

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 2009 A For the 2009 calendar year, or tax year beginning JUL JUN 30, 2010 Check if C Name of organization D Employer identification number Please use IRS label or Address change MONTANA TECH FOUNDATION print or Name change type 81-0250363 Doing Business As Instial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-300 WEST PARK STREET (406)496-4278Instruc-Amende return tions 6,948,329. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-BUTTE, MT 59701 H(a) Is this a group return pendina F Name and address of principal officer MIKE JOHNSON Yes X No for affiliates? 1300 WEST PARK STREET, BUTTE, MT 59701 H(b) Are all affiliates included? Yes Tax-exempt status X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.MTECH.EDU/FOUNDATION **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 1967 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities ADVANCE THE TEACHING, RESEARCH, Activities & Governance AND PUBLIC SERVICE ENDEAVORS OF MONTANA TECH. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 2,624,128 2,338,443. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 272,965 178,182. S 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2011 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,617,594 1,116,818. 234,155 222,620. 3,856,063. -3,486,346 Total revenue - add lines 8 through 11 (must-equal-Part-VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines (3) 2,992,109 3,770,191. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 454,623 439,102. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 381,061. 410,674 270.671. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,857,406 4,479,964. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -7,343,752. -623,901. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 23,807,651 24,870,595. Total assets (Part X, line 16) 199,070 138,434. 21 Total liabilities (Part X, line 26) Net Egg 23,608,581 Net assets or fund balances Subtract line 21 from line 20 732,161 Part II Signature Block Under penalties of peritry, 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 Signature of officer TREASURER/DIRECTOR MANSON, Type or print name and title Date Check if self-Preparer's identifying number (see instructions) Preparer's signature JAMES E. WOY 09/30/10 employed ▶ Preparer's Firm's name (or ANDERSON ZURMUEHLEN & CO., Use Only yours if self-employed). PO BOX 748 address, and **BUTTE, MT 59703** Phone no.  $\triangleright 406-782-0451$ 

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X Х as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No 12A X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form **990** (2009)

20

## Form 990 (2009) MONTANA TECH FOUNDATION Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  3 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  3 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?  3 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  3 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time dur	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  3 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  4 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?  5 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  5 d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  5 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>X</u>
23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
Schedule K If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
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?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>X</u>
any tax-exempt bonds?  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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
	_X_
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	37
Schedule L, Part I	<u>X</u>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	v
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  26  27  28  29  29  20  20  20  20  20  20  20  20	<u>X</u>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	
Schedule L, Part III	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	
instructions for applicable filing thresholds, conditions, and exceptions)	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a	x
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>X</u>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	
an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u>X</u>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?	
If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
Schedule N, Part II	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<u> </u>
34 Was the organization related to any tax-exempt or taxable entity?	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	
If "Yes," complete Schedule R, Part V, line 2	<u> </u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	<u>X</u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> </u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	
Note. All Form 990 filers are required to complete Schedule O	
Form <b>990</b> (3	:009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>
	filed for the calendar year ending with or within the year covered by this return  2a 10			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	20		
33	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	JU		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
<b>.</b>	If "Yes," enter the name of the foreign country	44		A
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E		v
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		
C	Tax Shelter Transaction?	5c		
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
0a	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		^
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
U	to file Form 8282?	7c		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-10		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		ŀ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			ļ
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.			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

81-0250363

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

ec	tion A. Governing Body and Management		<del></del>			
4.	Enter the number of veture members of the governing hady	4-		31	Yes	No
	Enter the number of voting members of the governing body	1a 1b		31		
				21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	WILI A	iny otner	2	х	
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the	diroo		2	^	
3		ullec	supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	- 000	was filed?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form		was filed /	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets'	,		5		X
6	Does the organization have members or stockholders?		- C No	6		X
7a		nbers	of the	1_		37
	governing body?	0		7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other person			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken di	uring	tne year			
	by the following:				,,	
	The governing body?			<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned a	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	L	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code)			
				-	Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	napte	rs, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	ng the	form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give	rise			
	to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescnbe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu		-	į.		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nzatio	n's			
	exempt status with respect to such arrangements?			16b		L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (	501(c	)(3)s only) availa	able for		
	public inspection. Indicate how you make these available. Check all that apply					
	X Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	nflict	of interest policy	y, and fina	ıncıal	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and	d reco	rds of the orgar	nization.	<b>-</b>	
	MONTANA TECH FOUNDATION - (406) 496-4278					
	1300 WEST PARK STREET, BUTTE, MT 59701					
				Г	agn /	$\alpha \alpha $

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

### 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(6		Pos		n app	Iνλ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TOM BANDY										
DIRECTOR	1.00	X						0.	0.	0.
MEL BREKHUS										
CHAIRMAN	1.00	X		Х	_			0.	0.	0.
SUNDRA ANDERSON					İ			_		
SECRETARY	1.00	X		X	<u> </u>			0.	0.	0.
MARK ZORA					ŀ				_ :	_
TREASURER	1.00	X	_	X	_	_		0.	0.	0.
DOUG ABBOTT										
DIRECTOR	1.00	X						0.	117,802.	14,846.
VLADIMIR BABICH									_	_
DIRECTOR	1.00	X						0.	0.	0.
DENNIS CHORNEY										_
DIRECTOR	1.00	X						0.	0.	0.
DOUG COE	1	l							22 525	46 -00
DIRECTOR	1.00	X				<u> </u>		0.	90,606.	16,582.
MIKE EISELEIN	1 00									•
DIRECTOR	1.00	X						0.	0.	0.
LEIGH FREEMAN	1 00				ŀ					•
DIRECTOR	1.00	X	-	-				0.	0.	0.
DR W FRANK GILMORE	1 00	3,5			l				100 600	0 100
DIRECTOR MARK TOWN	1.00	X			$\vdash$	$\vdash$		0.	182,620.	9,199.
MARK ISTO DIRECTOR	1.00	x						0.	0.	0
ROBERT IVERSEN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
PETE KNUDSEN	1.00	^				$\vdash$		0.	U • I	0.
DIRECTOR	1 00	v						0.	100 500	10 312
GREG LECLAIRE	1.00	┢				$\vdash$		0.	108,509.	18,312.
DIRECTOR	1.00	y						0.	0.	0.
RYAN LANCE	1.00	┼ˆ		l	-	$\vdash$		0.	<u> </u>	<u> </u>
DIRECTOR	1.00	v						0.	o.	0.
DANIEL MANSON	1.00	1	<u> </u>	<u> </u>	-	$\vdash$		0.		0.
DIRECTOR	1.00	<sub>x</sub>						0.	0.	0.
022007 02 04 10		4.				1				Form <b>990</b> (2009)

932007 02-04-10

Form **990** (2009)

Form 990 (2009) MONTANA	TECH FO	UNI	)AC	ri(	NC			_	81-0250	363	Pa	age 8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition	1		Reportable	Reportable	Est	mate	ed :
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation		ount (	of
	per week	cto						from the	from related		ther	
	week	9 d	۰.			ated		organization	organizations (W-2/1099-MISC)	comp	m the	
		ustee	truste		   e	pens		(W-2/1099-MISC)	(** 2, 100000)	orga		-
		ualtr	nstitutional trustee		) ploy	it com				and	relate	ed
		Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			orgar	nizatio	ons
CHRISTOPHER MURPHY							┢			_		
DIRECTOR	1.00	X						0.	0.			_0.
JULIE NORMAN												
DIRECTOR	1.00	X					L	0.	0.			0.
A DAN ROVIG												
DIRECTOR	1.00	X	<u> </u>		<u> </u>		L	0.	0.			0.
DAVE B ROVIG												
DIRECTOR	1.00	X	_		<u> </u>		_	0.	0.			0.
DALE SCHOLZ	1 00	٦,										^
DIRECTOR	1.00	X					L	0.	0.	_		0.
HENRY SCHOLZ DIRECTOR	1.00	x						0.	0.			Λ
JERRY SCHUYLER	1.00	^	-		⊢		⊢	<del>                                     </del>				0.
VICE CHAIRMAN	1.00	x		х				0.	0.			0.
BOB SHOGREN	1.00								0.			
DIRECTOR	1.00	x						0.	0.			0.
EDWARD SIMONICH												
DIRECTOR	1.00	X						0.	0.			0.
MAC PETERSON												
DIRECTOR	1.00	X						0.	0.			0.
1b Total						$\blacktriangleright$		54,075.	547,401.	72	, 4	76.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 in reportable			
compensation from the organization												0
									ı		Yes	No
3 Did the organization list any former officer,			, ke	y em	plo	yee,	or I	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s					_					3		X
4 For any individual listed on line 1a, is the si	· · ·		-					•	the organization		,,	
and related organizations greater than \$15			•						ione rendered to	4	Х	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	•			iom	апу	unr	eiai	ted organization for serv	ices rendered to	5		x
Section B. Independent Contractors	uie a ioi sucii	pers	OII							5		
4. Complete this table for your five highest on	mpensated in	done	node.	nt o	onte	raata	200	that recovered more than	\$100,000 of company	otion fr		

ı	Complete this table for	your five highest co	ompensated independe	nt contractors that	at received more than	\$100,000 of con	npensation 1	from
	the organization	NONE						
				1				

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to those		

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

0

\$100,000 in compensation from the organization

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D). (D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,770,191.	3,770,191.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	-			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,612.		67,612.	
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	292,844.	69,920.		222,924.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	20,719.	3,805.		16,914
9	Other employee benefits	35,059.	3,212.		31,847
10	Payroll taxes	22,868.	7,042.		15,826
11	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting	<del></del>			
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	62 505	62 505		
f	Investment management fees	63,525.	63,525.		
g	Other				
12	Advertising and promotion	02 200		03 200	
13	Office expenses	83,289.		83,289.	<del></del> . <del>_</del>
14	Information technology				
15	Royalties	+			
16	Occupancy	0.255			0 255
17	Travel	2,355.			2,355
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del>- · · -</del>
19	Conferences, conventions, and meetings				
20	Interest	<del></del>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del> </del>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	POSTAGE, SERVICES, SUPP	49,917.			49,917
b	CAPITAL CAMPAIGN	33,841.			33,841
С	DIRECT COLLEGE SUPPORT	30,307.	30,307.		
d	ENTERTAINMENT	7,437.			7,437
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,479,964.	3,948,002.	150,901.	381,061
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization			į	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet				<del>-</del>
				(A) Beginning of year	·	(B) End of year
	1	Cash - non-interest-bearing		716,876.	1	241,417.
	2	Savings and temporary cash investments		824,820.	2	759,095.
	3	Pledges and grants receivable, net		658,880.	3	372,465.
	4	Accounts receivable, net		57,692.	_4	54,698.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L	i		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ফ	7	Notes and loans receivable, net		50,922.	7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges		4,111.	9	
	10a	Land, buildings, and equipment cost or other				
•		basis Complete Part VI of Schedule D	10a 223,367.			
	b	Less: accumulated depreciation	10b 59,794.	167,682.	10c	163,573.
	11	Investments - publicly traded securities		19,417,173.	11	21,608,523.
	12	Investments - other securities See Part IV, line	1,884,530.	12	1,645,859.	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		24,965.	15	24,965.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	23,807,651.	16	24,870,595.
	17	Accounts payable and accrued expenses		99,541.	17	92,001.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
api		highest compensated employees, and disqualif	ed persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	50,922.	24	
	25	Other liabilities. Complete Part X of Schedule D		48,607.	25	46,433.
	26_	Total liabilities. Add lines 17 through 25		199,070.	26	138,434.
		Organizations that follow SFAS 117, check h	ere 🕨 💹 and complete			
es		lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets		1,575,335.	27	1,755,621.
Bal	28	Temporarily restricted net assets		2,250,778.	28	2,280,620.
뒫	29	Permanently restricted net assets	. —	19,782,468.	29	20,695,920.
Ē		Organizations that do not follow SFAS 117, or	heck here 🕨 📖 and			
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
<u>e</u>	32	Retained earnings, endowment, accumulated in	come, or other funds	00 00 00	32	
Z	33	Total net assets or fund balances		23,608,581.	33	24,732,161.
	34	Total liabilities and net assets/fund balances		23,807,651.	34	24,870,595.

Form **990** (2009)

Form 990 (2009)

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

lame of t	ne organizati	on							mpioyer	identification nu	umber
			TECH FOUNDA						81	<u>1-0250363</u>	3
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.			
he organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox.)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's nar	me,
	city, and stat	e									
5 X	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)				-				
6 🔲			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).				
7 🗔			eives a substantial part					or from the	general o	oublic described	ın
	•	b)(1)(A)(vi). (Comple	•								
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔲			eives. (1) more than 33			rom contri	butions. n	nembershi	p fees. ar	nd aross receipts	s from
	•	•	nctions - subject to certa						•	•	
		•	axable income (less sec	•		•				•	
		<b>509(a)(2).</b> (Complete	•		,			,		,,	
10 🔲			perated exclusively to te	st for publ	c safety 5	See sectio	on 509(a)(4	4).			
11	•	•	perated exclusively for the	-	•			•	v out the	purposes of one	or
	•	•	ations described in secti				-		•		
			organization and compl				,				
	a Type I	· · · · -	¬ ~		e III - Fund		tegrated		d	Type III - Other	
e 🗀			t the organization is not	• •		•	•	r more dis	qualified i		
-		· · · · · · · · · · · · · · · · · · ·	han one or more publicl		_	•	•				
f		-	ten determination from		-				- (-/( /	· · · · · · · · · · · · · · · · · · ·	
·	_	rganization, check th				, ,,,	, . , ,	-			Г
g	•	•	organization accepted ar	nv aift or c	ontribution	from anv	of the follo	owina per	sons?		
9	•		irectly controls, either al	. •		-		• •		Yes	No
			upported organization?	•		•		,, ,	, , ,	11g(i)	
	_		n described in (i) above?	,						11g(ii)	1
	.,	·	person described in (i)		9?					11g(iii)	
h	• •	•	about the supported or							(·· <u>s</u> ()	
••	7 10 110 110 11	onoving information	assar and supported of	944	(0)						
/:) Nome	of ourported	(::) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	u notify the	(vi) Is	s the	(viii) Amount	
	of supported anization	(ii) EIN	organization	μ,	sted in your	, , ,		organizáti (i) organiz	on in col.	(vii) Amount support	UI
orge	inzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	5.7	Зарроп	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				1							
				1					1 1		
					<u> </u>						
							i				
				-			-		+ +		
otal											

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 3729155. 2624128. 2338443. 15606870. 2432710. 4482434. include any "unusual grants") 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 3729155. 2624128. 2338443.15606870. 4482434. 2432710. 4 Total. Add lines 1 through 3 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) 1706633. 13900237. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 2432710. 4482434. 3729155. 2624128. 2338443.15606870. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 564,418. 697,915. 879,696. 745,131. 497,173. 3384333. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 85,393. 85,145. 130,708. 144,508. 144,508. 590,262. assets (Explain in Part IV.) 19581465. 11 Total support. Add lines 7 through 10 880,152. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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 70.99 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 69.52 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **▶** X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

Section A. Public Support	9411124110110	Docombou iii	20000	//-/ (Complete om	i you checked the bu	DX OII IIIIE 9 OI PAIL
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4)	(2)		(4)	107	
membership fees received (Do not						
include any "unusual grants ")				ļ		
2 Gross receipts from admissions,	-					
merchandise sold or services per-						
formed, or facilities furnished in					1	
any activity that is related to the					1	
organization's tax-exempt purpose					<del> </del>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge				1		
6 Total. Add lines 1 through 5		_				
7a Amounts included on lines 1, 2, and		<del> </del>			1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received					<del></del>	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the				ì		
amount on line 13 for the year			 			
c Add lines 7a and 7b					-	
8 Public support (Subtract line 7c from line 6)		<u> </u>				
Section B. Total Support					<del></del>	<del></del>
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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				ı		
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						1
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain				<del> </del>		
or loss from the sale of capital						
assets (Explain in Part IV)				-	- "	
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	L	L _		
14 First five years. If the Form 990 is for	the organization	's first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						▶∟_
Section C. Computation of Public						
15 Public support percentage for 2009 (lii			column (f))		15	
16 Public support percentage from 2008					16	
Section D. Computation of Inves	tment Incom	<u>ie Percentage</u>			., ,	
17 Investment income percentage for 200	<b>9</b> (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 2	008 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2008. If the	=	=				and
line 18 is not more than 33 1/3%, chec	-					▶□
20 Private foundation. If the organization		•			·-	<b>▶</b> □
			,		hedule A (Form 99	n or 990-E7\ 20

### Schedule D

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

**Employer identification number** Name of the organization MONTANA TECH FOUNDATION 81-0250363 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III | Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

		TECH FOUN						<u>025036</u>				
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Similar As	sets (con	tınued)			
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a si	gnificant use of	its collection	n item	s		
	(check all that apply)											
а	Public exhibition	d	ւ 🔲 ւ	_oan or excl	hange progra	ams						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizati	on's exe	mpt purpose in	Part XIV				
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or oth	er sımılar	assets					
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?			Yes		No		
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	anızatıon ar	nswered "Ye	s" to For	m 990, Part IV, I	ıne 9, or				
	reported an amount on Form 990, Pa	rt X, line 21										
	Is the organization an agent, trustee, custod	an or other intermed	liary for d	contribution	s or other as	sets not	ıncluded					
	on Form 990, Part X?							X Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able.	•							
								Amou	nt			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No		
_b	b If "Yes," explain the arrangement in Part XIV											
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three years b	ack (e) Foi	ır years	back		
1a	Beginning of year balance	21292838.	252	50273.								
b	Contributions	642,958.	74	6,495.								
С	Net investment earnings, gains, and losses		-41	96150.								
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	2,149,691.	50'	7,780.								
f	Administrative expenses											
g	End of year balance	22557169.	212	92838.								
2	Provide the estimated percentage of the year	r end balance held a	ıs			•						
а	Board designated or quasi-endowment	1.00	_%									
b	Permanent endowment ► 92.00	%										
С	Term endowment ► 7.00	%										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	ered for tl	ne organization					
	by.								Yes	No		
	(i) unrelated organizations							3a(i)	X			
	(II) related organizations							3a(ii)		X		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Sched	lule R?				3b				
4	Describe in Part XIV the intended uses of the	e organization's endo	owment f	funds								
Pai	t VI Investments - Land, Building	gs, and Equipme	<b>ent.</b> Se	e Form 990	, Part X, line	10						
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	(d) Bo	ok valu	e		
	·	basis (investr	ment)	basis	(other)	dep	oreciation					
1a	Land			1	9,000.			1	.9,0	00.		
b	Buildings											
c	Leasehold improvements											
d	Equipment			20	4,367.		59,794.	14	4,5	73.		
	Other											
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10(c))		<b></b>	16	3,5	73.		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 MONTANA TEC	H FOUNDATION		81	-0250363	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12				
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	Cos	(c) Method of valuates or end-of-year ma		
Financial derivatives					
Closely-held equity interests					_
Other					_
OTHER INVESTMENTS	173,278.	END-OF-Y	EAR MARKET	VALUE	
TRUSTS HELD BY A THIRD PARTY	1,472,581.		EAR MARKET		
				=	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,645,859.				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13	3			
(a) Description of investment type	(b) Book value		(c) Method of value		
(a) Description of investment type	(b) Book value	Cos	st or end-of-year ma	rket value	
		-			
			<u> </u>		
				<u></u>	
			<u> </u>		-
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line					
(a)	Description			(b) Book va	alue
			<del></del>		
	<del></del>	<del>-</del> ·			
			· -		
T. A. I. (Oct. 2027 (b) 22 and 52 and 52 and 62 and	451				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,					
1 (a) Description of liability	III 6 23	(b) Amount			
Federal income taxes		(2)			
GIFT ANUITY - DUE TO BENEFICI	ADTEC	46,433.			
GITT ANOTHE DOE TO DENDITE	AKTED	<u> </u>			
		-			
		<del></del>			
		<del>-</del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	46,433.			
2. FIN 48 Footnote In Part XIV, provide the text of the foo			that reports the arr	anization's light	ty for
uncertain tax positions under FIN 48	anote to the organization 5	manda statements	a macreports the Oil	jai nzation 5 nabili	ty IOI
932053 92-01-10		_	Sah	edule D (Form 9	90) 2009
0Z-0 1- IO			301	2 (1 01111 3	JU, 2003

	dule D (Form 990) 2009 MONTANA TECH FOUNDATION			<u>81-0</u>	<u>)250363</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,856	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,479	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-623	901.
4	Net unrealized gains (losses) on investments		4		1,755	716.
5	Donated services and use of facilities		5			
6	Investment expenses		6		_	
7	Prior period adjustments		7	•		
8	Other (Describe in Part XIV)		8	•	-8,	235.
9	Total adjustments (net) Add lines 4 through 8		9		1,747	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10			580.
	t XII Reconciliation of Revenue per Audited Financial Statemer		nue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	5,603,	544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				•	
а	Net unrealized gains on investments	2a 1,74	7,481.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d		,	2e	1,747	481.
3	Subtract line 2e from line 1			3	1,747 3,856	063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,856	063.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	4,479	964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,479	<u>964.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,479	<u>964.</u>
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple					4, Part
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
CH	ANGE IN VALUE OF SPLIT INTEREST A: -8235.	-	<del>.</del>			
			_		•	
				<u>-</u>		

Schedule D (Form 990) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Name of the organization  MONTANA T	MONTANA TECH FOUNDATION	ATION					Employer Identification number 81 – 0250363
Part I General Information on Grants and Assistance	and Assistance						
Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Ves
<ul> <li>Cliental used to award the grants of assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	ocedures for mon	toring the use of grant	funds in the United	d States			]
=	Governments an	d Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  (a) Name and address of organization  (b) EIN  (c) IRC section  (d) Amount of non-cash grant  (a) Amount of non-cash assistance  (a) Amount of non-cash assistance  (a) Amount of non-cash assistance  (b) EIN  (c) IRC section  (d) Amount of non-cash assistance  (a) Amount of non-cash assistance  (b) EIN  (c) IRC section  (d) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (f) Method of (g) Description of non-cash assistance  (h) Purpose or assistance  (a) Amount of non-cash assistance  (b) EIN  (c) IRC section  (d) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (f) Method of (g) Description of non-cash assistance  (h) Purpose	\$5,000 Check this (b) EIN	s box if no one recipien (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	art IV and Schedule I-1 (f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	al space is needed (h) Purpose of grant or assistance
MONTANA TECH OF THE UNIVERSITY OF MONTANA - 1300 WEST PARK STREET - RITTUTE MT 59701	81-6001654	501(C)(1)	3 770 191	o	Other		STUDENT SCHOLARSHIPS, PROFESSORSHIP SUPPLEMENTS AND PROGRAM DISTRIBUTIONS
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	and government or	rganizations					
ہ ا	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. STUDENTS RECEIVING SCHOLARSHIPS NEED TO BE FULL Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SUPPLEMENTS ARE FOR PROFESSORSHIP OR RESEARCH DONE BY PERSONS ASSOCIATED SALARY (d) Amount of non-cash assistance THE UNIVERSITY OF MONTANA. (c) Amount of cash grant (b) Number of recipients TIME STUDENTS OF MONTANA TECH OF LINE 2: (a) Type of grant or assistance WITH THE ORGANIZATION. H PART SCHEDULE I, Part III

Schedule I (Form 990) 2009

24

932102 02-02-10

Page 2

81-0250363

MONTANA TECH FOUNDATION

Schedule I (Form 990) 2009

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. See separate instructions. OMB No 1545-0047

Open to Public Inspection

Employer identification number

81-0250363

Name of the organization MONTANA TECH FOUNDATION

Pa	art I   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	990,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	·		
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	s		
	Discretionary spending account Personal services (e.g., maid, chauffeur, c	hef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	4.		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>	├─	<del>                                     </del>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	· .	İ	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	;		
	CEO/Executive Director Check all that apply		i	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation c	ommittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	_4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the net earnings of			ĺ
а	The organization?	6a		Х
	Any related organization?	6b	_	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	;		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne		
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	_8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
LH/	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		C M to mobile plant of M.	0/V 0/V 1000 L/V	MISC Company	5	É	Ú	(5)
		(b) Dieandowil Ol	אויירבטו וטאויב	o compensation	Retirement and	Nontaxable	Total of columns	Compensation
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(I)(B)	reported in prior Form 990 or Form 990-EZ
	(E	0	0	0	0	0	0	0
DR W FRANK GILMORE	(ii)	154,45	0.	28,170.	9,199.	0	191,819.	0
	ε							
	Ξ							
	(ii)							
	Ξ							
	<b>E</b>							
	Ξ							
	Ξ							
	(i)							
	(ii)							
	(i)						:	
	(ii)							
	(i)							
	(III)							
	(i)							
	Ξ							
	(i)							
	▣							
	Ξ							
	<u>(ii</u>							
	Ξ							
	(ii)							
	(E)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2009

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Inspection

Name of the Organization

MONTANA TECH FOUNDATION

Employer Identification number 81-0250363

MONTANA									81-025	
Part I Continuation of Officers, Di		ust	ee:			En	<u>ıpl</u>		t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heci	c all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	≱				S S	1	the organization	organizations (W-2/1099-MISC)	compensation from the
		E E				탏	ì	(W-2/1099-MISC)	(17 2) 1000 111100)	organization
		8	154 154			125	İ	(		and related
		ğ	喜		o ge	है				organizations
		Individual trustee or director	institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former			
		Ē	훒	ğ	\$	₹	E			
RANDY VOGEL	4 00	١.,								
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
DALE BARNUM	4 00									
DIRECTOR	1.00	X						0.	0.	0.
BOB BENTLEY, JR.	4 55	١.,							_	_
DIRECTOR	1.00	X	_	ļ	ļ		<u>L</u> .	0.	0.	0.
CARL BURGMAN	4 00	١.,							_	_
DIRECTOR	1.00	X	<u> </u>		<u> </u>		_	0.	0.	0.
GARY KOLSTAD	4 00	.,								
DIRECTOR	1.00	X	ļ	_		┡	_	0.	0.	0.
ED KONDA	4 00	.,					l		0	
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
DAVID ROVIG	4 00	.,		j		١	1		0	
DIRECTOR	1.00	X	<u> </u>	┞		<u> </u>	ऻ_	0.	0.	0.
DAVID SEARLE	4 00			l			1		0	_
DIRECTOR	1.00	X		<u> </u>		_		0.	0.	0.
MIKE JOHNSON	20.00							E / 07E	17 041	17 577
PRESIDENT	20.00			X		-	<u> </u>	54,075.	47,864.	13,537.
		-		├—		╁	<del>                                     </del>	-		
				ŀ						
		-	-	<del> </del>		├	├			
				ļ —		$\vdash$	$\vdash$			
			}							
	<del> </del>		1	╁	┢	<u> </u>				
	]				Ì		1			
	<del> </del>		<del> </del>	<del> </del>	╁	i	╁	1		
					╁-	├	┢			
			ĺ		ļ					
		<del>                                     </del>	$\vdash$	$\vdash$		T	$\vdash$			
		$\vdash$		T	t	Т	T			
		-				1				
		T	Г	$\vdash$	T	t	T			
		t		T		<del>                                     </del>	T	<u> </u>		
			1			[				
	·				Ь.	<u> </u>	_	<del>'</del>		

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

Schedule J-2 (Form 990) 2009

### **SCHEDULE 0**

(Form 990) ·

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MONTANA TECH FOUNDATION

Employer identification number 81 – 0.25.03.63

MONIANA IECH FOUNDATION   61-0230303
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 TECH AND ALL OF ITS
PROGRAMS. THE FOUNDATION IS A MECHANISM THROUGH WHICH PRIVATE SUPPORT
IS RAISED AND MANAGED FOR THE SOLE BENEFIT OF TECH. 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 2: FOUR MEMBERS OF THE BOARD OF
DIRECTORS, DAN ROVIG, DAVID ROVIG, DALE SCHOLZ, AND HENRY SCHOLZ, ARE
BROTHERS.
PORM GGO DARM VIT CECTION R I INT 11. IT IS MONTANA TECH POINDATION'S

FORM 990, PART VI, SECTION B, LINE 11: IT IS MONTANA TECH FOUNDATION'S

POLICY THAT BOARD OF DIRECTORS REVIEW THE IRS FORM 990 THAT IS FILED ON THE

ORGANIZATIONS BEHALF BEFORE IT IS FILED WITH THE IRS.

THE MEANS OF DELIVERY SHALL BE VIA EMAIL TO EACH DIRECTOR'S EMAIL ADDRESS,
ALLOWING FOR A TEN DAY WINDOW FOR REVIEW BEFORE THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO SIGN AND DATE THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR TERM OF SERVICE AND EACH YEAR THEREAFTER.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

EXECUTIVE COMPENSATION IS AS FOLLOWS: THE PRESIDENT IS AN EMPLOYEE OF THE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

### **SCHEDULE O**

(Form 990) ·

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  MONTANA TECH FOUNDATION	Employer identification number 81-0250363
MONTANA TECH OF THE UNIVERSITY OF MONTANA. COMPENSATION	AND BENEFITS ARE
DETERMINED BY THE BOARD OF REGENTS OF THE STATE OF MONTAN	A. THE BOARD OF
THE FOUNDATION DETERMINES AND APPROVES THE PERCENTAGE OF	THE PRESIDENTS
WAGE TO REIMBURSES THE MONTANA TECH OF THE UNIVERSITY OF	MONTANA.
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN DOCUMENTS ARE AVAILABLE UPON REQUEST.	TS AND OTHER
	<u> </u>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number 81-0250363

Direct controlling

entity

End-of-year assets e ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity MONTANA TECH FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Part

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
MONTANA TECH OF THE UNIVERSITY OF MONTANA 81-6001654, 1300 WEST PARK STREET, BUTTE, MT 59701	UNIVERSITY	MONTANA	501(C)(1)	7	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	e, see the Instructions for Form 990.				Schedule R (Form 990) 2009

932161 02-04-10

81-0250363 Page 2

Schedule R (Form 990) 2009 MONTANA TECH FOUNDATION

Part III

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

General or managing padner? Percentage ownership Yes Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) ত Direct controlling entity Primary activity **©** Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization **a** 932162 07-21-10 Part IV

Page 3

ů

Yes

<u>1</u>

9

×

þ

× ×

Ŧ

무

무

×

위 19

# Schedule R (Form 990) 2009 MONTANA TECH FOUNDATION

## Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

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?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to other organization(s)
- Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0

×

위

우

4

÷

×

111

¥

1

두

- Reimbursement paid by other organization for expenses
- Qther transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- 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. Q

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MONTANA TECH OF THE UNIVERSITY OF MONTANA	Ь	1.
(2) MONTANA TECH OF THE UNIVERSITY OF MONTANA	×	78,112.
(3) MONTANA TECH OF THE UNIVERSITY OF MONTANA	×	0

67,612.

Z

THE UNIVERSITY OF MONTANA

(4) MONTANA TECH OF

(5) MONTANA TECH OF

932163 02-04-10

9

OF MONTANA

THE UNIVERSITY

3,800,498,

O

Page 4

# Schedule R (Form 990) 2009 MONTANA TECH FOUNDATION

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	lusion for certain investment partner	sdius					
(a)	(Q)	(2)	<u> </u>	(e)	ε	(6)	3
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
or entity		(state of foreign country)	organizations?	year assets		of Schedule K-1 (Form 1065)	1 1
							_
							<u> </u>
							_
			_				
							-
							-
							-
							_
						Schedule R (Form 990) 2009	n 990) 2009

33