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- Change of Accounting Period -

Form **996**

ങ (ജ Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JAN 1, 2009 and ending JUN 30, 2009					
В	Check if applicable	Please C Name of organization	D Employer identific	cation number	
		USS MS MONTANA TECHNOLOGY ENTERPRISE CENTER			
Addre		label or (MONTEC)			
	Name change	type Doing Business As	81-0	529738	
	Initial return	See Number and street (or P O box if mail is not delivered to street address) Room/sui			
	Termin- ation	Specific 1121 EAST BROADWAY	•	406-728-3337	
Ē	Amend		G Gross receipts \$	134,820.	
F	Applica		H(a) Is this a group re		
LItion pendir		F Name and address of principal officer RICHARD C. KING	for affiliates?	Yes X No	
		1121 EAST BROADWAY, MISSOULA, MT 59802	H(b) Are all affiliates inc		
	Tay.ovo	mpt status		list (see instructions)	
		ENDITEC.ORG	H(c) Group exemptio	•	
K Type of organization: X Corporation					
Part I Summary					
1 Briefly describe the organization's mission or most significant activities TO PROVIDE FACILITIES FOR NEW					
S	' ;				
nan	1, 7	TECHNOLOGY BASED START UP BUSINESS TO OBTAIN INNOVATIVE RESEARCH AND Check this box if the organization discontinued its operations or disposed of more than 25% of its assets			
Ver	2 (In the organization discontinued its operations or disposed of the funder of voting members of the governing body (Part VI, line 1a)			
Governance	3 1		3	<u>5</u>	
	" '	lumber of independent voting members of the governing body (Part VI, line 1b)	4	5	
ties	1	otal number of employees (Part V, line 2a)	5		
Š		otal number of volunteers (estimate if necessary)	6	0	
Activities &	1	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	Ь	let unrelated business taxable income from Form 990-T, line 34	7b	0.	
e	l		Prior Year	Current Year	
	8 (Contributions and grants (Part WHT, Ine 1h)	68.800	26 004	
Revenue	9 F	Program service revenue (Fart VIII, In) 229)	67,708.	36,094.	
è	10 I	nvestment income (Part VIII column) (A), lines 3, 4, and 7d)	122.	1,852.	
_	111 (nvestment income (Fart toll column A), lines 3, 4, and 7d) Other revenue (Fart 1) Loolumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,552.	96,874.	
	12 ~	otal revenue Cade Tines 8 through 11 What's equal Part VIII, column (A), line 12)	117,382.	134,820.	
	13 (Grants and similar amounts paid (Part X, column (A), lines 1-3)			
	14	Benefits plad to critis members (Part X, celtimn (A), line 4)			
Expenses	15	Salaries Other compensation employee benefits (Part IX, column (A), lines 5-10)			
	16a F	Profession (Profession and Profession (A), line 11e)			
ž	. b⁻	otal fundraising expenses (Part IX, column (D), line 25)			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	304,097.	191,711.	
_	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	304,097.	191,711.	
		Revenue less expenses Subtract line 18 from line 12	-186,715.	-56,891.	
sets or	S		Beginning of Year	End of Year	
sets	20	otal assets (Part X, line 16)	4,031,445.	4,005,058.	
A Se	21	otal liabilities (Part X, line 26)	1,406,126.	1,436,630.	
Net Ass	22 1	let assets or fund balances Subtract line 21 from line 20	2,625,319.	2,568,428.	
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowlet	ts, and to the best of my knowled	ge and belief, it is true, correct,	
		and complete Decidation of prepare (one than oned) is based on an information of which prepare has any knowled	.ge		
Sign Here					
		Signature of officer Date			
		RICHARD C. KING, PRESIDENT			
		Type or print name and title			
	,			er's identifying number structions)	
Paid			self- employed ► [] (see in	ou do. Milaj	
Preparer's		Firm's name (or GALUSHA, HIGGINS & GALUSHA, PC yours if	EIN ▶		
Use	Only				
self-employed), address, and ZIP+4 NISSOULA, MT 59802 Phone no > 406-728-18					
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes					

32001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)