25	214,383.		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
28 Net assets without donor restrictions	2,364,185.	26	527,768.		
29 Net assets with donor restrictions	63,262,735.	27	2,242,968.		
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
31 Capital stock or trust principal, or current funds		28	97,616,496.		
32 Paid-in or capital surplus, or land, building, or equipment fund		29			
33 Retained earnings, endowment, accumulated income, or other funds		30			
34 Total net assets or fund balances	65,626,920.	31	99,859,464.		
35 Total liabilities and net assets/fund balances	66,302,899.	32	100,387,232.		
36 Total liabilities and net assets/fund balances	66,302,899.	33	100,387,232.		

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Part 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	43,480,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,320,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,160,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,626,920.
5	Net unrealized gains (losses) on investments	5	3,122,719.
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 on Schedule O)	9	-50,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,859,464.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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MONTANA TECHNOLOGICAL UNIVERSITY
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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37713498.
6 Public support. Subtract line 5 from line 4.						32919346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,889.	115,977.	67,655.	68,313.	71,950.	736,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		43,266.		135,965.	31,684.	210,915.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50,000.			50,000.
11 Total support. Add lines 7 through 10						71630543.
12 Gross receipts from related activities, etc. (see instructions)					12	983,168.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.96	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.93	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MONTANA TECHNOLOGICAL UNIVERSITY
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Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number

81-0250363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 \$ _____

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

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYAN LANCE FAMILY FOUNDATION PO BOX 15203 ALBANY, NY 12212-5201	\$ 31,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NUCOR STEEL, INC. 3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	\$ 2,078,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR H. DITTO 4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	\$ 994,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PETROLEUM EXPERTS, INC. 57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079	\$ 6,564,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PLEDGE RECEIVABLE <hr/> <hr/> <hr/>	\$ 31,000,000.	06/05/23
4	GEO ENG SOFTWARE FOR SME LABS <hr/> <hr/> <hr/>	\$ 6,564,992.	01/31/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Employer identification number 81-0250363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	23,329.
(3) GIFT ANNUITY PAYABLE	191,054.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,383.

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

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	46,535,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,122,719.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,152.
e	Add lines 2a through 2d	2e	3,204,871.
3	Subtract line 2e from line 1	3	43,331,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	45,943.
c	Add lines 4a and 4b	4c	149,647.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,480,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,303,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,701.
e	Add lines 2a through 2d	2e	86,701.
3	Subtract line 2e from line 1	3	12,216,721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,320,425.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS TO SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 50L(C)(3) AS AMENDED. THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN 509(A) OF THE INTERNAL REVENUE CODE. BUSINESS INCOME UNRELATED TO THE PURPOSE OF THE ORGANIZATION IS REPORTED IN A FORM 990-T AND INCOME TAXES ARE PAID ON UNRELATED BUSINESS INCOME. THE FOUNDATION COMPLIES WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	82,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME	45,943.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
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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)* 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

- 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* Yes No

- 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 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

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NATURAL RESOURCE GOLD (event type)	METALLURGICA AND MATERI (event type)	13 (total number)		
Revenue	1	Gross receipts	59,170.	39,985.	133,893.	233,048.
	2	Less: Contributions	23,500.	15,900.	5,325.	44,725.
	3	Gross income (line 1 minus line 2)	35,670.	24,085.	128,568.	188,323.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,688.		8,682.	11,370.
	7	Food and beverages	4,540.	11,815.	14,606.	30,961.
	8	Entertainment	10,758.		5,616.	16,374.
	9	Other direct expenses	3,395.	7,539.	6,972.	17,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				76,611.
11	Net income summary. Subtract line 10 from line 3, column (d)				111,712.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			19,531.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			4,400.	4,400.
	4	Rent/facility costs				
	5	Other direct expenses			5,690.	5,690.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				10,090.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				9,441.	

9 Enter the state(s) in which the organization conducts gaming activities: MT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: AS A 501C(3) IN MONTANA, WE ARE NOT REQUIRED TO OBTAIN LICENSING.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number
81-0250363

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTANA TECHNOLOGICAL UNIVERSITY 1300 W PARK STREET BUTTE, MT 59701	81-6001654	STATE OF MONTANA	2,608,999.	7,276,535.	FMV	ART, BOOKS, GOODS, INTELLECTUAL PROPERTY,	STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS, AND PROGRAM DISTRIBUTIONS
MONTANA TECH ALUMNI ASSOCIATION 1300 W PARK STREET BUTTE, MT 59701	81-0388134	501(C)(3)	14,602.	0.			GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

MONTANA TECHNOLOGICAL UNIVERSITY
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

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

PART I, LINE 2:

THE MONEY IS ONLY PAID TO THE UNIVERSITY AFTER THE ACTUAL EXPENSE HAS OCCURRED. FOR SCHOLARSHIPS AND PROFESSORSHIPS, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE FUNDS HAVE BEEN PAID TO THE STUDENT OR FACULTY. FOR CAPITAL EXPENDITURES, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE PURCHASE IS MADE. THE FOUNDATION DOES VERIFY THE USAGE IS CORRECT BEFORE THE FUNDS ARE DISTRIBUTED TO THE UNIVERSITY.

PART II, LINE 1, COLUMN (G):

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION** Employer identification number **81-0250363**

Part 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) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	3,600.	MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		650.	MARKET VALUE
5 Clothing and household goods	X		9,524.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	6,564,992.	MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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	X	15	622,552.	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EQUIPMENT</u>)	X	18	68,198.	MARKET VALUE
26 Other (<u>SMALL GIFTS</u>)	X	25	3,993.	MARKET VALUE
27 Other (<u>GIFT BASKETS</u>)	X	14	1,595.	MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	17	1,431.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, ITEM C, DOING BUSINESS AS:

MONTANA TECH FOUNDATION

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

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA
LAW, THE FOUNDATION IS THE CATALYST AND CONDUIT THROUGH WHICH GIFTS AND
ENDOWMENT INCOME FLOW TO PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR
MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE
FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND
MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.
OVERSEEN BY A BOARD OF DIRECTORS AND STAFFED BY A TEAM OF DEVELOPMENT
PROFESSIONALS, THE FOUNDATION ADMINISTERS ALL GIFTS IN A BUSINESS-LIKE
MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE: SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD, THE
EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OVER ALL QUESTIONS AFFECTING THE
POLICY, PROPERTY, STAFF AND GENERAL PURPOSES OF THE FOUNDATION, AND DURING
INTERVALS BETWEEN MEETINGS OF THE BOARD, MAY EXERCISE THE POWER AND
AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE PROPERTY AND AFFAIRS OF THE
FOUNDATION, EXCEPT THE POWER TO ELECT DIRECTORS AND OFFICERS, AND THE POWER
TO CHANGE THE BYLAWS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE SHALL
REGULARLY REPORT TO THE BOARD. WHEN DULY REPORTED TO THE BOARD, ACTS OF THE
EXECUTIVE COMMITTEE SHALL STAND AS ACTS OF THE BOARD, UPON RATIFICATION BY
THE BOARD.

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, PART VI, SECTION A, LINE 2:

JON CHERRY AND SKYE CALLANTINE - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JUNE OF 2023 TO REFLECT THAT THE CEO WILL REPORT TO THE BOARD OF DIRECTORS AND WILL BE ALLOWED TO SERVE MORE THAN TWO YEARS IF APPROVED BY THE MAJORITY OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT IS AVAILABLE, IT WILL BE REVIEWED BY MANAGEMENT BEFORE BEING SENT TO THE BOARD. AN EMAIL WILL THEN BE SENT TO THE BOARD STATING THAT THE 990 IS AVAILABLE FOR REVIEW IN ONBOARD FOR THE NEXT 10 DAYS AT WHICH TIME THE 990 WILL BE FILED WITH THE IRS.

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.

THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT BEST INTERESTS. BOARD ACTION WILL BE TAKEN AS THE RESULT OF A MAJORITY VOTE OF DISINTERESTED DIRECTORS. DELIBERATIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER CANNOT PARTICIPATE IN

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
PASSTHROUGH INCOME	-45,943.
TOTAL TO FORM 990, PART XI, LINE 9	-50,492.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MONTANA TECHNOLOGICAL UNIVERSITY - 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA			N/A		X

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA TECHNOLOGICAL UNIVERSITY	O	45,000.	ACTUAL EXPENSE
(2) MONTANA TECHNOLOGICAL UNIVERSITY	B	9,885,534.	ACTUAL EXPENSE
(3)			
(4)			
(5)			
(6)			

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701</p> <p>C Book value of all assets at end of year 100,387,232.</p>	<p>D Employer identification number 81-0250363</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>		<p>L The books are in care of LANCE ALLEN Telephone number 406-496-4615</p>	

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	35,093.
2	Reserved	
3	Add lines 1 and 2	35,093.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	3,409.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	31,684.
6	Deduction for net operating loss. See instructions	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	31,684.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000.
9	Trusts. Section 199A deduction. See instructions	
10	Total deductions. Add lines 8 and 9	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	30,684.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	6,444.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
3	Proxy tax. See instructions	
4	Other tax amounts. See instructions	
5	Alternative minimum tax (trusts only)	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	6,444.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c	10.	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		10.
2 Subtract line 1e from Part II, line 7	2		6,434.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		6,434.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a Payments: A 2021 overpayment credited to 2022	6a	2,157.	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g	7		28,360.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		55.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		21,871.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CEO	Title	
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA		Preparer's signature EMINA O. CRESSWELL, CPA	Date 04/16/24	Check <input type="checkbox"/> if self-employed PTIN P01217304
	Firm's name MOSS ADAMS LLP			Firm's EIN 91-0189318	
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201			Phone no. 509-747-2600	

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3	
4	
5	
6	
7	61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8	
9	61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11	()
12	
13	
14	
15	
16	
17	

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a	
18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

TAX RETURN FILING INSTRUCTIONS

NEW MEXICO FORM CIT-1

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	590
Less: payments and credits	\$	1,000
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	410

Overpayment:

Credit to your estimated tax	\$	410
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

New Mexico Taxation & Revenue Dept.
P.O. Box 25127
Santa Fe, NM 87504-5127

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

2022 CIT-1
NEW MEXICO CORPORATE INCOME AND
FRANCHISE TAX RETURN



Corporation name
1a MONTANA TECHNOLOGICAL UNIVERSITY FO

Mailing address (number and street name)
2a 1300 WEST PARK STREET

City State Postal/ZIP code
3a BUTTE MT 59701

If foreign address, enter country Foreign province and/or state
3b

1019 01 1

CHECK ONE (Required):

- 4a Original Return
 4b Amended Return

FOR DEPARTMENT USE ONLY

4b. (i) Type: _____
 4b. (ii) Date: _____

FEIN (Required) **5a** 81-0250363 **New Mexico Business ID #** **5b** _____ **6d** 406-496-4615
 Contact phone number

Fiscal (or Short-Year) Tax Year Starts Fiscal (or Short-Year) Tax Year Ends Extended Due Date
6a 07 01 2022 **6b** 06 30 2023 **6c** 05 15 2024

COMPLETE THE FOLLOWING:

A. State of incorporation MONTANA A1. Date of incorporation 11/08/1967
 B. Date business began in New Mexico 07/01/2019 B1. State of commercial domicile MONTANA
 C. Name and address of registered agent in New Mexico _____
 First Name and Last Name

Address City State ZIP code
D. NAICS Code (Required) 523900 **D1. Principal business activity in New Mexico** PARTNERSHIP INVESTM

E. Is this a return for a unitary group? Yes No E1. If yes, which type of unitary group? worldwide combined group
 water's-edge group. Year of election _____ consolidated group. Year of election _____
 Member of a unitary group, filing separately. Name of parent entity _____

NOTE: A unitary group has certain filing requirements. See page 9 of the instructions for definition.

F. Indicate method of accounting: Cash Accrual Other (specify) F1. _____
 G. If this is the corporation's final return, was the corporation:
 Dissolved Merged or reorganized Withdrawn G1. Date _____

H. Has this corporation's federal income tax liability changed for any year due to an IRS audit or the filing of an amended federal return that has not been reported to New Mexico? Yes No If yes, submit an amended New Mexico Corporate Income and Franchise Tax Return, and a copy of the amended federal return or Revenue Agent's Report (RAR), if applicable, to the New Mexico Taxation and Revenue Department.

I. If this a return for a filing group, complete the following information for each corporation in the filing group.
 The total of column 3 must equal CIT-1, page 2, line 25, and the total of column 4 must equal CIT-1, page 2, line 21. If there are more than three members of the filing group, complete CIT-S to add additional corporations.

Column 1 Corporation name	Column 2 FEIN	Column 3 Amount of quarterly, tentative, or other payments to apply to this return	Column 4 \$50 if corporation pays franchise tax
Totals			

J. If other than a corporation, enter your legal entity type (for example, LLC or partnership): _____

Refund Express!! Have your refund directly deposited. See instructions and fill in 1, 2, 3, and 4.

RE1 1. Routing number: _____ RE3 3. Type: Checking Enter X. Savings Enter X.
 RE2 2. Account number: _____

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.
 RE4 YES NO You must answer this question.

267201 11-18-22

2022 CIT-1 (page 2)

NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN

1

FEIN

81-0250363



1. Taxable income before NOL and special deductions (see CIT-1 instructions).	1.	31,684
1a. Captive REIT deductions.	1a.	
1b. Exempt entity deductions.	1b.	
2. Interest income from municipal bonds, excluding New Mexico bonds.	2.	
3. Other additions to the base income of a unitary group (see CIT-1 instructions).	3.	
4. Subtotal of base income after additions. Add lines 1, 1a, 1b, 2 and 3.	4.	31,684
5. Federal special deductions (from federal Form 1120, line 29b). Enter only a positive number.	5.	
6. Interest from U.S. government obligations or federally-taxed New Mexico bond.	6.	
7. Certain foreign dividends, Subpart F income, and GILTI (from CIT-C line 6).	7.	
8. Other subtractions to the base income of a unitary group (see CIT-1 instructions).	8.	
9. New Mexico net income or loss. Subtract lines 5, 6, 7, and 8 from 4.	9.	31,684
10. Net allocated income or loss (from CIT-B, line 8).	10.	31,246
11. Total apportionable income or loss. Subtract line 10 from line 9.	11.	438
12. New Mexico apportionment percentage (from CIT-A, line 5, or 100%).	12.	%
13. Income or loss apportioned to New Mexico. Line 11 multiplied by the percentage on line 12.	13.	
14. Net New Mexico allocated income or loss (from CIT-B, line 9).	14.	11,241
15. New Mexico apportioned net income or loss. Add lines 13 and 14.	15.	11,241
16. Net operating loss deduction, not in excess of 80% of line 15. Attach form RPD-41379.	16.	
17. Liquor license lessor deduction. See CIT-1 Instructions.	17.	
18. Exemption for net income subject to the Entity Level Tax. See CIT-1 Instructions	18.	
19. New Mexico taxable income. Subtract line 16, 17, and 18 from 15.	19.	11,241
20. New Mexico Income tax. Tax on amount on line 19 (see tax table on page 13 of CIT-1 instructions).	20.	540
21. Total tax credits applied against the income tax liability on line 20 (from CIT-CR, line A). Attach CIT-CR.	21.	
22. Net income tax. Subtract line 21 from line 20. Amount cannot be negative.	22.	540
23. Franchise tax (\$50 per corporation).	23.	50
24. Total income and franchise tax. Add lines 22 and 23.	24.	590
25. Amended Returns Only. Enter amount of all 2022 refunds received and overpayments applied to 2023. Also see instructions for line 27.	25.	
26. Subtotal. Add lines 24 and 25.	26.	590
27. Total Payments: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Applied from prior year	27.	1,000
27a. <input type="checkbox"/> Mark this box if you want to use method 4 to calculate penalty and interest on underpayment of estimated tax. See instructions, attach RPD-41287.		
28. New Mexico income tax withheld from oil and gas proceeds. Attach Forms 1099-MISC, RPD-41285.	28.	
29. New Mexico income tax withheld from a pass-through entity. Attach Forms 1099-MISC, RPD-41359.	29.	
30. Total payments and tax withheld. Add lines 27 through 29.	30.	1,000
31. Tax due. If line 26 is greater than line 30, subtract line 30 from line 26.	31.	
32. Penalty. See CIT-1 Instructions.	32.	
33. Interest. See CIT-1 Instructions.	33.	
34. Total amount due. Mail your check separately with CIT-PV. Add lines 31 through 33.	34.	
35. Overpayment. If line 30 is greater than line 26, enter the difference.	35.	410
36. Amount of overpayment to apply to 2023 liability (not more than line 35).	36.	410
37. Amount of overpayment to refund. Subtract line 36 from line 35.	37.	
38. Total portion of tax credits to refund (from CIT-CR, line B). Attach CIT-CR.	38.	
39. Total refund of overpaid tax and refundable credit due to you. Add lines 37 and 38.	39.	

Taxpayer's Signature
 I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

 Signature of officer Date

CEO 406-496-4615
 Title Contact phone number

Taxpayer's e-mail address

Paid Preparer's Use Only

EMINA O. CRESSWELL, 04/25/24
 Signature of preparer if other than employee of the taxpayer Date

P1 **NMBTIN**
 P2 **FEIN 91-0189318**
 P3 **Preparer's PTIN P01217304**
 P4 **Preparer's phone number 509-747-2600**

2022 CIT-A
NEW MEXICO APPORTIONED INCOME FOR
MULTISTATE CORPORATIONS (attach to CIT-1)



1

FEIN

81-0250363

Taxpayers with income from inside and outside New Mexico must complete this schedule.

The Department cannot accept computerized schedules instead of this form. You must complete column 1, **Total Everywhere**, and all other applicable line items for the Department to process the return. Round all dollar amounts.

- A. Have you changed your reporting of any class or type of allocated or apportioned income from the way it was reported in a prior taxable year? Yes No
- B. This entity submitted written notification of its election to use one of the special methods of apportionment of business income for tax year ending _____ . The effective date of the election is _____ . See instructions.
Month/Day/Year Month/Day/Year
- C. Mark the box indicating the special method elected. Manufacturers Headquarters Operation

PROPERTY FACTOR

- Average annual value of inventory 1a
 Average annual value of real property 1b
 Average annual value of personal property 1c
 Rented property. Multiply annual rental value by 8 1d
 Total property 1e

Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
		Calculate each percentage to four decimal places; for example, 22.5431%.

1. **Property factor.** Divide **Total property** column 2 by column 1 and then multiply by 100 **1** **.0000** %

PAYROLL FACTOR

Wages, salaries, commissions, and other compensation of employees related to apportionable income 2a

2. **Payroll factor.** Divide column 2 by column 1 and then multiply by 100 + **2** **.0000** %

SALES FACTOR

Gross receipts 3a **45,943**

3. **Sales factor.** Divide column 2 by column 1 and then multiply by 100 + **3** **.0000** %

4. **Sum of factor percentages.** Add lines 1, 2, and 3 + **4** **.0000** %

4a. **Count of factors.** Enter the total count of all factors used **4a** **1**

5. **NEW MEXICO PERCENTAGE.** Divide line 4 by the count of factors used to calculate line 4a = **5** **.0000** %

2022 CIT-B

NEW MEXICO ALLOCATION OF NON-BUSINESS INCOME OR LOSS

1

FEIN

81-0250363



SCHEDULE OF INCOME NOT DERIVED FROM THE CORPORATION'S TRADE OR BUSINESS

The Department cannot accept computerized schedules instead of this form. Round all dollar amounts.

	Column 1 Gross Amount	Column 2 Related Expenses	Column 3 Column 1 less Column 2	Column 4 Allocation to New Mexico
1. Non-business dividends 1				
2. Non-business interest 2				
3. Non-business rents 3				
4. Non-business royalties 4				
5. Profit or loss on sale or exchange of non-business assets 5				
6. Non-business partnership income or loss ... 6	31,246		31,246	11,241
7. Other non-business income or loss 7 (Attach schedule)				
8. Net allocated income. Enter here and on CIT-1, line 10. Add column 3, lines 1 through 7 8			31,246	
9. Net New Mexico allocated income. Enter here and on CIT-1, line 14. Add column 4, lines 1 through 7 9				11,241

2022 CIT-C

CERTAIN FOREIGN DIVIDENDS, SUBPART F, AND GILTI

1. Certain dividends from foreign corporations (from federal form 1120, Schedule C, Line 14)	1	
2. Subpart F inclusions derived from hybrid dividends of tiered corporations (from federal form 1120, Schedule C, Line 16b)	2	
3. Other inclusions from CFCs under subpart F (from federal form 1120, Schedule C, Line 16c)	3	
4. Global Intangible Low Taxed Income (GILTI) net of the deduction provided under IRC Sec. 250 (federal form 1120, Schedule C, Line 17, net of line 22)	4	
5. Foreign dividend gross-up (from federal form 1120, Schedule C, Line 18)	5	
6. Total. Add lines 1 through 5. Also enter on line 7, CIT-1	6	

STATE OF NEW MEXICO - TAXATION AND REVENUE DEPARTMENT
APPLICATION FOR EXTENSION OF TIME TO FILE

PLEASE TYPE OR PRINT		SEE INSTRUCTIONS
Name of individual, firm or organization		MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION
Mailing address 1300 WEST PARK STREET		
City, State, ZIP code		BUTTE MT 59701
New Mexico ID number	Social security number	Federal ID number 81-0250363

NOTE: If a federal automatic extension has been obtained for the period of this extension, you do not need to submit Form RPD-41096, *Application for Extension of Time to File*.

To qualify for an extension, this form must be submitted on or before the due date of the return or the extended due date of the return.

An extension of time to file a return and pay the New Mexico tax liability is hereby requested, until 05/15/24.

NOTE: By obtaining an extension of time to file your return, penalty for failure to file and pay is waived through the extension period, provided you file the return and pay the tax shown on the return by the extended due date. Interest accrues even if the taxpayer obtains an extension of time to file and pay the return. Interest is assessed daily at the quarterly rate established for individuals by the U.S. Internal Revenue Code on the amount of tax due. Annual and daily interest rates for each quarter are posted on the Department web site.

Complete all three statements about the tax return that you wish to request an extension of time to file.

(Submit a separate extension request for each return. Do not combine multiple returns or multiple report periods on one application.)

1. The extension refers to the following New Mexico tax return (check one):

- Personal Income Tax Return
- S Corporate Income and Franchise Tax Return
- Fiduciary Income Tax Return
- Pass-Through Entity Return
- Corporate Income and Franchise Tax Return
- Other _____

2. For _____ (year), or other taxable period beginning 07/01/22 and ending 06/30/23.

3. State in detail the reason the extension is needed. _____

I declare that the information stated above is true and correct in every material matter.	
Printed Name	Date
Authorized Signature	Title
DEPARTMENT USE ONLY	

Under the Provisions of Section 7-1-13 NMSA 1978, your application for extension of time to file your tax return and pay the tax shown to be due thereon has been reviewed. NOTE: Interest accrues even if an extension is granted.

Your application has been:

- Approved
 - Disapproved
 - Approved with correction
- Extended for _____ days

Explanation of correction:

Authorized by:

Revenue Processing Division Bureau Chief

Date of determination: _____

Initials of first reviewer _____

Extension number: _____

Montana Technology University Foundation, Inc.
For the tax year ended 6/30/23
EIN # 81-0250363
Attachment to Form CIT-1

	EIN	Amount Sourced to New Mexico	Withholding
UBI from investment in partnership	82-4487056	(3)	-
UBI from investment in partnership	87-1018183	(1)	-
UBI from investment in partnership	38-3844471	16	-
UBI from investment in partnership	47-2468038	13,290	-
UBI from investment in partnership	82-3512697	(1,314)	-
UBI from investment in partnership	37-1656529	(42)	-
UBI from investment in partnership	82-5085373	199	-
UBI from investment in partnership	82-3170994	(817)	-
UBI from investment in partnership	81-2852078	(38)	-
UBI from investment in partnership	36-4939667	(49)	-
		<u>11,241</u>	<u>-</u>

TAX RETURN FILING INSTRUCTIONS

OKLAHOMA FORM 512E

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	547
Less: payments and credits	\$	1,000
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	453
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800

Return Must be Mailed On or Before:

May 15, 2024

Special Instructions:

Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512-E
2022



PART 1
For the year January 1 - December 31, 2022, or other taxable year beginning: ending:

Name of Organization: Federal Employer Identification Number: Date Qualified for Tax Exempt Status:

Address (Number and Street):

City: State or Province: Country: ZIP or Foreign Postal Code:

Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Schedule 512E-X on page 2)

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME
(Please read instructions on pages 3-4)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	31,684.00	14,679.00
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	1,000.00	1,000.00
C Unrelated business taxable income - enter here and on line 1 below	30,684.00	13,679.00

INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	13,679.00
2	Other net income - provide schedule	00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	13,679.00

TAX COMPUTATION

5	Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	547.00
6	Less: Other Credits Form (total from Form 511CR)	00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	547.00
8	2022 Oklahoma estimated tax and extension payments and prior year carryforward	1,000.00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	00
10	Amount paid with original return and amount paid after it was filed (amended return only)	00
11	Any refunds or overpayment applied (amended return only)	() 00
12	Total of lines 8 through 11	1,000.00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	453.00
14	Amount of line 13 to be credited to 2023 estimated tax (original return only)	453.00



Oklahoma Return of Organization Exempt from Income Tax

Name of Organization: MONTANA TECHNOLOGICAL UNIVERSITY FO	Federal Employer Identification Number: 81-0250363
---	--

Amount from line 14 on page 1 453 00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 4 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15	Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	15	00
16	Add lines 14 and 15 and enter amount	16	00
17	Amount to be refunded to you (line 13 minus line 16) Refund	17	00

<p>Direct Deposit Note: →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details.</p>	<p>Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deposit my refund in my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Routing Number: <input style="width: 200px;" type="text"/></p> <p>Account Number: <input style="width: 400px;" type="text"/></p>
--	--

18	Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due 18	00
19	Donation: Public School Classroom Support Fund (For information regarding this fund, see page 4, #5) ...	19	00
20	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20	00
21	Underpayment of estimated tax interest Annualized <input type="checkbox"/>	21	00
22	Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due 22	00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	Date	<input type="checkbox"/> Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.	Signature of Preparer	Date
Printed Name			EMINA O. CRESSWELL, CPA	
JAIME HEPPLER			Printed Name of Preparer	
Title	Phone Number		EMINA O. CRESSWELL, CPA	
CEO			Phone Number:	Preparer's PTIN:
			509-747-2600	P01217304

SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)

A Did you file an amended Federal income tax return? Yes No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, **provide** a complete copy of the RAR.

C Explanation or reason for amended return (**Provide** all necessary schedules):

ITE Application for Extension of Time to File an Oklahoma Income Tax Return For Corporations, Partnerships and Fiduciaries



FORM **504-C** 2022

(Not for use with stand-alone Franchise Tax accounts)
(This is NOT an extension of time for payment of tax. Individuals use Form 504-I. See Instructions)

For the year January 1 - December 31, or other taxable year beginning JULY 01, 2022 ending JUNE 30, 2023.

Corporate, Partnership, or Fiduciary Name MONTANA TECHNOLOGICAL UNIVERSITY	Federal Employer Identification Number: 81-0250363
Mailing address (number and street) 1300 WEST PARK STREET	CHECK THE FORM TYPE FOR THE RETURN THIS APPLICATION IS FOR: <input type="checkbox"/> Form 512 <input type="checkbox"/> Form 513 <input checked="" type="checkbox"/> Form 512-E <input type="checkbox"/> Form 512-S <input type="checkbox"/> Form 513-NR <input type="checkbox"/> Form 514
City, State and ZIP BUTTE, MT 59701	

IMPORTANT: Extension is valid only if 90% of the tax liability is paid by the original due date.

An Extension of Time to File with the IRS has been granted to: **DATE 05/15/24**

Extension of Time to File with the Oklahoma Tax Commission is requested to: **DATE 05/15/24**

If requesting an extension of time to file beyond the date of the federal extension, state the reason here:

OKLAHOMA INCOME TAX COMPUTATION				
1. Total income tax liability (you may estimate this amount)	1		1,000	00
<i>Note: You must enter an amount on line 1. If you do not expect to owe tax, enter "0".</i>				
2. Oklahoma income tax withheld	2			00
3. Estimated tax payments (include prior year overpayment allowed as a credit)	3	0		00
4. Other payments and credits you expect to claim on your return	4			00
5. Add lines 2, 3 and 4	5		0	00
6. Income tax balance due (subtract line 5 from line 1)	6		1,000	00
7. Amount of income tax you are paying. Important: Extension is valid only if 90% of the income tax liability is paid by the original due date	7		1,000	00
8. If filing a combined Corporate Income and Franchise Tax return, enter any Estimated Franchise tax you are paying. (Leave blank if filing the stand-alone Franchise Tax return, Form 200.)	8		0	00
9. Total amount you are paying (add lines 7 and 8)	9		1,000	00

SIGNATURE
Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer, Partner, Member or Fiduciary _____ Date _____

Paid Preparer's Signature _____ Date _____

Return with your payment, if applicable, to:
Oklahoma Tax Commission • PO Box 26890 • Oklahoma City, OK 73126-0890.

Montana Technology University Foundation, Inc.
EIN # 81-0250363
For the tax year ending 6/30/23
Attachment to Form 512E

		State sourced	
		UBTI	Withholding
UBI from investment in partnership	82-4487056	(8)	-
UBI from investment in partnership	87-1018183	(2)	-
UBI from investment in partnership	86-1900765	445	-
UBI from investment in partnership	38-3844471	(1)	-
UBI from investment in partnership	47-2468038	11,177	-
UBI from investment in partnership	82-3512697	800	-
UBI from investment in partnership	37-1656529	498	-
UBI from investment in partnership	82-3170994	37	-
UBI from investment in partnership	81-2852078	718	-
UBI from investment in partnership	36-4939667	15	-
		<u>13,679</u>	<u>-</u>

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Taxpayer identification number (TIN) 81-0250363
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 WEST PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTTE, MT 59701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KYLEE HAMAKER

• The books are in the care of ▶ **1300 WEST PARK STREET - BUTTE, MT 59701**

Telephone No. ▶ **406-496-4615**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,167.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	28,360.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Doing business as MONTANA TECH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701 F Name and address of principal officer: JAIME HEPPLER SAME AS C ABOVE	D Employer identification number 81-0250363 E Telephone number 406-496-4615 G Gross receipts \$ 59,401,687. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: FOUNDATION.MTECH.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: MT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,943.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,684.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		11,942,364.	42,903,714.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100,000.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,104,690.	409,932.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,035.	167,096.
		13,181,089.	43,480,742.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,218,583.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,705.	928,758.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	771,065.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,230.	1,490,331.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,193,518.	12,320,425.
19 Revenue less expenses. Subtract line 18 from line 12	5,987,571.	31,160,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,302,899.	100,387,232.
	22 Net assets or fund balances. Subtract line 21 from line 20	675,979.	527,768.
		65,626,920.	99,859,464.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAIME HEPPLER, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL,
	Firm's name MOSS ADAMS LLP	Date 04/25/24
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Check if self-employed <input type="checkbox"/> PTIN P01217304
		Firm's EIN 91-0189318
		Phone no. 509-747-2600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Form 990 (2022)

81-0250363 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SUPPLEMENT THE INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL, OPERATING, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,792,096. including grants of \$ 9,901,336.) (Revenue \$ 0.)
THE MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION PROVIDED THE MONTANA TECHNOLOGICAL UNIVERSITY WITH PRIVATE DOLLARS TO ADVANCE ITS MISSION TO CONNECT STUDENTS TO A NETWORK OF PEOPLE, OPPORTUNITIES AND EXPERIENCE THAT EMPOWER THEM TO CHANGE THE WORLD. THE FOUNDATION PROVIDED \$2 MILLION IN SCHOLARSHIPS TO 569 STUDENTS AND \$8 MILLION TO ASSIST DEPARTMENTS WITH PURCHASES OF EQUIPMENT, SUPPLIES AND FACULTY SUPPORT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 10,792,096.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section 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 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 on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
LANCE ALLEN - 406-496-4615
1300 WEST PARK STREET, BUTTE, MT 59701

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE MEYER VICE PRESIDENT OF DEVELOPMENT	40.00			X			103,574.	0.	31,262.	
(2) DEANNA JOHNSON CHIEF FINANCIAL OFFICER	40.00			X			97,774.	0.	30,371.	
(3) JAIME HEPPLER CHIEF EXECUTIVE OFFICER	40.00			X			79,913.	0.	6,600.	
(4) BRYAN LARSON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) NICK DIGIOVINE BOARD CHAIR (THRU 6/23)	1.00	X		X			0.	0.	0.	
(6) BOB SHEPHERD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) TOM HOHN SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOSH VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(9) KATHY ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVE BURGER DIRECTOR	1.00	X					0.	0.	0.	
(11) SKYE CALLANTINE DIRECTOR	1.00	X					0.	0.	0.	
(12) JON CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY KOLSTAD DIRECTOR	1.00	X					0.	0.	0.	
(14) JONNA LASLOVICH DIRECTOR	1.00	X					0.	0.	0.	
(15) LEO MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MCGIVERN DIRECTOR	1.00	X					0.	0.	0.	
(17) BOB MORRIS DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGGIE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(19) ADAM SAYERS DIRECTOR	1.00	X					0.	0.	0.	
(20) ROCKY SEALE DIRECTOR	1.00	X					0.	0.	0.	
(21) STEPHANIE SORINI DIRECTOR	1.00	X					0.	0.	0.	
(22) TIM SULSER DIRECTOR	1.00	X					0.	0.	0.	
(23) SEAN WOOLVERTON DIRECTOR	1.00	X					0.	0.	0.	
(24) BRIAN SMYTH DIRECTOR (THRU 9/22)	1.00	X					0.	0.	0.	
1b Subtotal							281,261.	0.	68,233.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							281,261.	0.	68,233.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
	Program Service Revenue			Business Code			
2 a _____							
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,172,226.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)		337,982.			337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events			111,712.			111,712.	
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities			9,441.			9,441.	
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11 a PASSTHROUGH INCOME		900099	45,943.		45,943.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			45,943.			
12 Total revenue. See instructions			43,480,742.	0.	45,943.	531,085.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,900,136.	9,900,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,494.		143,592.	205,902.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,323.		159,544.	228,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,849.		14,136.	17,713.
9 Other employee benefits	107,131.		48,412.	58,719.
10 Payroll taxes	51,961.		19,933.	32,028.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,250.	1,500.	1,750.	
c Accounting	56,027.		56,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,704.		103,704.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,144.	109,095.	26,957.	25,092.
12 Advertising and promotion	13,980.	11,120.		2,860.
13 Office expenses	190,989.	149,624.	39,669.	1,696.
14 Information technology	150,180.	4,207.	23,132.	122,841.
15 Royalties				
16 Occupancy				
17 Travel	184,519.	150,114.	19,824.	14,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,270.	27,145.	4,390.	735.
20 Interest	221.	221.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,162.	37,137.	10,531.	17,494.
23 Insurance	22,387.	429.	21,958.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	209,176.	179,571.	17,444.	12,161.
b REPAIRS & MAINTENANCE	142,984.	135,521.	5,956.	1,507.
c GIFTS	86,033.	58,327.	4,131.	23,575.
d DUES & SUBSCRIPTIONS	21,794.	18,547.	915.	2,332.
e All other expenses	46,511.	8,202.	35,259.	3,050.
25 Total functional expenses. Add lines 1 through 24e	12,320,425.	10,792,096.	757,264.	771,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,151,588.	1	1,032,600.	
	2 Savings and temporary cash investments	5,035,174.	2	5,643,050.	
	3 Pledges and grants receivable, net	1,813,209.	3	24,034,935.	
	4 Accounts receivable, net	28,500.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	195,721.	9	137,800.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,450,613.			
	b Less: accumulated depreciation	713,354.			
	11 Investments - publicly traded securities	1,782,639.	10c	1,737,259.	
	12 Investments - other securities. See Part IV, line 11	54,243,616.	11	65,662,289.	
	13 Investments - program-related. See Part IV, line 11	1,832,852.	12	1,915,631.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	219,600.	14	223,668.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,302,899.	15	204,834.	25	
Liabilities	17 Accounts payable and accrued expenses	312,986.	16	100,387,232.	
	18 Grants payable		17	246,586.	
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
	23 Secured mortgages and notes payable to unrelated third parties	158,159.	22		
	24 Unsecured notes and loans payable to unrelated third parties		23	66,799.	
	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 Schedule D	204,834.	24		
	26 Total liabilities. Add lines 17 through 25	675,979.	25	214,383.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,364,185.	27	2,242,968.	
	28 Net assets with donor restrictions	63,262,735.	28	97,616,496.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,626,920.	32	99,859,464.	
33 Total liabilities and net assets/fund balances	66,302,899.	33	100,387,232.		

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Part 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	43,480,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,320,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,160,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,626,920.
5	Net unrealized gains (losses) on investments	5	3,122,719.
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 on Schedule O)	9	-50,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,859,464.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37713498.
6 Public support. Subtract line 5 from line 4.						32919346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,889.	115,977.	67,655.	68,313.	71,950.	736,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		43,266.		135,965.	31,684.	210,915.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50,000.			50,000.
11 Total support. Add lines 7 through 10						71630543.
12 Gross receipts from related activities, etc. (see instructions)					12	983,168.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.96	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.93	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number

81-0250363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 \$ _____

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

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYAN LANCE FAMILY FOUNDATION PO BOX 15203 ALBANY, NY 12212-5201	\$ 31,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NUCOR STEEL, INC. 3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	\$ 2,078,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR H. DITTO 4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	\$ 994,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PETROLEUM EXPERTS, INC. 57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079	\$ 6,564,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PLEDGE RECEIVABLE <hr/> <hr/> <hr/>	\$ <u>31,000,000.</u>	<u>06/05/23</u>
<u>4</u>	GEO ENG SOFTWARE FOR SME LABS <hr/> <hr/> <hr/>	\$ <u>6,564,992.</u>	<u>01/31/23</u>
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Employer identification number 81-0250363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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? Yes No

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	57,362,938.	52,092,737.	42,100,223.	42,894,396.	45,194,657.
b Contributions	10,984,588.	8,981,096.	1,525,169.	1,662,704.	4,507,117.
c Net investment earnings, gains, and losses	5,271,182.	-1,020,439.	11,541,888.	-165,798.	1,792,928.
d Grants or scholarships	1,915,650.				
e Other expenditures for facilities and programs	1,640,586.	2,690,456.	3,074,543.	2,291,079.	8,600,306.
f Administrative expenses	1,077,575.				
g End of year balance	68,984,897.	57,362,938.	52,092,737.	42,100,223.	42,894,396.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.0000 %
 - b Permanent endowment 84.0000 %
 - c Term endowment 15.0000 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,996.		18,996.
b Buildings		2,306,447.	609,283.	1,697,164.
c Leasehold improvements				
d Equipment		125,170.	104,071.	21,099.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,737,259.

**MONTANA TECHNOLOGICAL UNIVERSITY
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	23,329.
(3) GIFT ANNUITY PAYABLE	191,054.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,383.

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

MONTANA TECHNOLOGICAL UNIVERSITY
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	46,535,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,122,719.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,152.
e	Add lines 2a through 2d	2e	3,204,871.
3	Subtract line 2e from line 1	3	43,331,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	45,943.
c	Add lines 4a and 4b	4c	149,647.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,480,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,303,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,701.
e	Add lines 2a through 2d	2e	86,701.
3	Subtract line 2e from line 1	3	12,216,721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,320,425.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS TO SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 50L(C)(3) AS AMENDED. THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN 509(A) OF THE INTERNAL REVENUE CODE. BUSINESS INCOME UNRELATED TO THE PURPOSE OF THE ORGANIZATION IS REPORTED IN A FORM 990-T AND INCOME TAXES ARE PAID ON UNRELATED BUSINESS INCOME. THE FOUNDATION COMPLIES WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	82,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME	45,943.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
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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)* 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

- 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* Yes No

- 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 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

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS STATEMENT. THE AMOUNT IN COLUMN (F) IS THE FAIR MARKET VALUE.

Multiple horizontal lines for supplemental information.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NATURAL RESOURCE GOLD (event type)	METALLURGICA AND MATERI (event type)	13 (total number)		
Revenue	1	Gross receipts	59,170.	39,985.	133,893.	233,048.
	2	Less: Contributions	23,500.	15,900.	5,325.	44,725.
	3	Gross income (line 1 minus line 2)	35,670.	24,085.	128,568.	188,323.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,688.		8,682.	11,370.
	7	Food and beverages	4,540.	11,815.	14,606.	30,961.
	8	Entertainment	10,758.		5,616.	16,374.
	9	Other direct expenses	3,395.	7,539.	6,972.	17,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				76,611.
11	Net income summary. Subtract line 10 from line 3, column (d)				111,712.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		19,531.	19,531.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		4,400.	4,400.
	4	Rent/facility costs			
	5	Other direct expenses		5,690.	5,690.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			10,090.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				9,441.

9 Enter the state(s) in which the organization conducts gaming activities: MT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: AS A 501C(3) IN MONTANA, WE ARE NOT REQUIRED TO OBTAIN LICENSING.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number
81-0250363

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTANA TECHNOLOGICAL UNIVERSITY 1300 W PARK STREET BUTTE, MT 59701	81-6001654	STATE OF MONTANA	2,608,999.	7,276,535.	FMV	ART, BOOKS, GOODS, INTELLECTUAL PROPERTY,	STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS, AND PROGRAM DISTRIBUTIONS
MONTANA TECH ALUMNI ASSOCIATION 1300 W PARK STREET BUTTE, MT 59701	81-0388134	501(C)(3)	14,602.	0.			GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

MONTANA TECHNOLOGICAL UNIVERSITY
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

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

PART I, LINE 2:

THE MONEY IS ONLY PAID TO THE UNIVERSITY AFTER THE ACTUAL EXPENSE HAS OCCURRED. FOR SCHOLARSHIPS AND PROFESSORSHIPS, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE FUNDS HAVE BEEN PAID TO THE STUDENT OR FACULTY. FOR CAPITAL EXPENDITURES, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE PURCHASE IS MADE. THE FOUNDATION DOES VERIFY THE USAGE IS CORRECT BEFORE THE FUNDS ARE DISTRIBUTED TO THE UNIVERSITY.

PART II, LINE 1, COLUMN (G):

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION** Employer identification number **81-0250363**

Part 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) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	3,600.	MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		650.	MARKET VALUE
5 Clothing and household goods	X		9,524.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	6,564,992.	MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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	X	15	622,552.	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EQUIPMENT</u>)	X	18	68,198.	MARKET VALUE
26 Other (<u>SMALL GIFTS</u>)	X	25	3,993.	MARKET VALUE
27 Other (<u>GIFT BASKETS</u>)	X	14	1,595.	MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	17	1,431.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, ITEM C, DOING BUSINESS AS:

MONTANA TECH FOUNDATION

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

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA

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

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

MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE

FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND

MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.

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

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

MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE: SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD, THE

EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OVER ALL QUESTIONS AFFECTING THE

POLICY, PROPERTY, STAFF AND GENERAL PURPOSES OF THE FOUNDATION, AND DURING

INTERVALS BETWEEN MEETINGS OF THE BOARD, MAY EXERCISE THE POWER AND

AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE PROPERTY AND AFFAIRS OF THE

FOUNDATION, EXCEPT THE POWER TO ELECT DIRECTORS AND OFFICERS, AND THE POWER

TO CHANGE THE BYLAWS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE SHALL

REGULARLY REPORT TO THE BOARD. WHEN DULY REPORTED TO THE BOARD, ACTS OF THE

EXECUTIVE COMMITTEE SHALL STAND AS ACTS OF THE BOARD, UPON RATIFICATION BY

THE BOARD.

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, PART VI, SECTION A, LINE 2:

JON CHERRY AND SKYE CALLANTINE - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JUNE OF 2023 TO REFLECT THAT THE CEO WILL REPORT TO THE BOARD OF DIRECTORS AND WILL BE ALLOWED TO SERVE MORE THAN TWO YEARS IF APPROVED BY THE MAJORITY OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT IS AVAILABLE, IT WILL BE REVIEWED BY MANAGEMENT BEFORE BEING SENT TO THE BOARD. AN EMAIL WILL THEN BE SENT TO THE BOARD STATING THAT THE 990 IS AVAILABLE FOR REVIEW IN ONBOARD FOR THE NEXT 10 DAYS AT WHICH TIME THE 990 WILL BE FILED WITH THE IRS.

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.

THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT BEST INTERESTS. BOARD ACTION WILL BE TAKEN AS THE RESULT OF A MAJORITY VOTE OF DISINTERESTED DIRECTORS. DELIBERATIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER CANNOT PARTICIPATE IN

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
PASSTHROUGH INCOME	-45,943.
TOTAL TO FORM 990, PART XI, LINE 9	-50,492.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MONTANA TECHNOLOGICAL UNIVERSITY - 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA			N/A		X

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA TECHNOLOGICAL UNIVERSITY	O	45,000.	ACTUAL EXPENSE
(2) MONTANA TECHNOLOGICAL UNIVERSITY	B	9,885,534.	ACTUAL EXPENSE
(3)			
(4)			
(5)			
(6)			

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

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Header section containing organization name (MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION), address (1300 WEST PARK STREET, BUTTE, MT 59701), and identification numbers (Employer ID: 81-0250363, Book value: 100,387,232).

Organization type and filing information section (G, H, I, J, K, L) including checkboxes for 501(c) corporation, filing only to, consolidated return, and books in care of LANCE ALLEN.

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 35,093 to 30,684.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts, resulting in a total of 6,444.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	10.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	10.
2	Subtract line 1e from Part II, line 7	2	6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g	
7	Total payments. Add lines 6a through 6g	7	28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 04/25/24	Check <input type="checkbox"/> if self-employed PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318		
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600		

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance _____	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		0.
				Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		0.
Totals						0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)					
(2)					
(3)					
(4)					
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.			0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

STATEMENT(S) 3

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022
Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits:		
	<ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax:		
	<ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16	17	2.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

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- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
---------------------------	--	-----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
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- C General Business Credit Carryforwards
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- E Reserved
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- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
---------------------------	--	-----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Montana Technological University
Foundation
1300 West Park Street
Butte, MT 59701

Prepared By:

Moss Adams LLP
601 W. Riverside Avenue Ste 1800
Spokane, WA 99201

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	100
Less: payments and credits	\$	52
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	48

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

When the return is filed the amount due should be electronically transferred.

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return VA-8879C to our office. We will then transmit your return electronically to the VADOT. Do not mail the paper copy of the return to the VADOT.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your payment should be made as instructed below on or before June 17, 2024.

Refer to the Virginia Department of Taxation website for payment information.

<https://www.tax.virginia.gov/payments>

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2022 Virginia Corporation
Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date JULY 1, 2022; Ending Date JUNE 30, 2023

Short Year Return Change in Accounting Period

FEIN: 81-0250363
Name: MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION
Mailing Address: 1300 WEST PARK STREET, BUTTE, MT 59701
Entity Type Code: NZ
NAICS Code: 523900
Date Incorporated: 12/08/1967
State or Country of Incorporation: MONTANA
Description of Business Activity: PARTNERSHIP INVESTMENTS

Check all that apply:
Initial Filer
Name Change
Mailing Address Change
Physical Address Change

Check Applicable Boxes: Consolidated, Combined, Change in Filing Status, Sch. 500A, Sch. 500AB, Nonprofit Corporation (checked), Certified Company Apportionment, Amended Return.
Final Return: Final Return (checked), Withdrawn, Dissolved, Merged, S Corp Effective.
Corporate Telecommunications Company: .00
Noncorporate Telecommunications Company: .00
Electric Supplier Company: .00
Home Service Contract Provider: .00

Questions and Related Information
A. Have you made any payments to an affiliated corporation... Enter exception amount from Schedule 500AB, Line 8. A. .00
B. RESERVED FOR FUTURE USE
C. If a net operating loss deduction was claimed... (1) Year of Loss, (2) Federal NOL, (3) Percent of federal NOL used this year %
D. If pass-through entity withholding is claimed... D. 1
E. Has your federal income tax liability been redetermined... Year
F. Location of corporation's books 1300 WEST PARK STREET, BUTTE,
Contact for corporation's books LANCE ALLEN Contact Phone Number 406-496-4615

**2022 Virginia
Form 500**

Page 2

FEIN
81-0250363



INCOME

1. Federal taxable income (from enclosed federal return)	1.	30684 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	30684 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	29014 .00
5. Balance (subtract Line 4 from Line 3)	5.	1670 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	1670 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	100 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	100 .00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.	.00
13. Extension payment	13.	50 .00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	2 .00
16. Total payments and credits (add Lines 12 through 15)	16.	52 .00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	48 .00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	48 .00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2023 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		CEO
Printed Name of Officer		Phone Number
JAIME HEPPLER		
Print Preparer's Name and Firm Name		Preparer Phone Number
EMINA O. CRESSWELL, CPA MOSS ADAMS LLP		509-747-2600
Date	Individual or Firm, Signature of Preparer	Address of Preparer
04/25/24		601 W. RIVERSIDE AVENUE S SPOKANE, WA 99201
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
P01217304	1019	

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

**2022 Virginia
Schedule 500ADJ**

**Corporation Schedule
of Adjustments**



Name as shown on Virginia return MONTANA TECHNOLOGICAL UNIVERSITY FOU FEIN 81-0250363

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return

Section A - Additions to Federal Taxable Income

1. Fixed date conformity addition - Depreciation	1.	_____	.00			
2. Fixed date conformity addition - Other	2.	_____	.00			
3. Taxable addition from Schedule 500AB, Line 10	3.	_____	.00			
4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income	4.	_____	.00			
5. Interest on state obligations other than Virginia	5.	_____	.00			
6. Other Additions						
See instructions for addition codes.						
		Code				
6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6a.	_____	.00
6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6b.	_____	.00
6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6c.	_____	.00
7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2	7.	_____	.00			

Section B - Subtractions from Federal Taxable Income

1. Fixed date conformity subtraction - Depreciation	1.	_____	.00			
2. Fixed date conformity subtraction - Other	2.	_____	.00			
3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes	3.	_____	.00			
4. Foreign dividend gross-up (IRC § 78)	4.	_____	.00			
5. Refund or credit of income taxes included in federal taxable income	5.	_____	.00			
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A)	6.	_____	.00			
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8	7.	_____	.00			
8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income	8.	_____	.00			
9. Other Subtractions. See instructions for subtraction codes.						
		Certification Number				
		Code				
9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9a.	_____	29014 .00
9b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9b.	_____	.00
9c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9c.	_____	.00
10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4	10.	_____	29014 .00			

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.)	1.	_____	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here	2.	_____	.00
3. Overpayment, if any, as shown on original return or as previously adjusted	3.	_____	.00
4. Subtract Line 3 from Line 2	4.	_____	.00
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe	5.	_____	.00
6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid	6.	_____	.00

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

VA 500ADJ

SUBTRACTIONS FROM TAXABLE INCOME

STATEMENT 1

CODE AND DESCRIPTION

CERTIFICATION NUMBER

AMOUNT

99 UBI NOT ATTRIBUTABLE TO VIRGINIA

29,014.

TOTAL TO FORM 500ADJ - SUBTRACTIONS

29,014.

**2022 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **MONTANA TECHNOLOGICAL UNIVERSITY FOUND** FEIN **81-0250363**

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	31684	.00
2. Net Operating Loss Deduction	2.		.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	30684	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.		.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.		.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.		.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		.00
10. Property subject to 168(f)(1) election	10.		.00
11. Other depreciation	11.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.		.00
13. Total: Dividends (Gross-up)	13.		.00
14. Total: Inclusions (Exclude Gross-up)	14.		.00
15. Total: Inclusions (Gross-up)	15.		.00
16. Total: Interest	16.		.00
17. Total: Gross Rents, Royalties, and License Fees	17.		.00
18. Total: Gross Income from Performance of Services	18.		.00
19. Total: Other	19.		.00
20. Total: Total Gross Income or Loss from Outside the US	20.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		.00
24. Total: Allocable - Other Allocable Deductions	24.		.00
25. Total: Total Allocable Deductions	25.		.00
26. Total: Apportioned Share of Deductions	26.		.00
27. Total: Net Operating Loss Deduction	27.		.00
28. Total: Total Deductions	28.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.		.00
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DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	81-0250363

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. 30,684.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. 1,670.
3. Income tax (Form 500, Page 2, Line 9)	3. 100.
4. Total payments and credits (Form 500, Page 2, Line 16)	4. 52.
5. Total due (Form 500, Page 2, Line 21)	5. 48.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2022 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 50363 as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Do not enter all zeros
MOSS ADAMS LLP

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 91408716265
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 04/25/24

Montana Technology University Foundation, Inc.

EIN # 81-0250363

For the tax year ending 6/30/23

Attachment to Form 500

		State	
		sourced	
		UBTI	Withholding
UBI from investment in partnership	82-4487056	1,015	-
UBI from investment in partnership	87-1018183	(13)	-
UBI from investment in partnership	86-1900765	(2)	-
UBI from investment in partnership	38-3844471	62	
UBI from investment in partnership	47-2468038	(1)	
UBI from investment in partnership	82-3512697	(288)	
UBI from investment in partnership	37-1656529	(2)	
UBI from investment in partnership	82-3170994	292	
UBI from investment in partnership	81-2852078	510	
UBI from investment in partnership	36-4939667	57	
UBI from investment in partnership	46-5165140	40	
		<u>1,670</u>	<u>-</u>

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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 For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Doing business as MONTANA TECH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WEST PARK STREET City or town, state or province, country, and ZIP or foreign postal code BUTTE, MT 59701 F Name and address of principal officer: JAIME HEPPLER SAME AS C ABOVE	D Employer identification number 81-0250363 E Telephone number 406-496-4615 G Gross receipts \$ 59,401,687. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: FOUNDATION.MTECH.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967 M State of legal domicile: MT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,943.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,684.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,942,364.
9		Program service revenue (Part VIII, line 2g)	100,000.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,104,690.	409,932.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,035.	167,096.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,181,089.	43,480,742.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,218,583.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,705.	928,758.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	771,065.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,230.	1,490,331.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,193,518.	12,320,425.
	19	Revenue less expenses. Subtract line 18 from line 12	5,987,571.	31,160,317.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 66,302,899.	End of Year 100,387,232.
	21	Total liabilities (Part X, line 26)	675,979.	527,768.
	22	Net assets or fund balances. Subtract line 21 from line 20	65,626,920.	99,859,464.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAIME HEPPLER, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL,
	Firm's name MOSS ADAMS LLP	Date 04/25/24
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Check if self-employed <input type="checkbox"/> PTIN P01217304
		Firm's EIN 91-0189318
		Phone no. 509-747-2600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Form 990 (2022)

81-0250363 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE MONTANA TECH FOUNDATION IS TO ADVANCE THE TEACHING, RESEARCH, AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECHNOLOGICAL UNIVERSITY BY GENERATING PRIVATE CONTRIBUTIONS TO SUPPLEMENT THE INSTITUTION'S STATE AND FEDERAL REVENUES FOR CAPITAL, OPERATING, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,792,096. including grants of \$ 9,901,336.) (Revenue \$ 0.)
THE MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION PROVIDED THE MONTANA TECHNOLOGICAL UNIVERSITY WITH PRIVATE DOLLARS TO ADVANCE ITS MISSION TO CONNECT STUDENTS TO A NETWORK OF PEOPLE, OPPORTUNITIES AND EXPERIENCE THAT EMPOWER THEM TO CHANGE THE WORLD. THE FOUNDATION PROVIDED \$2 MILLION IN SCHOLARSHIPS TO 569 STUDENTS AND \$8 MILLION TO ASSIST DEPARTMENTS WITH PURCHASES OF EQUIPMENT, SUPPLIES AND FACULTY SUPPORT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 10,792,096.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Form 990 (2022)

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section 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 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 on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
LANCE ALLEN - 406-496-4615
1300 WEST PARK STREET, BUTTE, MT 59701

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUKE MEYER VICE PRESIDENT OF DEVELOPMENT	40.00			X			103,574.	0.	31,262.	
(2) DEANNA JOHNSON CHIEF FINANCIAL OFFICER	40.00			X			97,774.	0.	30,371.	
(3) JAIME HEPPLER CHIEF EXECUTIVE OFFICER	40.00			X			79,913.	0.	6,600.	
(4) BRYAN LARSON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) NICK DIGIOVINE BOARD CHAIR (THRU 6/23)	1.00	X		X			0.	0.	0.	
(6) BOB SHEPHERD VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) TOM HOHN SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOSH VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(9) KATHY ARNOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVE BURGER DIRECTOR	1.00	X					0.	0.	0.	
(11) SKYE CALLANTINE DIRECTOR	1.00	X					0.	0.	0.	
(12) JON CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY KOLSTAD DIRECTOR	1.00	X					0.	0.	0.	
(14) JONNA LASLOVICH DIRECTOR	1.00	X					0.	0.	0.	
(15) LEO MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MCGIVERN DIRECTOR	1.00	X					0.	0.	0.	
(17) BOB MORRIS DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGGIE PETERSON DIRECTOR	1.00	X						0.	0.	0.
(19) ADAM SAYERS DIRECTOR	1.00	X						0.	0.	0.
(20) ROCKY SEALE DIRECTOR	1.00	X						0.	0.	0.
(21) STEPHANIE SORINI DIRECTOR	1.00	X						0.	0.	0.
(22) TIM SULSER DIRECTOR	1.00	X						0.	0.	0.
(23) SEAN WOOLVERTON DIRECTOR	1.00	X						0.	0.	0.
(24) BRIAN SMYTH DIRECTOR (THRU 9/22)	1.00	X						0.	0.	0.
1b Subtotal								281,261.	0.	68,233.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								281,261.	0.	68,233.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	42,858,989.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,276,535.				
	h Total. Add lines 1a-1f		42,903,714.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,950.			71,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				16,172,226.			
	b Less: cost or other basis and sales expenses	7b	15,834,244.				
	c Gain or (loss)	7c	337,982.				
	d Net gain or (loss)			337,982.		337,982.	
8 a Gross income from fundraising events (not including \$ 44,725. of contributions reported on line 1c). See Part IV, line 18	8a		188,323.				
		b Less: direct expenses	8b	76,611.			
c Net income or (loss) from fundraising events			111,712.		111,712.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		19,531.				
		b Less: direct expenses	9b	10,090.			
c Net income or (loss) from gaming activities			9,441.		9,441.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a PASSTHROUGH INCOME	Business Code	900099	45,943.	45,943.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			45,943.			
12 Total revenue. See instructions			43,480,742.	0.	45,943.	531,085.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,900,136.	9,900,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,494.		143,592.	205,902.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,323.		159,544.	228,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,849.		14,136.	17,713.
9 Other employee benefits	107,131.		48,412.	58,719.
10 Payroll taxes	51,961.		19,933.	32,028.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,250.	1,500.	1,750.	
c Accounting	56,027.		56,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,704.		103,704.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,144.	109,095.	26,957.	25,092.
12 Advertising and promotion	13,980.	11,120.		2,860.
13 Office expenses	190,989.	149,624.	39,669.	1,696.
14 Information technology	150,180.	4,207.	23,132.	122,841.
15 Royalties				
16 Occupancy				
17 Travel	184,519.	150,114.	19,824.	14,581.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,270.	27,145.	4,390.	735.
20 Interest	221.	221.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,162.	37,137.	10,531.	17,494.
23 Insurance	22,387.	429.	21,958.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	209,176.	179,571.	17,444.	12,161.
b REPAIRS & MAINTENANCE	142,984.	135,521.	5,956.	1,507.
c GIFTS	86,033.	58,327.	4,131.	23,575.
d DUES & SUBSCRIPTIONS	21,794.	18,547.	915.	2,332.
e All other expenses	46,511.	8,202.	35,259.	3,050.
25 Total functional expenses. Add lines 1 through 24e	12,320,425.	10,792,096.	757,264.	771,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,151,588.	1	1,032,600.	
	2 Savings and temporary cash investments	5,035,174.	2	5,643,050.	
	3 Pledges and grants receivable, net	1,813,209.	3	24,034,935.	
	4 Accounts receivable, net	28,500.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	195,721.	9	137,800.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,450,613.			
	b Less: accumulated depreciation	713,354.			
	11 Investments - publicly traded securities	1,782,639.	10c	1,737,259.	
	12 Investments - other securities. See Part IV, line 11	54,243,616.	11	65,662,289.	
	13 Investments - program-related. See Part IV, line 11	1,832,852.	12	1,915,631.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	219,600.	14	223,668.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,302,899.	15	204,834.	16	
			100,387,232.		
Liabilities	17 Accounts payable and accrued expenses	312,986.	17	246,586.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	158,159.	23	66,799.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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 Schedule D	204,834.	25	214,383.	
	26 Total liabilities. Add lines 17 through 25	675,979.	26	527,768.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,364,185.	27	2,242,968.	
	28 Net assets with donor restrictions	63,262,735.	28	97,616,496.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	65,626,920.	32	99,859,464.	
	33 Total liabilities and net assets/fund balances	66,302,899.	33	100,387,232.	

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Part 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	43,480,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,320,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,160,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,626,920.
5	Net unrealized gains (losses) on investments	5	3,122,719.
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 on Schedule O)	9	-50,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,859,464.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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MONTANA TECHNOLOGICAL UNIVERSITY
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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37713498.
6 Public support. Subtract line 5 from line 4.						32919346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4931606.	5582489.	5272671.	11942364.	42903714.	70632844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,889.	115,977.	67,655.	68,313.	71,950.	736,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		43,266.		135,965.	31,684.	210,915.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			50,000.			50,000.
11 Total support. Add lines 7 through 10						71630543.
12 Gross receipts from related activities, etc. (see instructions)					12	983,168.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.96 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.93 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
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	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number

81-0250363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 \$ _____

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

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYAN LANCE FAMILY FOUNDATION PO BOX 15203 ALBANY, NY 12212-5201	\$ 31,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NUCOR STEEL, INC. 3601 PAUL R. LOWRY RD. MEMPHIS, TN 38109	\$ 2,078,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR H. DITTO 4090 MINERS GULCH WAY WICKENBURG, AZ 85390-2772	\$ 994,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PETROLEUM EXPERTS, INC. 57 NORTH ELDRIDGE PARKWAY, SUITE 510 HOUSTON, TX 77079	\$ 6,564,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PLEDGE RECEIVABLE <hr/> <hr/> <hr/>	\$ 31,000,000.	06/05/23
4	GEO ENG SOFTWARE FOR SME LABS <hr/> <hr/> <hr/>	\$ 6,564,992.	01/31/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION Employer identification number 81-0250363

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a (text), 1b (amounts for art collection), and 2 (amounts for art collection for financial gain).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	23,329.
(3) GIFT ANNUITY PAYABLE	191,054.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,383.

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

MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	46,535,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,122,719.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,152.
e	Add lines 2a through 2d	2e	3,204,871.
3	Subtract line 2e from line 1	3	43,331,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	45,943.
c	Add lines 4a and 4b	4c	149,647.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,480,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,303,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,701.
e	Add lines 2a through 2d	2e	86,701.
3	Subtract line 2e from line 1	3	12,216,721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	103,704.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	103,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,320,425.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS TO GENERATE INCOME FROM INVESTMENTS TO SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 50L(C)(3) AS AMENDED. THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED IN 509(A) OF THE INTERNAL REVENUE CODE. BUSINESS INCOME UNRELATED TO THE PURPOSE OF THE ORGANIZATION IS REPORTED IN A FORM 990-T AND INCOME TAXES ARE PAID ON UNRELATED BUSINESS INCOME. THE FOUNDATION COMPLIES WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	82,152.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INCOME	45,943.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	86,701.
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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)* 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

- 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)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* Yes No

- 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 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

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS STATEMENT. THE AMOUNT IN COLUMN (F) IS THE FAIR MARKET VALUE.

Multiple horizontal lines for supplemental information input.

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NATURAL RESOURCE GOLD (event type)	METALLURGICA AND MATERI (event type)	13 (total number)		
Revenue	1	Gross receipts	59,170.	39,985.	133,893.	233,048.
	2	Less: Contributions	23,500.	15,900.	5,325.	44,725.
	3	Gross income (line 1 minus line 2)	35,670.	24,085.	128,568.	188,323.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,688.		8,682.	11,370.
	7	Food and beverages	4,540.	11,815.	14,606.	30,961.
	8	Entertainment	10,758.		5,616.	16,374.
	9	Other direct expenses	3,395.	7,539.	6,972.	17,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				76,611.
11	Net income summary. Subtract line 10 from line 3, column (d)				111,712.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		19,531.	19,531.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		4,400.	4,400.
	4	Rent/facility costs			
	5	Other direct expenses		5,690.	5,690.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			10,090.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				9,441.

9 Enter the state(s) in which the organization conducts gaming activities: MT

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: AS A 501C(3) IN MONTANA, WE ARE NOT REQUIRED TO OBTAIN LICENSING.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Employer identification number
81-0250363

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTANA TECHNOLOGICAL UNIVERSITY 1300 W PARK STREET BUTTE, MT 59701	81-6001654	STATE OF MONTANA	2,608,999.	7,276,535.	FMV	ART, BOOKS, GOODS, INTELLECTUAL PROPERTY,	STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS, AND PROGRAM DISTRIBUTIONS
MONTANA TECH ALUMNI ASSOCIATION 1300 W PARK STREET BUTTE, MT 59701	81-0388134	501(C)(3)	14,602.	0.			GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

MONTANA TECHNOLOGICAL UNIVERSITY
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

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

PART I, LINE 2:

THE MONEY IS ONLY PAID TO THE UNIVERSITY AFTER THE ACTUAL EXPENSE HAS OCCURRED. FOR SCHOLARSHIPS AND PROFESSORSHIPS, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE FUNDS HAVE BEEN PAID TO THE STUDENT OR FACULTY. FOR CAPITAL EXPENDITURES, THE UNIVERSITY INVOICES THE FOUNDATION AFTER THE PURCHASE IS MADE. THE FOUNDATION DOES VERIFY THE USAGE IS CORRECT BEFORE THE FUNDS ARE DISTRIBUTED TO THE UNIVERSITY.

PART II, LINE 1, COLUMN (G):

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION** Employer identification number **81-0250363**

Part 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) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	3,600.	MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		650.	MARKET VALUE
5 Clothing and household goods	X		9,524.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	6,564,992.	MARKET VALUE
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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	X	15	622,552.	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EQUIPMENT</u>)	X	18	68,198.	MARKET VALUE
26 Other (<u>SMALL GIFTS</u>)	X	25	3,993.	MARKET VALUE
27 Other (<u>GIFT BASKETS</u>)	X	14	1,595.	MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	17	1,431.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, ITEM C, DOING BUSINESS AS:

MONTANA TECH FOUNDATION

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

STUDENT ASSISTANCE FUNDS. ESTABLISHED IN 1967 UNDER STATE OF MONTANA

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

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

MONTANA TECHNOLOGICAL UNIVERSITY AND ALL OF ITS PROGRAMS. THE

FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT IS RAISED AND

MANAGED FOR THE SOLE BENEFIT OF MONTANA TECHNOLOGICAL UNIVERSITY.

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

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

MANNER IN ACCORDANCE WITH DONORS' WISHES.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE: SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD, THE

EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OVER ALL QUESTIONS AFFECTING THE

POLICY, PROPERTY, STAFF AND GENERAL PURPOSES OF THE FOUNDATION, AND DURING

INTERVALS BETWEEN MEETINGS OF THE BOARD, MAY EXERCISE THE POWER AND

AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE PROPERTY AND AFFAIRS OF THE

FOUNDATION, EXCEPT THE POWER TO ELECT DIRECTORS AND OFFICERS, AND THE POWER

TO CHANGE THE BYLAWS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE SHALL

REGULARLY REPORT TO THE BOARD. WHEN DULY REPORTED TO THE BOARD, ACTS OF THE

EXECUTIVE COMMITTEE SHALL STAND AS ACTS OF THE BOARD, UPON RATIFICATION BY

THE BOARD.

Name of the organization	MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number	81-0250363
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FORM 990, PART VI, SECTION A, LINE 2:

JON CHERRY AND SKYE CALLANTINE - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JUNE OF 2023 TO REFLECT THAT THE CEO WILL REPORT TO THE BOARD OF DIRECTORS AND WILL BE ALLOWED TO SERVE MORE THAN TWO YEARS IF APPROVED BY THE MAJORITY OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT IS AVAILABLE, IT WILL BE REVIEWED BY MANAGEMENT BEFORE BEING SENT TO THE BOARD. AN EMAIL WILL THEN BE SENT TO THE BOARD STATING THAT THE 990 IS AVAILABLE FOR REVIEW IN ONBOARD FOR THE NEXT 10 DAYS AT WHICH TIME THE 990 WILL BE FILED WITH THE IRS.

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.

THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT BEST INTERESTS. BOARD ACTION WILL BE TAKEN AS THE RESULT OF A MAJORITY VOTE OF DISINTERESTED DIRECTORS. DELIBERATIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER CANNOT PARTICIPATE IN

Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, KY, LA, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	4,068.
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENT	-8,617.
PASSTHROUGH INCOME	-45,943.
TOTAL TO FORM 990, PART XI, LINE 9	-50,492.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION** Employer identification number **81-0250363**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MONTANA TECHNOLOGICAL UNIVERSITY - 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA			N/A		X

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA TECHNOLOGICAL UNIVERSITY	O	45,000.	ACTUAL EXPENSE
(2) MONTANA TECHNOLOGICAL UNIVERSITY	B	9,885,534.	ACTUAL EXPENSE
(3)			
(4)			
(5)			
(6)			

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

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Header section containing organization name (MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION), address (1300 WEST PARK STREET, BUTTE, MT 59701), and identification numbers (Employer ID: 81-0250363, Book value: 100,387,232).

Organization type and filing information section (G, H, I, J, K, L) including checkboxes for 501(c) corporation, filing only to, consolidated return, and parent corporation.

Table for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 30,684.

Table for Part II: Tax Computation. Columns include line number, description, and amount. Total tax amount is 6,444.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c	10.	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		10.
2	Subtract line 1e from Part II, line 7	2		6,434.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		6,434.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a	2,157.	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,203.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		28,360.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		55.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		21,871.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 21,871. Refunded	11		0.

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

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **EMINA O. CRESSWELL, CPA** Preparer's signature: **EMINA O. CRESSWELL, CPA** Date: **04/25/24** Check if self-employed PTIN: **P01217304**

Firm's name: **MOSS ADAMS LLP** Firm's EIN: **91-0189318**

Firm's address: **601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201** Phone no.: **509-747-2600**

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

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

A Name of the organization MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	B Employer identification number 81-0250363
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 103,736.		103,736.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 -57,793.		-57,793.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 45,943.		45,943.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,350.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 4	14		7,500.
15 Total deductions. Add lines 1 through 14	15		10,850.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		35,093.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		35,093.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION	Employer identification number 81-0250363
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				4,799.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	4,799.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				37,631.
11 Enter gain from Form 4797, line 7 or 9			11	61,306.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,937.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	4,799.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,937.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	103,736.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022
Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,031.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							<1.>	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2,073.	
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							103.	
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							379.	
	COMMONFUND CAPITAL PARTNERS V, LP							2.	
	COMMONFUND CAPITAL SECONDARY PARTNERS II							263.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							13.	
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							1,083.	
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							237.	
	COMMONFUND CAPITAL VENTURE PARTNERS XIII							632.	
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								4,799.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return
**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Social security number or
taxpayer identification no.
81-0250363

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL VENTURE PARTNERS XIV, COMMONFUND PRIVATE CREDIT FUND II, L.P. COMMONFUND REAL ESTATE OPPORTUNITY FUND COMMONFUND STRATEGIC SOLUTIONS RE OP FUN							<1,748.>
								83.
								1,099.
								<450.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

**Social security number or
taxpayer identification no.**

81-0250363

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN							1,848.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							11.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1,706.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							12,212.
	COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E							5,111.
	COMMONFUND CAPITAL PARTNERS V, LP							241.
	COMMONFUND CAPITAL SECONDARY PARTNERS II							5,707.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							2,141.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							4,413.
	COMMONFUND CAPITAL STRATEGIC SOLUTIONS G							368.
	COMMONFUND CAPITAL VENTURE PARTNERS XII,							592.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)							37,631.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**MONTANA TECHNOLOGICAL UNIVERSITY
FOUNDATION**

Identifying number

81-0250363

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 6						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

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61,306.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

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9

61,306.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

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18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information.
 You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**MONTANA TECHNOLOGICAL UNIVERSITY
 FOUNDATION**

Identifying number
81-0250363

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	2.
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	2.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return 	7	6,444.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	8	0.
9	Add lines 7 and 8	9	6,444.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,444.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	6,444.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	6,444.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	2.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Part II Allowable Credit (continued)

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	6,444.
28	Add lines 17 and 26	28	2.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	6,442.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	8.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	8.
37	Enter the smaller of line 29 or line 36	37	8.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	10.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	2.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	2.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
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1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	87-1018183 1.
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	38-3932557 8.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9.

* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDATION

81-0250363

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
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1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Advanced manufacturing production (Form 7207)	1b	
c Increasing research activities (Form 6765)	1c	82-3170994
d Low-income housing (carryforward only) (see instructions)	1d	
e Disabled access (Form 8826)*	1e	
f Renewable electricity production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	1k	
l Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586)	4d	
e Renewable electricity production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

* See instructions for limitation on this credit.

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	9,900,136.
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	69.
TOTAL TO FORM 990-T, PART I, LINE 4		9,900,205.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017 6,583,052
 FOR TAX YEAR 2018 4,321,153
 FOR TAX YEAR 2019 4,052,223
 FOR TAX YEAR 2020 3,154,582
 FOR TAX YEAR 2021 4,844,029

TOTAL CARRYOVER 22,955,039
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,900,205

TOTAL CONTRIBUTIONS AVAILABLE 32,855,244
 TAXABLE INCOME LIMITATION AS ADJUSTED 3,409

EXCESS CONTRIBUTIONS 32,851,835
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 32,851,835

ALLOWABLE CONTRIBUTIONS DEDUCTION 3,409

TOTAL CONTRIBUTION DEDUCTION 3,409

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - ORDINARY	-9,759.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - INTEREST	15.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - DIVIDEND	2,295.
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, L - OTHER INC	-10,034.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	58,633.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	14.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME (LOSS)	-22,204.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - ORDINARY BUSINESS IN	83,280.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - INTEREST INCOME	234.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - DIVIDEND INCOME	49.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, L.P. - OTHER INCOME (LOSS)	-36,975.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - ORDINARY BUSINESS I	48,734.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - INTEREST INCOME	623.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - DIVIDEND INCOME	1,549.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. - OTHER INCOME (LOSS)	-76,614.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XII, LP - OTHER INCOME (LOSS)	-880.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - ORDINARY BUSINES	-4,240.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - INTEREST INCOME	347.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - DIVIDEND INCOME	871.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP - OTHER INCOME (LO	-20,567.
COMMONFUND CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	5,269.
COMMONFUND CAPITAL PARTNERS V, LP - INTEREST INCOME	25.
COMMONFUND CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS)	-605.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - ORDINARY BUSINESS INCOME (LO	12,990.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - INTEREST INCOME	1,975.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - DIVIDEND INCOME	458.
COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. - OTHER INCOME (LOSS)	-8,687.

STATEMENT(S) 3

COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-1,560.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	420.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	211.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-2,512.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	-311.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	668.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,249.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-8,882.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - ORDINARY	1,537.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - INTEREST	47.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - DIVIDEND	1,099.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUN - OTHER INC	-834.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - ORDINARY BUSINESS INCOME (LO	-22.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - INTEREST INCOME	11.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - DIVIDEND INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. - OTHER INCOME (LOSS)	-520.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - INTEREST INCOME	17.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - DIVIDEND INCOME	37.
COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. - OTHER INCOME (LOSS)	-1,328.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - INTEREST INCOME	384.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - DIVIDEND INCOME	6.
COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-26,124.
COMMONFUND PRIVATE CREDIT FUND 2018, L.P. - ORDINARY BUSINESS INCOME (LOSS)	725.
COMMONFUND PRIVATE CREDIT FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)	3,470.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - ORDINARY BUSINESS INCOME	-41,268.
COMMONFUND REAL ESTATE OPPORTUNITY FUND 2018 L.P. - OTHER INCOME (LOSS)	-149.
COMMONFUND REAL ESTATE OPPORTUNITY FUND II, L.P. - ORDINARY BUSINESS INCOME	-4,918.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY	-392.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - INTEREST	232.

MONTANA TECHNOLOGICAL UNIVERSITY FOUNDAT

81-0250363

COMMONFUND STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND
GROUP - OTHER INC
COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE - ORDINARY
BUSINESS INCOME (LOSS)

-6.

-5,893.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-57,793.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

ACCOUNTING FEES

2,500.

INVESTMENT MANAGEMENT FEES

5,000.

TOTAL TO SCHEDULE A, PART II, LINE 14

7,500.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL ENVIRONMENTAL SUSTAIN						-17.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						2,224.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						11,872.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						6,762.
COMMONFUND CAPITAL OCIO GLOBAL PRIVATE E						46.
COMMONFUND CAPITAL PARTNERS V, LP						79.
COMMONFUND CAPITAL SECONDARY PARTNERS II						7,021.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						3,508.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						432.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS G						21.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						11,627.
COMMONFUND REAL ESTATE OPPORTUNITY FUND						9,300.
COMMONFUND STRATEGIC SOLUTIONS RE OP FUN						1,505.
COMMONFUND STRATEGIC SOLUTIONS REAL ESTA						6,926.
TOTAL TO 4797, PART I, LINE 2						61,306.

Montana Technology University Foundation, Inc.

EIN # 81-0250363

For the tax year ending 6/30/23

Attachment to Form 500

		State sourced UBTI	Withholding
UBI from investment in partnership	82-4487056	1,015	-
UBI from investment in partnership	87-1018183	(13)	-
UBI from investment in partnership	86-1900765	(2)	-
UBI from investment in partnership	38-3844471	62	-
UBI from investment in partnership	47-2468038	(1)	-
UBI from investment in partnership	82-3512697	(288)	-
UBI from investment in partnership	37-1656529	(2)	-
UBI from investment in partnership	82-3170994	292	-
UBI from investment in partnership	81-2852078	510	-
UBI from investment in partnership	36-4939667	57	-
UBI from investment in partnership	46-5165140	40	-
		<u>1,670</u>	<u>-</u>