#### Form **8868**

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

|                           | onic filing (e-file). You can electronically file Form 8868 to   |                |  | •              |                 |                 |
|---------------------------|--|----------------|--|----------------|-----------------|-----------------|
|                           | elow except for Form 8870, Information Return for Transfe  |                |  |                |                 | 1               |
| reques                    | t for Form 8870 must be sent to the IRS in a paper format (  | see instru     | ctions). For more details on the elect     | tronic filin   | g of Form       |                 |
| 8868, v                   | risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p  | orofits.       |  |                |                 |                 |
| Caution                   | n: If you are going to make an electronic funds withdrawal (   | direct deb     | it) with this Form 8868, see Form 84       | 53-TE and      | d Form 8879     | TE for payment  |
| instruct                  | tions.   |                |  |                |                 |                 |
| All corp                  | porations required to file an income tax return other than Fo  | orm 990-T      | (including 1120-C filers), partnership     | s, REMIC       | s, and trusts   |                 |
| must u                    | se Form 7004 to request an extension of time to file income  | e tax retur    | ns.  |                |                 |                 |
| Part I -                  | Identification   |                |  | T              |                 |                 |
| Type o                    | r Name of exempt organization, employer, or other filer  | , see instru   | uctions.                                   | Taxpaye        | r identificatio | n number (TIN)  |
| Print                     |  |                |  |                |                 |                 |
| File by the               | SIMULATION IN MOTION MONTAN  | A, IN          | C.   |                | 82-12           | 36014           |
| due date                  | for Number, street, and room or suite no. If a P.O. box, so  | ee instruct    | ions.                                      |                |                 |                 |
| filing your<br>return. Se | e ZOZI IIII AVINOH, DIH I  |                |  |                |                 |                 |
| instruction               | ns. City, town or post office, state, and ZIP code. For a for HELENA, MT 59601   | reign addı     | ress, see instructions.                    |                |                 |                 |
| Enter th                  | ne Return Code for the return that this application is for (file   | a senarat      | te application for each return)            |                |                 | 01              |
|                           |  |                |  |                |                 |                 |
| Applica                   | ation Is For   | Return         | Application Is For                         |                |                 | Return          |
|                           | 00   | Code           | Farmer 4700 (able on the are in divide all |                |                 | Code            |
|                           | 90 or Form 990-EZ  | 01             | Form 4720 (other than individual)          |                |                 | 09              |
|                           | 720 (individual)   | 03             | Form 5227                                  |                |                 | 10              |
| Form 9                    |  | 04             | Form 6069                                  |                |                 | 11              |
|                           | 90-T (sec. 401(a) or 408(a) trust)   | 05             | Form 8870                                  |                |                 | 12              |
|                           | 90-T (trust other than above)  | 06             | Form 5330 (individual)                     |                |                 | 13              |
|                           | 90-T (corporation)   | 07             | Form 5330 (other than individual)          |                |                 | 14              |
| Form 1                    |  | 08             | Line budle and have been been been         |                |                 |                 |
|                           | you enter your Return Code, complete either Part II or Part  | t III. Part II | i, including signature, is applicable of   | only for an    | extension of    |                 |
|                           | file Form 5330.  |                |  |                |                 |                 |
|                           | s application is for an extension of time to file Form 5330, y   | ou must e      | nter the following information.            |                |                 |                 |
|                           | Plan Name  |                |  |                |                 |                 |
|                           | Plan Number  |                | <del></del>                                |                |                 |                 |
|                           | Plan Year Ending (MM/DD/YYYY)  | inations (a    | and inchmiscalions)                        |                |                 |                 |
|                           | Automatic Extension of Time To File for Exempt Organi<br>books are in the care of MONTANA MEDICAL A                            |                |  |                |                 |                 |
| rne                       |  |                | HELENA, MT 59601                           |                |                 |                 |
| Tala                      | phone No. 406-443-4000   | . L L          |  |                |                 |                 |
|                           |  | نما المطلامات  | Fax No.                                    |                |                 |                 |
|                           | e organization does not have an office or place of business  |                |  |                |                 |                 |
|                           | is is for a Group Return, enter the organization's four-digit (  | _              |  |                |                 |                 |
| box                       | If it is for part of the group, check this box request an automatic 6-month extension of time until <b>N</b> 0                 |                | ch a list with the names and TINs of       |                |                 |                 |
|                           |  |                |  | e tne exen     | npt organizat   | tion return for |
| _                         | he organization named above. The extension is for the orga $\overline{\square}$ calendar year 20 $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ | anization's    | return for:                                |                |                 |                 |
| <u>K</u>                  | <u> </u>   | 00             | and analysis                               |                |                 | 00              |
| L                         | tax year beginning   | , 20 _         | , and ending                               |                |                 | , 20            |
|                           |  |                |  | <u> </u>       |                 |                 |
| 2 II                      | the tax year entered in line 1 is for less than 12 months, cl  | neck reaso     | on: Initial return                         | Final retu     | rn              |                 |
|                           | Change in accounting period  |                | Anna Anna Anna A                           | <del>- 1</del> |                 |                 |
|                           | this application is for Forms 990-PF, 990-T, 4720, or 6069   | , enter the    | tentative tax, less                        |                |                 | 0               |
| _                         | ny nonrefundable credits. See instructions.  |                |  | 3a             | \$              | 0.              |
|                           | this application is for Forms 990-PF, 990-T, 4720, or 6069   |                |  |                |                 | ^               |
| _                         | stimated tax payments made. Include any prior year overp   |                |  | 3b             | \$              | 0.              |
|                           | Balance due. Subtract line 3b from line 3a. Include your pa  |                |  |                |                 | ^               |
| U                         | ising EFTPS (Electronic Federal Tax Payment System). See   | instructio     | ns.  | 3c             | \$              | 0.              |

## Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

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

2023
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

| Α             | For the                              | 2023 calendar year, or tax year beginning                         | and                             | l ending         |                              |                               |
|---------------|--------------------------------------|---|---------------------------------|------------------|------------------------------|-------------------------------|
| В             | Check if applicable                  | C Name of organization  |                                 |                  | D Employer identific         | cation number                 |
|               | Addre                                | SIMULATION IN MOTION M  | ONTANA, INC.                    |                  |                              |                               |
|               | Name<br>chang                        | Doing business as   |                                 |                  | 82-12360                     | 14                            |
|               | Initial<br>return<br>Final<br>return | Number and street (or P.O. box if mail is not de 2021 11TH AVENUE | livered to street address)      | Room/suite STE 1 | E Telephone number 800-276-  |                               |
|               | termin<br>ated                       |   | ZIP or foreign postal code      | •                | G Gross receipts \$          | 756,909.                      |
|               | Ameno                                |   |                                 |                  | H(a) Is this a group re      |                               |
|               | Applic                               | F Name and address of principal officer: WAR                      | D VANWICHEN                     |                  | for subordinates             |                               |
|               | pendir                               | SAME AS C ABOVE   |                                 |                  | H(b) Are all subordinates in |                               |
| T .           | Tax-exe                              | empt status: X 501(c)(3) 501(c) (                                 | (insert no.) 4947(a)(1)         | or 527           | If "No," attach a            | list. See instructions        |
|               | Websit                               |   |                                 |                  | H(c) Group exemption         | n number                      |
| K             | Form of                              | organization: X Corporation Trust A                               | ssociation Other                | <b>L</b> Year    |                              | 1 State of legal domicile: MT |
|               | art I                                | Summary   |                                 |                  |                              |                               |
| _             | 1                                    | Briefly describe the organization's mission or most               | significant activities: THE     | MISSIO           | N IS TO PROV                 | /IDE                          |
| Governance    |                                      | MEDICAL SIMULATION EDUCAT:  |                                 |                  |                              |                               |
| na<br>L       | 2                                    | Check this box if the organization disco                          | ntinued its operations or dispo | sed of more      | than 25% of its net ass      | ets.                          |
| Ş             | 3                                    | Number of voting members of the governing body                    | (Part VI, line 1a)              |                  | 3                            | 9                             |
| Ğ             | 4                                    | Number of independent voting members of the go                    |                                 |                  |                              | 9                             |
| Š             | 5                                    | Total number of individuals employed in calendar y                |                                 |                  |                              | 14                            |
| ij            | 6                                    | Total number of volunteers (estimate if necessary)                |                                 |                  |                              | 9                             |
| Activities &  | 7 a                                  | Total unrelated business revenue from Part VIII, co               |                                 |                  | 7a                           | 0.                            |
| ⋖             | b                                    | Net unrelated business taxable income from Form                   |                                 |                  |                              | 0.                            |
|               |                                      |   |                                 |                  | Prior Year                   | Current Year                  |
| 4             | 8                                    | Contributions and grants (Part VIII, line 1h)                     |                                 |                  | 1,808,553.                   | 205,611.                      |
| nue           | 9                                    |   |                                 |                  | 448,497.                     | 541,474.                      |
| Revenue       | 10                                   | Investment income (Part VIII, column (A), lines 3, 4              |                                 |                  | 0.                           | 0.                            |
| æ             | 11                                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c             |                                 |                  | 0.                           | 9,824.                        |
|               | 1                                    | Total revenue - add lines 8 through 11 (must equal                |                                 |                  | 2,257,050.                   | 756,909.                      |
|               |                                      | Grants and similar amounts paid (Part IX, column (                |                                 |                  | 0.                           | 0.                            |
|               | 1                                    | Benefits paid to or for members (Part IX, column (A               |                                 |                  | 0.                           | 0.                            |
|               | 45                                   | Salaries, other compensation, employee benefits (I                |                                 |                  | 835,114.                     | 853,791.                      |
| Expenses      | 16a                                  | Professional fundraising fees (Part IX, column (A), I             |                                 |                  | 0.                           | 110,000.                      |
| Sen           | h                                    | Total fundraising expenses (Part IX, column (D), lin              |                                 | 00.              | • •                          |                               |
| X             | 17                                   | Other expenses (Part IX, column (A), lines 11a-11d                | •                               |                  | 388,145.                     | 304,329.                      |
|               |                                      | Total expenses. Add lines 13-17 (must equal Part I                |                                 |                  | 1,223,259.                   | 1,268,120.                    |
|               | 1                                    | Revenue less expenses. Subtract line 18 from line                 |                                 |                  | 1,033,791.                   | -511,211.                     |
|               |                                      | Hoveride 1000 experiedes. Cabitaet line 10 from line              | 12                              | Be               | ginning of Current Year      | End of Year                   |
| ets (         | 20                                   | Total assets (Part X, line 16)                                    |                                 |                  | 1,397,578.                   | 794,471.                      |
| Assi          | 21                                   | Total liabilities (Part X, line 26)                               |                                 |                  | 214,683.                     | 125,286.                      |
| Net Assets or | 22                                   | Net assets or fund balances. Subtract line 21 from                | line 20                         |                  | 1,182,895.                   | 669,185.                      |
| P             | art II                               | Signature Block   |                                 |                  |                              |                               |
| Unc           | ler pena                             | Ities of perjury, I declare that I have examined this return,     | including accompanying schedule | es and stateme   | ents, and to the best of my  | knowledge and belief, it is   |
|               |                                      | t, and complete. Declaration of preparer (other than office       |                                 |                  | · · ·                        | ,                             |
|               | ,                                    |   | ,                               | 1 1              |                              |                               |
| Sig           | n                                    | Signature of officer  |                                 |                  | Date                         |                               |
| He            |                                      | WARD VANWICHEN, PRESIDENT   |                                 |                  |                              |                               |
|               |                                      | Type or print name and title                                      |                                 |                  |                              |                               |
|               |                                      | Print/Type preparer's name  | Preparer's signature            | [                | Date Check                   | PTIN                          |
| Pai           | d                                    |   | SAM BRUNSON, CP                 | a lo             | 7/29/24 if self-employ       |                               |
|               | parer                                | Firm's name WIPFLI LLP  | r                               | <u>  º</u>       |                              | 9-0758 <b>44</b> 9            |
|               | Only                                 |   | PPER FLOOR                      |                  | THIII S LIN 3                | - 0.00117                     |
| -             | Jy                                   | MISSOULA, MT 5980   |                                 |                  | Phone no 40                  | 6.728.1800                    |
|               |                                      | 1110000111, 111 0000  | _                               |                  | I HOHE HO. = 0               | X Ves No                      |

| Pai | art III Statement of Program Service Accomplishments  |                   |
|-----|---|-------------------|
|     | Check if Schedule O contains a response or note to any line in this Part III  | X                 |
| 1   | Briefly describe the organization's mission:  |                   |
|     | SIMULATION IN MOTION MONTANA'S MISSION IS TO PROVIDE MEDICAL  |                   |
|     | SIMULATION EDUCATION TO IMPROVE TEAM PERFORMANCE.   |                   |
|     |   |                   |
|     |   |                   |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                        |                   |
|     | prior Form 990 or 990-EZ?   | Yes X No          |
|     | If "Yes," describe these new services on Schedule O.  |                   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                        | Yes X No          |
|     | If "Yes," describe these changes on Schedule O.   |                   |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp      | oenses.           |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe | nses, and         |
|     | revenue, if any, for each program service reported.   |                   |
| 4a  |   | <b>541,474.</b> ) |
|     | THE ORGANIZATION ACHIEVES ITS OBJECTIVES BY:  |                   |
|     |   |                   |
|     | - SUPPORTING EDUCATION STRATEGIES TO ENHANCE MONTANA'S HEALTHCAR  | Ε                 |
|     | WORKFORCE - CURRENT AND FUTURE.   |                   |
|     |   |                   |
|     | - DEVELOPMENT OF A SUSTAINABLE MOBILE SIMULATION PROGRAM FOR MON'   |                   |
|     | HEALTHCARE WORKFORCE, EDUCATIONAL INSTITUTIONS AND OTHER STRATEG  | IC                |
|     | PARTNERS.   |                   |
|     |   |                   |
|     | - IMPLEMENTATION OF MOBILE SIMULATION THAT CAN BE BROUGHT TO THE  |                   |
|     | HEALTHCARE WORKFORCE IN COMMUNITIES WHICH WILL YIELD CONSISTENT,  |                   |
|     | QUALITY EDUCATION AND SUPPORT DEVELOPMENT FOR BEST PRACTICES BY   |                   |
| 4b  | (Code:) (Expenses \$ including grants of \$) (Revenue \$  | )                 |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
| 4c  | (Code:) (Expenses \$ including grants of \$) (Revenue \$  | )                 |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
| 4d  | Other program services (Describe on Schedule O.)  |                   |
|     | (Expenses \$ including grants of \$ ) (Revenue \$   | )                 |
| 4e  | 0.43, 3.60  |                   |
|     | · · · · · · · · · · · · · · · · · · ·   | QQ() (0000)       |

|     |  |   | Yes  | No   |
|-----|--|---|------|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |   |      |  |
|     | If "Yes," complete Schedule A  | 1_  | X    |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X    |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            |   |      |  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |      | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect           |   |      |  |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |      | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or               |   |      |  |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |      | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  |   |      |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6   |      | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  | ۰   |      |  |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7   |      | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | <b>-</b> '-                                 |      | 1  |
| 0   | , ,  |   |      | x  |
| ^   | Schedule D, Part III   | 8   |      |  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for              |   |      |  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                  |   |      |  |
|     | If "Yes," complete Schedule D, Part IV   | 9   |      | <u> </u>   |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                               |   |      | \ <sub>37</sub>                                  |
|     | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |      | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,          |   |      |  |
|     | as applicable.   |   |      |  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                |   |      |  |
|     | Part VI  | 11a   | X    |  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total               |   |      |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b   |      | X  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                |   |      |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c   |      | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in              |   |      |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d   |      | X  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                      | 11e   |      | Х  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                    |   |      |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                     | 11f   |      | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete                        |   |      |  |
|     | Schedule D, Parts XI and XII   | 12a   |      | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  |   |      |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b   |      | х  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |      | Х  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a   |      | Х  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                    |   |      | T -  |
| _   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                 |   |      |  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b   |      | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  |   |      |  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |      | x  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   | <u>.                                   </u> |      | <u></u>  |
| 10  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |      | X  |
| 17  |  | 10  |      | <del></del>                                      |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    | 17  | Х    |  |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | ⊢'′   | - 22 | $\vdash$   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               | 40  |      | x  |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |      | <del>  ^</del>                                   |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |   |      | <sub>V</sub>                                     |
|     | complete Schedule G, Part III  | 19  |      | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a   |      | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                               | 20b   |      | <del>                                     </del> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                |   |      |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |      | X  |

332003 12-21-23

| Pa   | rt IV Checklist of Required Schedules (continued)   |         |     |    |
|------|---|---------|-----|----|
|      | - Toomandouy  |         | Yes | No |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |         |     |    |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22      |     | x  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |         |     |    |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              |         |     |    |
|      | Schedule J  | 23      | Х   |    |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the     |         |     |    |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |         |     |    |
|      | Schedule K. If "No," go to line 25a   | 24a     |     | x  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b     |     |    |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |         |     |    |
|      | any tax-exempt bonds?   | 24c     |     |    |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d     |     |    |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |         |     |    |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a     |     | x  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |         |     |    |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |         |     |    |
|      | Schedule L, Part I  | 25b     |     | x  |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |         |     |    |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |         |     |    |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II                          | 26      |     | x  |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |         |     |    |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |         |     |    |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27      |     | x  |
| 28   | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,     |         |     |    |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   |         |     |    |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>     |         |     |    |
|      | "Yes," complete Schedule L, Part IV   | 28a     |     | X  |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b     |     | Х  |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |         |     |    |
|      | "Yes," complete Schedule L, Part IV   | 28c     |     | X  |
| 29   | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                     | 29      |     | Х  |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |         |     |    |
|      | contributions? If "Yes," complete Schedule M  | 30      |     | X  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31      |     | Х  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |         |     |    |
|      | Schedule N, Part II   | 32      |     | x  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |         |     |    |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |     | X  |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |         |     |    |
|      | Part V, line 1  | 34      |     | X  |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a     |     | Х  |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |         |     |    |
|      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b     |     |    |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |         |     |    |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36      |     | X  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |         |     |    |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37      |     | X  |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |         |     |    |
|      | Note: All Form 990 filers are required to complete Schedule O   | 38      | Х   |    |
| Pa   | rt V Statements Regarding Other IRS Filings and Tax Compliance  |         |     |    |
|      | Check if Schedule O contains a response or note to any line in this Part V  | <u></u> |     |    |
|      |   |         | Yes | No |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | 5       |     |    |
|      |   |         |     |    |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |         |     |    |

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

SIMULATION IN MOTION MONTANA, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|        |   |                      | Yes | No  |
|--------|---|----------------------|-----|-----|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                      |     |     |
|        | filed for the calendar year ending with or within the year covered by this return 2a 14   |                      |     |     |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b                   | X   |     |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За                   |     | X   |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b                   |     |     |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |                      |     |     |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a                   |     | X   |
| b      | If "Yes," enter the name of the foreign country   |                      |     |     |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |                      |     |     |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a                   |     | X   |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b                   |     | X   |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c                   |     |     |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |                      |     | 7.7 |
|        | any contributions that were not tax deductible as charitable contributions?   | 6a                   |     | X   |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                      |     |     |
|        | were not tax deductible?  | 6b                   |     |     |
| 7      | Organizations that may receive deductible contributions under section 170(c).   | _                    |     | 37  |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a                   |     | X   |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b                   |     |     |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | 7.                   |     | Х   |
| لہ     | to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d   | 7c                   |     | Λ   |
| d      |   | 7e                   |     | Х   |
| e<br>f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                 | 7 <del>6</del><br>7f |     | X   |
| g      | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g                   |     |     |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h                   |     |     |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |                      |     |     |
|        | sponsoring organization have excess business holdings at any time during the year?  | 8                    |     |     |
| 9      | Sponsoring organizations maintaining donor advised funds.   |                      |     |     |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a                   |     |     |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b                   |     |     |
| 10     | Section 501(c)(7) organizations. Enter:   |                      |     |     |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  |                      |     |     |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |                      |     |     |
| 11     | Section 501(c)(12) organizations. Enter:  |                      |     |     |
| а      | Gross income from members or shareholders   |                      |     |     |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against   |                      |     |     |
|        | amounts due or received from them.)   |                      |     |     |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a                  |     |     |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |                      |     |     |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                      |     |     |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a                  |     |     |
|        | Note: See the instructions for additional information the organization must report on Schedule O.   |                      |     |     |
| b      | , , , , , , , , , , , , , , , , , , ,   |                      |     |     |
| С      | organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c  |                      |     |     |
| 14a    | Did the appropriation provides any property for independent or in a device of wine the toy years.   | 14a                  |     | Х   |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b                  |     |     |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |                      |     |     |
|        | excess parachute payment(s) during the year?  | 15                   |     | х   |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |                      |     |     |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16                   |     | Х   |
|        | If "Yes," complete Form 4720, Schedule O.   |                      |     |     |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |                      |     |     |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17                   |     |     |
|        | If "Yes," complete Form 6069.   |                      |     |     |
| _      |   |                      |     | _   |

SIMULATION IN MOTION MONTANA, INC. 82-1236014 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available |
|    | for public inspection. Indicate how you made these available. Check all that apply.  |
|    | Own website Another's website X Upon request Other (explain on Schedule O)   |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial        |

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

MONTANA MEDICAL ASSOCIATION - 406-443-4000 2021 11TH AVE, STE 1, HELENA, 59601

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A)                            | (B)                 |                                |                       |         | C)           |                                 |        | (D)              | (E)                              | (F)                   |
|--------------------------------|---------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------|----------------------------------|-----------------------|
| Name and title                 | Average             | (do                            | not c                 | Pos     | ition        | l<br>than i                     | one    | Reportable       | Reportable                       | Estimated             |
|                                | hours per           | box                            | , unle<br>cer ar      | ss pei  | rson i       | s both                          | n an   | compensation     | compensation                     | amount of             |
|                                | week                |                                | Cei ai                |         | liecto       | l / li us                       | lee)   | from             | from related                     | other                 |
|                                | (list any hours for | lirecto                        |                       |         |              | L                               |        | the organization | organizations<br>(W-2/1099-MISC/ | compensation from the |
|                                | related             | e or 0                         | stee                  |         |              | satec                           |        | (W-2/1099-MISC/  | 1099-NEC)                        | organization          |
|                                | organizations       | truste                         | al tru:               |         | yee          | шрег                            |        | 1099-NEC)        | 10001120,                        | and related           |
|                                | below               | Individual trustee or director | Institutional trustee | Je.     | Key employee | Highest compensated<br>employee | ner    |                  |                                  | organizations         |
|                                | line)               | ibu                            | Insti                 | Officer | Key          | High                            | Former |                  |                                  |                       |
| (1) SARA KAULL                 | 40.00               | 1                              |                       | l       |              |                                 |        |                  |                                  |                       |
| EXECUTIVE DIRECTOR             |                     |                                |                       | Х       |              |                                 |        | 161,769.         | 0.                               | 12,812.               |
| (2) SUSANNE HILL               | 40.00               | 1                              |                       |         |              |                                 |        |                  |                                  |                       |
| SALES DIRECTOR                 |                     |                                |                       |         |              | X                               |        | 129,808.         | 0.                               | 7,959.                |
| (3) WARD VANWICHEN             | 1.00                | ļ                              |                       | l       |              |                                 |        |                  |                                  |                       |
| CHAIR                          | 1 00                | Х                              |                       | Х       |              |                                 |        | 0.               | 0.                               | 0.                    |
| (4) DR. DARIN BELL             | 1.00                |                                |                       |         |              |                                 |        |                  | •                                | •                     |
| VICE CHAIR                     | 1 00                | Х                              |                       | Х       |              |                                 |        | 0.               | 0.                               | 0.                    |
| (5) CAROLYN RADAKOVICH         | 1.00                | ٠,,                            |                       | ,,      |              |                                 |        |                  |                                  | •                     |
| SECRETARY                      | 1 00                | Х                              |                       | Х       |              |                                 |        | 0.               | 0.                               | 0.                    |
| (6) JAY DOYLE                  | 1.00                | ٠,,                            |                       | ,,      |              |                                 |        |                  | 0                                | 0                     |
| TREASURER                      | 1 00                | Х                              |                       | Х       |              |                                 |        | 0.               | 0.                               | 0.                    |
| (7) HAYLEY BLACKBURN           | 1.00                | ٠,,                            |                       |         |              |                                 |        |                  | 0                                | 0                     |
| DIRECTOR (8) JESSI CAHOON      | 1.00                | Х                              |                       |         |              |                                 |        | 0.               | 0.                               | 0.                    |
| DIRECTOR                       | 1.00                | х                              |                       |         |              |                                 |        | 0.               | 0.                               | 0                     |
| (9) DREW DAWSON                | 1.00                | Α                              |                       |         |              |                                 |        | 0.               | 0.                               | 0.                    |
| DIRECTOR                       | 1.00                | Х                              |                       |         |              |                                 |        | 0.               | 0.                               | 0.                    |
| (10) DAVE GURCHIEK             | 1.00                | ^                              |                       |         |              |                                 |        | 0.               | 0.                               | <u></u>               |
| DIRECTOR                       | 1.00                | Х                              |                       |         |              |                                 |        | 0.               | 0.                               | 0.                    |
| (11) CYNTHIA BRADFORD LENCIONI | 1.00                | 25                             |                       |         |              |                                 |        |                  | 0.                               | <u></u>               |
| DIRECTOR                       | 1.00                | х                              |                       |         |              |                                 |        | 0.               | 0.                               | 0.                    |
|                                |                     |                                |                       |         |              |                                 |        | •                |                                  |                       |
|                                |                     | 1                              |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     | 1                              |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     | 1                              |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     | 1                              |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              | L                               |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  | 000                   |
|                                |                     |                                |                       |         |              |                                 |        |                  |                                  |                       |

|   |   | loye                                      | ees,                                      |  |                              | gnes                            | C         | ompensated Employee  | s (continued)                                   |            |                   |                      |                 |
|---|---|---|---|--|------------------------------|---------------------------------|-----------|--|---|------------|-------------------|----------------------|-----------------|
| (A)   | (B)   |   |   | (C   | ;)                           |                                 |           | (D)  | (E)   |            |                   | (F)                  |                 |
| Name and title  | Average   | (do                                       | not cl                                    | Posi   |                              |                                 | ne        | Reportable   | Reportable                                      |            | Es                | timated              | d               |
|   | hours per   |   | , unles<br>cer an                         |  |                              |                                 |           | compensation   | compensatio                                     | - 1        |                   | nount o              | of              |
|   | week  |   | Jei all                                   | u a un   | recto                        | i/ii usii                       | <i>(</i>  | from   | from related                                    | - 1        |                   | other                |                 |
|   | list any  | director                                  |   |  |                              |                                 |           | the  | organization                                    |            |                   | pensati              |                 |
|   | related   | ord                                       | ee  |  |                              | sated                           |           | organization<br>(W-2/1099-MISC/  | (W-2/1099-MIS<br>1099-NEC)                      | )<br>      |                   | om the               |                 |
|   | organizations   | rustee                                    | trust                                     |  | ee                           | npeu                            |           | 1099-NEC)  | 1099-1120)                                      |            | _                 | anizatio<br>d relate |                 |
|   | below   | dual t                                    | tiona                                     | .  | yold                         | st cor                          | _         | 1033 1420)   |   |            |                   | nizatio              |                 |
|   | line)   | Individual trustee or                     | Institutional trustee                     | Officer  | Key employee                 | Highest compensated<br>employee | Former    |  |   |            | o, g.             | ii iizatio           |                 |
|   |   |   |   | U  | X                            | 1.0                             |           |  |   |            |                   |                      |                 |
|   |   |   | $\vdash \vdash$                           |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   | Н   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   | Ш   | Ш   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   | Н   | H   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   |   |  |                              |                                 |           |  |   |            |                   |                      |                 |
|   |   |   | П   |  |                              |                                 |           |  |   |            |                   |                      |                 |
| 1b Subtotal   |   |   | Ш   |  |                              |                                 |           | 291,577.   |   | 0.         | 2                 | 0,77                 | <del>/1 .</del> |
| c Total from continuation sheets to Part V  |   |   |   |  |                              |                                 |           | 0.   |   | 0.         |                   | <del>•  </del>       | 0.              |
| d Total (add lines 1b and 1c)   |   |   |   |  |                              |                                 |           | 291,577.   |   | 0.         | 2                 | 0,77                 |                 |
| 2 Total number of individuals (including but r  |   |   |   |  |                              |                                 |           | •  | 000 of reportable                               | <u> </u>   |                   |                      |                 |
| compensation from the organization  |   |   |   |  | ,                            | ,                               |           |  |   |            |                   |                      | 2               |
|   |   |   |   |  |                              |                                 |           |  |   | ſ          |                   | Yes                  | No              |
| 3 Did the organization list any former officer  | , director, trusto  | ee, k                                     | кеу е                                     | mpla   |                              |                                 |           | hoot componented omp   | ovee on   | - 1        |                   |                      |                 |
|   |   |   |   |  | byee                         | e, or                           | nıgı      | nest compensated emp   | -,  | - 1        |                   |                      |                 |
| line 1a? If "Yes," complete Schedule J for s  | such individual   |   |   |  |                              |                                 |           | mest compensated emp   |   |            | 3                 |                      | Х               |
| line 1a? If "Yes," complete Schedule J for s  |   |   |   |  |                              |                                 |           |  |   |            | 3                 |                      | X               |
| line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si and related organizations greater than \$15   | um of reportabl<br>0,000? If "Yes,  | e co<br>" <i>coi</i>                      | mpe<br>mple                               | nsat   | tion<br>Sche                 | and<br>and                      | oth       | ner compensation from the  | ne organization                                 |            | 3                 | Х                    | X               |
| <ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or</li> </ul>  | um of reportable<br>0,000? <i>If</i> "Yes,<br>accrue compen   | e co<br>" <i>coi</i><br>nsatio            | mpe<br>mple<br>on fr                      | ensatete Som a   | tion<br>Sche                 | and<br>dule<br>unre             | oth  J fo | ner compensation from the compensation from the compensation or individual or individu | ne organization                                 |            | 4                 | Х                    |                 |
| <ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," complete the properties of the organization of the properties of the organization of the properties of the organization of the properties of th</li></ul> | um of reportable<br>0,000? <i>If</i> "Yes,<br>accrue compen   | e co<br>" <i>coi</i><br>nsatio            | mpe<br>mple<br>on fr                      | ensatete Som a   | tion<br>Sche                 | and<br>dule<br>unre             | oth  J fo | ner compensation from the compensation from the compensation or individual or individu | ne organization                                 |            |                   | X                    | X               |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si and related organizations greater than \$15  5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con  Section B. Independent Contractors  | um of reportabl<br>0,000? <i>If</i> "Yes,<br>accrue compen<br>nplete Scheduk                                | e co<br>" <i>con</i><br>nsatio            | ompe<br>omple<br>on fr                    | ensatete Som a   | tion<br>Sche<br>any<br>perso | and<br>edule<br>unre            | oth  J fo | ner compensation from the such individualed organization or individual   | ne organization                                 |            | 5                 |                      |                 |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si and related organizations greater than \$15  5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con  Section B. Independent Contractors  1 Complete this table for your five highest con   | um of reportabl<br>0,000? If "Yes,<br>accrue compen<br>inplete Schedule<br>ompensated ind                   | e co<br>" con<br>nsation<br>e <i>J fo</i> | ompe<br>mple<br>on fr<br>or su            | ensate som a constant | tion<br>Sche<br>any<br>perso | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation from the compensation or individual compensation or individual compensation or individual compensation or individual compensation from the compensation of the compensa | ne organization<br>lual for services            |            | 5                 |                      |                 |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si and related organizations greater than \$15  5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con  Section B. Independent Contractors  1 Complete this table for your five highest co the organization. Report compensation for  | um of reportabl<br>0,000? If "Yes,<br>accrue compen<br>inplete Schedule<br>ompensated ind                   | e co<br>" con<br>nsation<br>e <i>J fo</i> | ompe<br>mple<br>on fr<br>or su            | ensate som a constant | tion<br>Sche<br>any<br>perso | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or such individual ed organization or individual ed organization or individual ed to the organization's tax y   | ne organization<br>lual for services            |            | 4<br>5<br>ion fro | om                   |                 |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si and related organizations greater than \$15  5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con  Section B. Independent Contractors  1 Complete this table for your five highest con   | um of reportable 0,000? If "Yes, accrue compenent of the compenent of the calendar years."                  | e co<br>" con<br>nsation<br>e <i>J fo</i> | ompe<br>mple<br>on fr<br>or su            | ensate som a constant | tion<br>Sche<br>any<br>perso | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation from the compensation or individual compensation or individual compensation or individual compensation or individual compensation from the compensation of the compensa | lual for services 100,000 of compear.           | <br>pensat | 4<br>5<br>ion fro | om                   | X               |
| line 1a? If "Yes," complete Schedule J for start of the second se            | um of reportable 0,000? If "Yes, accrue compenent of the compenent of the calendar years."                  | e co<br>" con<br>nsation<br>e <i>J fo</i> | ompe<br>mple<br>on fr<br>or su            | ensate som a constant | tion<br>Sche<br>any<br>perso | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the organization or individual   | lual for services 100,000 of compear.           | <br>pensat | 4<br>5<br>ion fro | om                   | X               |
| line 1a? If "Yes," complete Schedule J for start and related organizations greater than \$15  Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors  Complete this table for your five highest contraction. Report compensation for (A)  Name and business   | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the organization or individual   | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om                   | X               |
| line 1a? If "Yes," complete Schedule J for start of the second se            | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or individual ed organization et al. (B)  Description of s  | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om<br>c)<br>nsation  | X               |
| line 1a? If "Yes," complete Schedule J for start on the second se            | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or individual ed organization et al. (B)  Description of s  | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om<br>c)<br>nsation  | X               |
| line 1a? If "Yes," complete Schedule J for standard related organizations greater than \$15  5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors  1 Complete this table for your five highest contractors. (A)  Name and business.   | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or individual ed organization et al. (B)  Description of s  | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om<br>c)<br>nsation  | X               |
| line 1a? If "Yes," complete Schedule J for start on the second se            | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or individual ed organization et al. (B)  Description of s  | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om<br>c)<br>nsation  | X               |
| line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si and related organizations greater than \$15  Did any person listed on line 1a receive or rendered to the organization? If "Yes," con  Section B. Independent Contractors  Complete this table for your five highest co the organization. Report compensation for  (A)   | um of reportable 0,000? If "Yes, accrue compenente Schedule ompensated independent the calendar yes address | e co<br>" con<br>satio<br>e J fo<br>depen | emple<br>on fr<br>or su<br>ender<br>endin | ensate som a | tion  che any  perso         | and<br>edule<br>unre<br>on      | oth  J fo | ner compensation from the compensation or individual ed organization et al. (B)  Description of s  | lual for services  100,000 of compear.  ervices | <br>pensat | 5 ion fro         | om<br>c)<br>nsation  | X               |

|  |    | Check if Schedule O contains a response or                              | r note to any line | e in this Part VIII |                   |                  |                                    |
|--|----|---|--------------------|---------------------|-------------------|------------------|------------------------------------|
|  |    |   | ,                  | (A)                 | (B)               | (C)              | (D)                                |
|  |    |   |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |    |   |                    |                     | function revenue  | business revenue | sections 512 - 514                 |
| S S  | 1  | a Federated campaigns1a   |                    |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts |    | b Membership dues 1b  |                    |                     |                   |                  |                                    |
| چ <u>ق</u>   |    | Fundraising events 1c   |                    |                     |                   |                  |                                    |
| ffs,   |    | d Related organizations 1d  |                    |                     |                   |                  |                                    |
| <u>a</u>   |    |   |                    |                     |                   |                  |                                    |
| Sir.   |    | 3 ( )   |                    |                     |                   |                  |                                    |
| utio   |    | f All other contributions, gifts, grants, and                           | 005 611            |                     |                   |                  |                                    |
| έş   |    |   | 205,611.           |                     |                   |                  |                                    |
|  |    | Noncash contributions included in lines 1a-1f     Table Add Visco 1a 16 |                    | 205,611.            |                   |                  |                                    |
| O a  |    | n Total. Add lines 1a-1f  | Business Code      | 203,011.            |                   |                  |                                    |
|  |    | <u> </u>  | 611430             | E / 1 / 7 /         | E / 1 / 7 /       |                  |                                    |
| <u>ic</u>  |    | TRAINING REVENUE  | 011430             | 541,474.            | 541,474.          |                  |                                    |
| er<br>Per  |    | o   |                    |                     |                   |                  |                                    |
| n S  |    | ·   |                    |                     |                   |                  |                                    |
| ra<br>Sev  |    | d   |                    |                     |                   |                  |                                    |
| Program Service<br>Revenue                             |    | e   |                    |                     |                   |                  |                                    |
| ۵.   |    | All other program service revenue                                       |                    | 544 454             |                   |                  |                                    |
|  |    | Total. Add lines 2a-2f  |                    | 541,474.            |                   |                  |                                    |
|  | 3  | Investment income (including dividends, interest                        | t, and             |                     |                   |                  |                                    |
|  |    | other similar amounts)  |                    |                     |                   |                  | _                                  |
|  | 4  | Income from investment of tax-exempt bond pro                           | oceeds             |                     |                   |                  |                                    |
|  | 5  | Royalties   |                    |                     |                   |                  |                                    |
|  |    | (i) Real  | (ii) Personal      |                     |                   |                  |                                    |
|  | 6  | a Gross rents 6a  |                    |                     |                   |                  |                                    |
|  |    | Less: rental expenses 6b  |                    |                     |                   |                  |                                    |
|  |    | Rental income or (loss) 6c  |                    |                     |                   |                  |                                    |
|  |    | d Net rental income or (loss)   |                    |                     |                   |                  |                                    |
|  | 7  | a Gross amount from sales of (i) Securities                             | (ii) Other         |                     |                   |                  |                                    |
|  |    | assets other than inventory 7a  |                    |                     |                   |                  |                                    |
|  |    | b Less: cost or other basis   |                    |                     |                   |                  |                                    |
| e n  |    | and sales expenses <b>7b</b>  |                    |                     |                   |                  |                                    |
| her Revenue  |    | Gain or (loss) 7c   |                    |                     |                   |                  |                                    |
| Şe   |    | d Net gain or (loss)  |                    |                     |                   |                  |                                    |
| ē  |    | a Gross income from fundraising events (not                             |                    |                     |                   |                  |                                    |
| 퉏  |    | including \$ of   |                    |                     |                   |                  |                                    |
|  |    | contributions reported on line 1c). See                                 |                    |                     |                   |                  |                                    |
|  |    | Part IV, line 18 8a   |                    |                     |                   |                  |                                    |
|  |    | b Less: direct expenses 8b  |                    |                     |                   |                  |                                    |
|  |    | Net income or (loss) from fundraising events                            |                    |                     |                   |                  |                                    |
|  |    | a Gross income from gaming activities. See                              |                    |                     |                   |                  |                                    |
|  | -  | Part IV, line 19  |                    |                     |                   |                  |                                    |
|  |    | b Less: direct expenses 9b  |                    |                     |                   |                  |                                    |
|  |    | Net income or (loss) from gaming activities                             |                    |                     |                   |                  |                                    |
|  |    | a Gross sales of inventory, less returns                                |                    |                     |                   |                  |                                    |
|  |    | and allowances 10a  |                    |                     |                   |                  |                                    |
|  |    | b Less: cost of goods sold 10b  |                    |                     |                   |                  |                                    |
|  |    | Net income or (loss) from sales of inventory                            |                    |                     |                   |                  |                                    |
| -  |    |   | Business Code      |                     |                   |                  |                                    |
| ns   | 11 | REBATES AND REFUNDS   | 900099             | 9,074.              |                   |                  | 9,074.                             |
| Miscellaneous<br>Revenue                               | '' | MISCELLANEOUS REVENUE   | 900099             | 750.                |                   |                  | 750.                               |
| ila<br>ven   |    |   | ,,,,,              | 750•                |                   |                  | , , , , , ,                        |
| Sce  |    | d All other revenue   |                    |                     |                   |                  |                                    |
| Ξ  |    | d All other revenue   |                    | 9,824.              |                   |                  |                                    |
|  | 12 | Total. Add lines 11a-11d  |                    | 756,909.            | 541,474.          | 0.               | 9,824.                             |
|  | 12 | Total revenue. See instructions   |                    | 130,303.            | J = 1 , = 1 = •   | •                | J,044•                             |

#### Part IX Statement of Functional Expenses

| Pa     | rt IX   Statement of Functional Expense   | es                         | •   |                                     |                                       |
|--------|---|----------------------------|---|-------------------------------------|---------------------------------------|
| Secti  | ion 501(c)(3) and 501(c)(4) organizations must comp   | lete all columns. All othe | er organizations must con                 | nplete column (A).                  |                                       |
|        | Check if Schedule O contains a respons  |                            |   |                                     |                                       |
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations   |                            |   |                                     |                                       |
|        | and domestic governments. See Part IV, line 21  |                            |   |                                     |                                       |
| 2      | Grants and other assistance to domestic   |                            |   |                                     |                                       |
|        | individuals. See Part IV, line 22   |                            |   |                                     |                                       |
| 3      | Grants and other assistance to foreign  |                            |   |                                     |                                       |
|        | organizations, foreign governments, and foreign   |                            |   |                                     |                                       |
|        | individuals. See Part IV, lines 15 and 16   |                            |   |                                     |                                       |
| 4      | Benefits paid to or for members   |                            |   |                                     |                                       |
| 5      | Compensation of current officers, directors,  | 154 501                    | 140 104                                   | 24 455                              |                                       |
|        | trustees, and key employees   | 174,581.                   | 140,104.                                  | 34,477.                             |                                       |
| 6      | Compensation not included above to disqualified   |                            |   |                                     |                                       |
|        | persons (as defined under section 4958(f)(1)) and   |                            |   |                                     |                                       |
|        | persons described in section 4958(c)(3)(B)  | EEC 805                    | 460 014                                   | 112 001                             |                                       |
| 7      | Other salaries and wages  | 576,705.                   | 462,814.                                  | 113,891.                            |                                       |
| 8      | Pension plan accruals and contributions (include  | 7 240                      | 2 500                                     | 2 752                               |                                       |
|        | section 401(k) and 403(b) employer contributions)   | 7,340.                     | 3,588.                                    | 3,752.                              |                                       |
| 9      | Other employee benefits   | 33,465.                    | 28,072.                                   | 5,393.                              |                                       |
| 10     | Payroll taxes   | 61,700.                    | 49,442.                                   | 12,258.                             |                                       |
| 11     | Fees for services (nonemployees):   | 27 500                     |   | 27 500                              |                                       |
|        |   | 37,500.<br>440.            |   | 37,500.                             |                                       |
| b      | Legal   | 2,735.                     |   | 2,735.                              |                                       |
| C      |   | 2,733.                     |   | 4,733.                              |                                       |
| d      | ,   | 110,000.                   |   |                                     | 110,000                               |
| e      | Professional fundraising services. See Part IV, line 17   | 110,000.                   |   |                                     | 110,000                               |
| f      | Other. (If line 11g amount exceeds 10% of line 25,  |                            |   |                                     |                                       |
| g      | column (A), amount, list line 11g expenses on Sch 0.)   | 54,422.                    | 54,422.                                   |                                     |                                       |
| 12     | Advertising and promotion   | 10,202.                    | 7,836.                                    | 2,366.                              |                                       |
| 13     | Office expenses   | 13,591.                    | 8,383.                                    | 5,208.                              |                                       |
| 14     | Information technology  | 13,3310                    | 0,3031                                    | 3,2001                              |                                       |
| 15     | Royalties   |                            |   |                                     |                                       |
| 16     | Occupancy   | 61,154.                    | 10,491.                                   | 50,663.                             |                                       |
| 17     | Travel  | 35,475.                    | 33,184.                                   | 2,291.                              |                                       |
| 18     | Payments of travel or entertainment expenses  | 33,1730                    | 33,131                                    | 2,2321                              |                                       |
|        | for any federal, state, or local public officials   |                            |   |                                     |                                       |
| 19     | Conferences, conventions, and meetings  | 250.                       | 250.                                      |                                     |                                       |
| 20     | Interest  | 5,975.                     | 5,975.                                    |                                     |                                       |
| <br>21 | Payments to affiliates  | - ,                        | , , , , ,                                 |                                     |                                       |
| 22     | Depreciation, depletion, and amortization   | 22,336.                    |   | 22,336.                             |                                       |
| 23     | Insurance   | 2,837.                     |   | 2,837.                              |                                       |
| 24     | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                            |   |                                     |                                       |
| а      | TRUCK EXPENSES  | 21,912.                    | 21,912.                                   |                                     |                                       |
| b      | DUES AND SUBSCRIPTIONS  | 20,661.                    | 2,209.                                    | 18,452.                             |                                       |
| С      | REPAIRS   | 14,591.                    | 14,591.                                   | ·                                   |                                       |
| d      |   |                            |   |                                     |                                       |
| е      | All other expenses  | 248.                       | 87.                                       | 161.                                |                                       |
| 25     | Total functional expenses. Add lines 1 through 24e  | 1,268,120.                 | 843,360.                                  | 314,760.                            | 110,000                               |
| 26     | Joint costs. Complete this line only if the organization  |                            |   |                                     |                                       |
|        | reported in column (B) joint costs from a combined  |                            |   |                                     |                                       |
|        | educational campaign and fundraising solicitation.  |                            |   |                                     |                                       |
|        | Check here : (4 fellowing COD on a (ACC 050 700)  |                            |   |                                     |                                       |

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

| Pai                         | τX  | Balance Sneet   |             |   |                                 |        |                           |
|-----------------------------|-----|---|-------------|---|---------------------------------|--------|---------------------------|
|                             |     | Check if Schedule O contains a response or r  | ote to an   | y line in this Part X                   |                                 |        | (B)                       |
|                             |     |   |             |   | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing   |             |   | 761,334.                        | 1      | 170,823                   |
|                             | 2   | Savings and temporary cash investments  |             |   |                                 | 2      |                           |
|                             | 3   | Pledges and grants receivable, net  |             |   | 500,000.                        | 3      | 500,000                   |
|                             | 4   | Accounts receivable, net  |             |   | 40,416.                         | 4      | 51,639                    |
|                             | 5   | Loans and other receivables from any current  |             |   |                                 |        |                           |
|                             |     | trustee, key employee, creator or founder, sub  | stantial c  | ontributor, or 35%                      |                                 |        |                           |
|                             |     | controlled entity or family member of any of the  | ese pers    | ons                                     |                                 | 5      |                           |
|                             | 6   | Loans and other receivables from other disqu  | alified per | sons (as defined                        |                                 |        |                           |
|                             |     | under section 4958(f)(1)), and persons describ  | ed in sec   | tion 4958(c)(3)(B)                      |                                 | 6      |                           |
| ts                          | 7   | Notes and loans receivable, net   |             |   |                                 | 7      |                           |
| Assets                      | 8   | Inventories for sale or use   |             |   |                                 | 8      |                           |
| ğ                           | 9   | Prepaid expenses and deferred charges   |             |   | 2,966.                          | 9      | 1,483                     |
|                             | 10a | Land, buildings, and equipment: cost or other   |             |   |                                 |        |                           |
|                             |     | basis. Complete Part VI of Schedule D   | . 10a       | 120,365.                                |                                 |        |                           |
|                             | b   | Less: accumulated depreciation  |             | 49,839.                                 | 92,862.                         | 10c    | 70,526                    |
|                             | 11  | Investments - publicly traded securities  |             |   |                                 | 11     |                           |
|                             | 12  | Investments - other securities. See Part IV, line   |             |   |                                 | 12     |                           |
|                             | 13  | Investments - program-related. See Part IV, lin   |             |   |                                 | 13     |                           |
|                             | 14  | Intangible assets   |             |   |                                 | 14     |                           |
|                             | 15  | Other assets. See Part IV, line 11  |             |   | 4 200 500                       | 15     | 504 454                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must ed   |             |   | 1,397,578.                      | 16     | 794,471                   |
|                             | 17  | Accounts payable and accrued expenses   |             | 88,707.                                 | 17                              | 57,966 |                           |
|                             | 18  | Grants payable  |             |   |                                 | 18     |                           |
|                             | 19  | Deferred revenue  |             |   |                                 | 19     |                           |
|                             | 20  | Tax-exempt bond liabilities   |             |   |                                 | 20     |                           |
|                             | 21  | Escrow or custodial account liability. Complet  |             |   |                                 | 21     |                           |
| es                          | 22  | Loans and other payables to any current or fo   |             |   |                                 |        |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, sub  |             |   |                                 | -00    |                           |
| Liak                        | 00  | controlled entity or family member of any of the  |             |   | 125,976.                        | 22     | 67,320                    |
| _                           | 23  | Secured mortgages and notes payable to unr  |             | • | 123,370.                        | 23     | 07,320                    |
|                             | 24  | Unsecured notes and loans payable to unrela   |             |   |                                 | 24     |                           |
|                             | 25  | Other liabilities (including federal income tax, parties, and other liabilities not included on lir |             |   |                                 |        |                           |
|                             |     | of Schedule D   | es 17-24)   | . Complete Part X                       |                                 | 25     |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25  |             |   | 214,683.                        | 26     | 125,286                   |
|                             | 20  | Organizations that follow FASB ASC 958, c   | heck her    | e X                                     | 211,0031                        | 20     | 123/200                   |
| es                          |     | and complete lines 27, 28, 32, and 33.  | iloon iloi  |   |                                 |        |                           |
| Juc.                        | 27  |   |             |   | 1,168,021.                      | 27     | 658,653                   |
| 3ala                        | 28  | Net assets with donor restrictions  |             |   | 14,874.                         | 28     | 10,532                    |
| l pu                        |     | Organizations that do not follow FASB ASC   |             |   | •                               |        |                           |
| Fu                          |     | and complete lines 29 through 33.   | ,           |   |                                 |        |                           |
| ō                           | 29  | Capital stock or trust principal, or current fund   | ds          |   |                                 | 29     |                           |
| sets                        | 30  | Paid-in or capital surplus, or land, building, or   |             |   | 30                              |        |                           |
| Ass                         | 31  | Retained earnings, endowment, accumulated   |             |   |                                 | 31     |                           |
| Net Assets or Fund Balances | 32  | Total net assets or fund balances   |             |   | 1,182,895.                      | 32     | 669,185                   |
| _                           | 33  |   |             |   | 1,397,578.                      | 33     | 794,471.                  |

| Pa | T XI Reconciliation of Net Assets   |          |       |     |            |
|----|---|----------|-------|-----|------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |       |     |            |
|    |   |          |       |     |            |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |       | 6,9 |            |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 1,26  |     |            |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | -51   |     |            |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        | 1,182 | 2,8 | <u>95.</u> |
| 5  | Net unrealized gains (losses) on investments  | 5        |       |     |            |
| 6  | Donated services and use of facilities  | 6        |       |     |            |
| 7  | Investment expenses   | 7        |       |     |            |
| 8  | Prior period adjustments  | 8        | - 2   | 2,4 | 99.        |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |       |     | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |       |     |            |
|    | column (B))   | 10       | 669   | 9,1 | <u>85.</u> |
| Pa | t XII Financial Statements and Reporting  |          |       |     |            |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |          |       |     |            |
|    |   |          |       | Yes | No         |
| 1  | Accounting method used to prepare the Form 990:   |          |       |     |            |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.       |       |     |            |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a    |     | X          |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |       |     |            |
|    | separate basis, consolidated basis, or both:  |          |       |     |            |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |       |     |            |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b    |     | X          |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,   |       |     |            |
|    | consolidated basis, or both:  |          |       |     |            |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |       |     |            |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,   |       |     |            |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c    |     |            |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    | edule O. |       |     |            |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |          |       |     |            |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a    |     | X          |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |          |       |     |            |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3b    |     |            |
|    |   |          | Form  | 990 | (2023)     |

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STMULATION IN MOTION MONTANA TNC Employer identification number

|              | SIMU  | LATION IN I                  | MOTION MONTAN                                       | NA, IN           | 1C.                             |                               | 8                         | 2-1236014                  |
|--------------|---|------------------------------|---|------------------|---------------------------------|-------------------------------|---------------------------|----------------------------|
| Part I       | Reason for Public (                                 | Charity Status.              | (All organizations must c                           | omplete th       | nis part.) S                    | ee instructions               | S.                        |                            |
| The organ    | nization is not a private found                     |                              |   |                  |                                 |                               |                           |                            |
| 1            | A church, convention of ch                          | urches, or associatio        | n of churches described                             | in <b>sectio</b> | n 170(b)(                       | 1)(A)(i).                     |                           |                            |
| 2            | A school described in sect                          | ion 170(b)(1)(A)(ii). (      | Attach Schedule E (Form                             | n 990).)         |                                 |                               |                           |                            |
| 3            | A hospital or a cooperative                         | hospital service orga        | anization described in se                           | ection 170       | (b)(1)(A)(i                     | ii).                          |                           |                            |
| 4            | A medical research organiz                          | ation operated in cor        | njunction with a hospital                           | described        | in <b>sectio</b>                | n 170(b)(1)(A)                | (iii). Enter              | the hospital's name,       |
|              | city, and state:                                    |                              |   |                  |                                 |                               |                           |                            |
| 5            | An organization operated for                        | or the benefit of a col      | llege or university owned                           | or operate       | ed by a go                      | overnmental ur                | nit describe              | ed in                      |
|              | section 170(b)(1)(A)(iv). (0                        | Complete Part II.)           |   |                  |                                 |                               |                           |                            |
| 6 🔛          | A federal, state, or local go                       | vernment or governm          | nental unit described in                            | section 17       | 70(b)(1)(A)                     | (v).                          |                           |                            |
| 7 📖          | An organization that norma                          | ılly receives a substar      | ntial part of its support fr                        | om a gove        | ernmental                       | unit or from th               | e general <sub>l</sub>    | public described in        |
|              | section 170(b)(1)(A)(vi). (C                        | omplete Part II.)            |   |                  |                                 |                               |                           |                            |
| 8 🖳          | A community trust describe                          | ed in <b>section 170(b)(</b> | (1)(A)(vi). (Complete Part                          | t II.)           |                                 |                               |                           |                            |
| 9 🔛          | An agricultural research org                        | ganization described         | in section 170(b)(1)(A)(i                           | ix) operate      | ed in conju                     | unction with a                | land-grant                | college                    |
|              | or university or a non-land-o                       | grant college of agric       | ulture (see instructions).                          | Enter the I      | name, city                      | , and state of                | the college               | or                         |
|              | university:   |                              |   |                  |                                 |                               |                           |                            |
| 10 X         | An organization that norma                          |                              |   |                  |                                 |                               |                           |                            |
|              | activities related to its exen                      |                              | •   |                  |                                 |                               |                           | •                          |
|              | income and unrelated busin                          |                              | (less section 511 tax) fro                          | m busines        | ses acqui                       | red by the org                | anization a               | after June 30, 1975.       |
| $\Box$       | See <b>section 509(a)(2).</b> (Co                   | •                            |   |                  |                                 |                               |                           |                            |
| 11           | An organization organized                           | •                            | •   | •                |                                 |                               |                           |                            |
| 12           | An organization organized                           | •                            | •   | -                |                                 |                               | •                         | •                          |
|              | more publicly supported or                          | -                            |   |                  |                                 |                               |                           | Sneck the box on           |
|              | lines 12a through 12d that                          |                              |   |                  |                                 |                               | -                         | air in a                   |
| a            |   | •                            |   | •                | -                               |                               |                           |                            |
|              | the supported organization organization. You must o |                              |   | majority o       | n the direc                     | iors or trustee               | 55 OI 111 <del>0</del> 51 | аррогинд                   |
| b [          | Type II. A supporting org                           |                              |   | ion with its     | e eunnorte                      | ad organization               | n(e) hy hav               | vina                       |
| <b>.</b>     | control or management of                            | •                            |   |                  |                                 | -                             |                           | -                          |
|              | organization(s). You mus                            |                              |   | arrie perso      | 110 11101 00                    | The or or manag               | je trie supi              | Jortod                     |
| с            | ☐ Type III functionally inte                        |                              |   | in connect       | tion with. a                    | and functionall               | v integrate               | ed with.                   |
|              | its supported organizatio                           | =                            |   |                  |                                 |                               | ,                         | ,                          |
| d [          | Type III non-functionally                           |                              | ·   |                  |                                 |                               | ted organiz               | zation(s)                  |
|              | that is not functionally int                        |                              |   |                  |                                 |                               | -                         |                            |
|              | requirement (see instruct                           | -                            |   | -                |                                 | -                             |                           |                            |
| е 🗌          | Check this box if the orga                          | anization received a v       | written determination from                          | m the IRS        | that it is a                    | Type I, Type I                | I, Type III               |                            |
|              | functionally integrated, or                         | r Type III non-function      | nally integrated supportir                          | ng organiz       | ation.                          |                               |                           |                            |
| <b>f</b> Ent | er the number of supported o                        | organizations                |   |                  |                                 |                               |                           |                            |
|              | vide the following information                      |                              | <del></del>   |                  |                                 |                               |                           |                            |
|              | (i) Name of supported                               | (ii) EIN                     | (iii) Type of organization (described on lines 1-10 | in your governi  | nization listed<br>ng document? | (v) Amount of support (see in | •                         | (vi) Amount of other       |
|              | organization  |                              | above (see instructions))                           | Yes              | No                              | support (see in               | Structions)               | support (see instructions) |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
|              |   |                              |   |                  |                                 |                               |                           |                            |
| Total        |   |                              |   |                  |                                 |                               |                           |                            |

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Schedule A (Form 990) 2023 SIMULATION IN MOTION MONTANA, INC. 82-1236014 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| Section      | n A. Public Support  |                     |                 |                     |                     |                    |           |
|--------------|--|---------------------|-----------------|---------------------|---------------------|--------------------|-----------|
|              | year (or fiscal year beginning in)   | (a) 2019            | <b>(b)</b> 2020 | (c) 2021            | (d) 2022            | (e) 2023           | (f) Total |
|              | s, grants, contributions, and  | ` ,                 | ` ,             | , ,                 | , ,                 |                    |           |
| mer          | nbership fees received. (Do not  |                     |                 |                     |                     |                    |           |
| inclu        | ude any "unusual grants.")   |                     |                 |                     |                     |                    |           |
| <b>2</b> Tax | revenues levied for the organ-   |                     |                 |                     |                     |                    |           |
| izati        | on's benefit and either paid to  |                     |                 |                     |                     |                    |           |
| or e         | xpended on its behalf  |                     |                 |                     |                     |                    |           |
| 3 The        | value of services or facilities  |                     |                 |                     |                     |                    |           |
| furn         | ished by a governmental unit to  |                     |                 |                     |                     |                    |           |
| the          | organization without charge  |                     |                 |                     |                     |                    |           |
| 4 Tota       | al. Add lines 1 through 3  |                     |                 |                     |                     |                    |           |
| <b>5</b> The | portion of total contributions   |                     |                 |                     |                     |                    |           |
| by e         | each person (other than a  |                     |                 |                     |                     |                    |           |
| gov          | ernmental unit or publicly   |                     |                 |                     |                     |                    |           |
| sup          | ported organization) included  |                     |                 |                     |                     |                    |           |
|              | ine 1 that exceeds 2% of the   |                     |                 |                     |                     |                    |           |
|              | ount shown on line 11,   |                     |                 |                     |                     |                    |           |
| colu         | ımn (f)  |                     |                 |                     |                     |                    |           |
|              | lic support. Subtract line 5 from line 4.  |                     |                 |                     |                     |                    |           |
|              | n B. Total Support   |                     |                 | T                   | T                   |                    | 1         |
|              | year (or fiscal year beginning in)   | <b>(a)</b> 2019     | <b>(b)</b> 2020 | (c) 2021            | (d) 2022            | (e) 2023           | (f) Total |
|              | ounts from line 4  |                     |                 |                     |                     |                    |           |
|              | ss income from interest,   |                     |                 |                     |                     |                    |           |
|              | dends, payments received on  |                     |                 |                     |                     |                    |           |
|              | urities loans, rents, royalties,   |                     |                 |                     |                     |                    |           |
|              | income from similar sources  |                     |                 |                     |                     |                    |           |
|              | income from unrelated business   |                     |                 |                     |                     |                    |           |
|              | vities, whether or not the   |                     |                 |                     |                     |                    |           |
|              | iness is regularly carried on  |                     |                 |                     |                     | +                  |           |
|              | er income. Do not include gain   |                     |                 |                     |                     |                    |           |
|              | oss from the sale of capital   |                     |                 |                     |                     |                    |           |
|              | ets (Explain in Part VI.)  |                     |                 |                     |                     |                    |           |
|              | al support. Add lines 7 through 10   | ata (aga inaturatia |                 |                     |                     | 40                 | l         |
|              | ss receipts from related activities,   |                     |                 | fourth or fifth toy | woor oo o costion F | 12                 |           |
|              | <b>t 5 years.</b> If the Form 990 is for the anization, check this box and <b>stop</b> |                     |                 | ,                   | •                   |                    | Г         |
|              | n C. Computation of Public   |                     |                 |                     |                     |                    |           |
|              | lic support percentage for 2023 (li  |                     |                 | column (f))         |                     | 14                 |           |
|              | lic support percentage from 2022   |                     | •               | ***                 |                     | 15                 |           |
|              | 1/3% support test - 2023. If the o   |                     |                 |                     |                     |                    | x and     |
|              | here. The organization qualifies   |                     |                 |                     |                     |                    | Г         |
| -            | 1/3% support test - 2022. If the o   |                     | -               |                     |                     |                    |           |
|              | stop here. The organization quali  |                     |                 | -4:                 |                     |                    | Г         |
|              | -facts-and-circumstances test  | •                   | • •             |                     |                     |                    |           |
|              | if the organization meets the facts  | -                   |                 |                     |                     |                    |           |
|              | ets the facts-and-circumstances tes  |                     |                 |                     | •                   |                    | Γ         |
|              | -facts-and-circumstances test  | -                   |                 |                     | -                   | 47a and line 45 in | 100/      |

Schedule A (Form 990) 2023

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Sec        | qualify under the tests listed be ction A. Public Support  | elow, please comp     | lete Part II.)       |                       |                     |                      |           |
|------------|--|-----------------------|----------------------|-----------------------|---------------------|----------------------|-----------|
|            | ndar year (or fiscal year beginning in)  | (a) 2019              | <b>(b)</b> 2020      | (c) 2021              | (d) 2022            | (e) 2023             | (f) Total |
|            | Gifts, grants, contributions, and  | (4)                   | (,                   | (-,                   | (-,                 | (5) = = = =          | (-)       |
|            | membership fees received. (Do not  |                       |                      |                       |                     |                      |           |
|            | include any "unusual grants.")   | 1830861.              | 252,129.             | 268,112.              | 1808553.            | 205,611.             | 4365266.  |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 213,892.              | 219,521.             |                       | 448,497.            | 541,474.             | 1776929.  |
| 3          | Gross receipts from activities that  |                       |                      |                       |                     |                      |           |
|            | are not an unrelated trade or business under section 513   |                       |                      |                       |                     |                      |           |
| 4          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                      |                       |                     |                      |           |
| 5          | The value of services or facilities furnished by a governmental unit to  |                       |                      |                       |                     |                      |           |
|            | the organization without charge  | 469,976.              |                      |                       | 455,176.            |                      |           |
| 6          | Total. Add lines 1 through 5   | 2514729.              | 936,826.             | 1076833.              | 2712226.            | 1202261.             | 8442875.  |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       | 155,866.             | 96,066.               | 1808298.            | 100,000.             | 2160230.  |
| b          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the                                    | 115 000               | F0 (F1               | 0.50 000              | 112 112             | 440 005              | 0.00      |
|            | amount on line 13 for the year   | 115,022.              |                      |                       | 113,412.            |                      |           |
|            | Add lines 7a and 7b  | 115,022.              | 228,537.             | 358,405.              | 1921710.            | 512,327.             | 3136001.  |
| Sec        | Public support. (Subtract line 7c from line 6.)  |                       |                      |                       |                     |                      | 5306874.  |
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2019              | <b>(b)</b> 2020      | (c) 2021              | (d) 2022            | (e) 2023             | (f) Total |
| 9          | Amounts from line 6  | 2514729.              | 936,826.             | 1076833.              | 2712226.            | 1202261.             | 8442875.  |
| 10a        | dross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 |                       |                      |                       |                     |                      |           |
| b          | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                       |                      |                       |                     |                      |           |
| c          | Add lines 10a and 10b  |                       |                      |                       |                     |                      |           |
|            | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                       |                      |                       |                     |                      |           |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                       |                      |                       |                     | 9,824.               | 9,824.    |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)   | 2514729.              | 936,826.             | 1076833.              | 2712226.            | 1212085.             | 8452699.  |
|            | First 5 years. If the Form 990 is for th   | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5  | 01(c)(3) organizatio |           |
|            | check this box and stop here   |                       |                      |                       |                     |                      |           |
| Sec        | ction C. Computation of Publi  | c Support Per         | centage              |                       |                     |                      |           |
| 15         | Public support percentage for 2023 (li   | ine 8, column (f), di | vided by line 13, c  | olumn (f))            |                     | 15                   | 62.78 %   |
|            | Public support percentage from 2022  |                       |                      |                       |                     | 16                   | 69.67 %   |
| Sec        | ction D. Computation of Inves  | tment Income          | Percentage           |                       |                     |                      |           |
| 17         | Investment income percentage for 20  |                       |                      |                       |                     | 17                   | .00 %     |
| 18         | ·  |                       |                      |                       |                     | 18                   | %         |
| 19a        | 33 1/3% support tests - 2023. If the   |                       |                      |                       |                     |                      |           |
| b          | more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the  |                       |                      |                       |                     |                      | X         |
|            | line 18 is not more than 33 1/3%, chec   | ck this box and sto   | op here. The orga    | nization qualifies a  | s a publicly suppo  | rted organization    |           |
| 20         | Private foundation. If the organizatio   | n did not check a h   | oox on line 14, 19a  | a, or 19b, check th   | is box and see inst | tructions            |           |

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|             | Yes    | No   |
|-------------|--------|------|
|             | 103    | 140  |
|             |        |      |
| 1           |        |      |
|             |        |      |
| _           |        |      |
| 2           |        |      |
| 3a          |        |      |
| Ja          |        |      |
|             |        |      |
| 3b          |        |      |
|             |        |      |
| 3c          |        |      |
| _           |        |      |
| 4a          |        |      |
|             |        |      |
| 4b          |        |      |
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| 4c          |        |      |
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| 5a          |        |      |
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| 5b          |        |      |
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| 9a          |        |      |
|             |        |      |
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|             |        |      |
| 9c          |        |      |
|             |        |      |
| 10a         |        |      |
| ioa         |        |      |
| 10b         |        |      |
| ule A (Forn | n 990) | 2023 |

332024 12-21-23

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

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2

3

<u>4</u> 5

6

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

### Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

SIMULATION IN MOTION MONTANA 82-1236014 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

SIMULATION IN MOTION MONTANA, INC.

82-1236014

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed.  |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |  | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |  | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 3          |  | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Name of organization Employer identification number

### SIMULATION IN MOTION MONTANA, INC.

82-1236014

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed.         |                              |
|------------------------------|---|---|------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | <u> </u>                                  |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | <br>\$                                    |                              |
| 323453 12-26                 |   |   | Schedule B (Form 990) (2023) |

Name of organization **Employer identification number** SIMULATION IN MOTION MONTANA, 82-1236014 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SIMULATION IN MOTION MONTANA, INC.

**Employer identification number** 82-1236014

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.                                |                            | Siı    | nilar Funds o       | r Ac       | cour          | nts. Complete if the            |
|-----|---|----------------------------|--------|---------------------|------------|---------------|---------------------------------|
|     | Giganization anomorou Teo Giri enii eee, i arriv, iir   | (a) Donor advi             | ised   | funds               | (          | <b>b)</b> Fun | ds and other accounts           |
| 1   | Total number at end of year   | . ,                        |        |                     |            |               |                                 |
| 2   | Aggregate value of contributions to (during year)   |                            |        |                     |            |               |                                 |
| 3   | Aggregate value of grants from (during year)  |                            |        |                     |            |               |                                 |
| 4   | Aggregate value at end of year  |                            |        |                     |            |               |                                 |
| 5   | Did the organization inform all donors and donor advisors in v  |                            | helo   | l in donor advise   | d fund     | ls            |                                 |
|     | are the organization's property, subject to the organization's  | -                          |        |                     |            |               | Yes No                          |
| 6   | Did the organization inform all grantees, donors, and donor a   |                            |        |                     |            |               |                                 |
|     | for charitable purposes and not for the benefit of the donor or   |                            |        |                     |            |               |                                 |
|     | impermissible private benefit?  |                            |        |                     |            |               |                                 |
| Par | t II Conservation Easements. Complete if the org  | ganization answered "\     | Yes'   | on Form 990, Pa     | art IV,    | line 7.       |                                 |
| 1   | Purpose(s) of conservation easements held by the organization   | on (check all that apply   | y).    |                     |            |               |                                 |
|     | Preservation of land for public use (for example, recreated   | tion or education)         |        | Preservation of a   | a histo    | rically       | important land area             |
|     | Protection of natural habitat   | L                          |        | Preservation of a   | a certi    | fied his      | storic structure                |
|     | Preservation of open space  |                            |        |                     |            |               |                                 |
| 2   | Complete lines 2a through 2d if the organization held a qualif  | ied conservation contr     | ribut  | ion in the form of  | f a cor    | nserva        |                                 |
|     | day of the tax year.  |                            |        |                     |            |               | Held at the End of the Tax Year |
| а   | Total number of conservation easements  |                            |        |                     |            | 2a            |                                 |
| b   | Total acreage restricted by conservation easements  |                            |        |                     |            | 2b            |                                 |
| С   | Number of conservation easements on a certified historic stru   | ucture included on line    | 2a     |                     |            | 2c            |                                 |
| d   | Number of conservation easements included on line 2c acqui  |                            |        |                     |            |               |                                 |
|     | on a historic structure listed in the National Register   |                            |        |                     |            | 2d            |                                 |
| 3   | Number of conservation easements modified, transferred, rele  | eased, extinguished, o     | or te  | minated by the o    | organi     | zation        | during the tax                  |
|     | year  |                            |        |                     |            |               |                                 |
| 4   | Number of states where property subject to conservation eas   |                            |        |                     |            |               |                                 |
| 5   | Does the organization have a written policy regarding the per   |                            |        |                     |            |               |                                 |
|     | violations, and enforcement of the conservation easements it  |                            |        |                     |            |               | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,  | handling of violations,    | anc    | enforcing conse     | rvatio     | n ease        | ements during the year          |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand   | lling of violations, and   | enfo   | rcing conservation  | on eas     | sement        | ts during the year              |
| _   |   |                            |        |                     | 4) (D) (') |               |                                 |
| 8   | Does each conservation easement reported on line 2d above   |                            |        |                     |            |               | □ vaa □ Na                      |
| •   | and section 170(h)(4)(B)(ii)?   |                            |        |                     |            |               | Yes No                          |
| 9   | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn |                            |        |                     |            |               |                                 |
|     | organization's accounting for conservation easements.   | lote to the organization   | 151    | nanciai statemei    | ונס נוופ   | ii uesc       | Tibes trie                      |
| Par | t III Organizations Maintaining Collections of  | Art, Historical Ti         | rea    | sures, or Oth       | er S       | imila         | r Assets.                       |
|     | Complete if the organization answered "Yes" on Form   | 990, Part IV, line 8.      |        |                     |            |               |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 95   | 8, not to report in its re | ever   | ue statement an     | d bala     | ınce st       | neet works                      |
|     | of art, historical treasures, or other similar assets held for pub  | olic exhibition, education | on, o  | or research in furt | heran      | ce of p       | oublic                          |
|     | service, provide in Part XIII the text of the footnote to its finan   | ncial statements that d    | lesc   | ribes these items   |            |               |                                 |
| b   | If the organization elected, as permitted under FASB ASC 95   | 8, to report in its rever  | nue :  | statement and ba    | alance     | sheet         | works of                        |
|     | art, historical treasures, or other similar assets held for public  | exhibition, education,     | , or ı | esearch in furthe   | rance      | of pul        | olic service,                   |
|     | provide the following amounts relating to these items.  |                            |        |                     |            |               |                                 |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |                            |        |                     |            |               | \$                              |
|     |   |                            |        |                     |            |               | \$                              |
| 2   | If the organization received or held works of art, historical trea  |                            |        |                     |            |               |                                 |
|     | the following amounts required to be reported under FASB A  |                            |        |                     |            |               |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1   |                            |        |                     |            |               | \$                              |
| b   | Assets included in Form 990, Part X   |                            |        |                     |            |               | \$                              |

332051 09-28-23

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

Schedule D (Form 990) 2023

## 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Complete if the organization answered in              | res on Form 990, Part IV             | , line Tra. See Form 990        | , Part X, line 10.           |                |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings                                    |                                      |                                 |                              |                |
| c Leasehold improvements                              |                                      |                                 |                              |                |
| <b>d</b> Equipment                                    |                                      | 120,365.                        | 49,839.                      | 70,526.        |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990. Part X. line 1           | 0c. column (B))                 |                              | 70,526.        |

Schedule D (Form 990) 2023

|  | IN MOTION MON              | TANA, INC.                     | 82-1236014 Page <b>3</b>           |
|--|----------------------------|--------------------------------|------------------------------------|
| Part VII Investments - Other Securities  |                            |                                |                                    |
| Complete if the organization answered "Yes"  |                            |                                |                                    |
| (a) Description of security or category (including name of security)                                       | (b) Book value             | (c) Method of valuation:       | : Cost or end-of-year market value |
| (1) Financial derivatives  |                            |                                |                                    |
| (2) Closely held equity interests  |                            |                                |                                    |
| (3) Other  |                            |                                |                                    |
| (A)  |                            |                                |                                    |
| (B)  |                            |                                |                                    |
| (C)  |                            |                                |                                    |
| (D)  |                            |                                |                                    |
| (E)  |                            |                                |                                    |
| (F)  |                            |                                |                                    |
| (G)  |                            |                                |                                    |
| (H)  |                            |                                |                                    |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related. |                            |                                |                                    |
|  | Lon Form 000 Dort IV line  | 11a Caa Farm 000 Bart V li     | no 12                              |
| Complete if the organization answered "Yes"  |                            |                                |                                    |
| (a) Description of investment  | (b) Book value             | (c) Method of Valuation:       | : Cost or end-of-year market value |
| (1)  |                            |                                |                                    |
| (2)  |                            |                                |                                    |
| (3)  |                            |                                |                                    |
| (4)  |                            |                                |                                    |
| (5)  |                            |                                |                                    |
| (6)  |                            |                                |                                    |
| <u>(7)</u>   |                            |                                |                                    |
| (8)  |                            |                                |                                    |
| (9)  |                            |                                |                                    |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets                     |                            |                                |                                    |
| Complete if the organization answered "Yes"  | on Form 990 Part IV line   | 11d See Form 990 Part X lii    | ne 15                              |
|  | Description                | 114. 3331 3111 333, 1 4177, 11 | (b) Book value                     |
| (1)  | , Decemption               |                                | (a) Book value                     |
| (2)  |                            |                                |                                    |
| (3)  |                            |                                |                                    |
| (4)  |                            |                                |                                    |
| (5)  |                            |                                |                                    |
| (6)  |                            |                                |                                    |
|  |                            |                                |                                    |
| (8)  |                            |                                |                                    |
| (9)  |                            |                                |                                    |
| Total. (Column (b) must equal Form 990, Part X, line 15, co  | o/ (R))                    |                                |                                    |
| Part X Other Liabilities   | <i>y</i> (2))              |                                |                                    |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line | 11e or 11f. See Form 990, Pa   | art X, line 25.                    |
| 1. (a) Description of liability  |                            |                                | (b) Book value                     |
| (1) Federal income taxes   |                            |                                |                                    |
| (2)  |                            |                                |                                    |
| (3)  |                            |                                |                                    |
| (4)  |                            |                                |                                    |
| (5)  |                            |                                |                                    |
| (6)  |                            |                                |                                    |
| (7)  |                            |                                |                                    |
| (8)  |                            |                                |                                    |
|  |                            |                                |                                    |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

| Pai                        | rt XI Reconciliation of Revenue per A  | tuanca i manoiai otatemento with hevena                       | , p. 0. 1.10 tol |   |
|----------------------------|--|---|------------------|---|
|                            | Complete if the organization answered "Ye  | es" on Form 990, Part IV, line 12a.                           |                  |   |
| 1                          | Total revenue, gains, and other support per audite   | ed financial statements                                       | 1                |   |
| 2                          | Amounts included on line 1 but not on Form 990,  | Part VIII, line 12:   |                  |   |
| а                          | Net unrealized gains (losses) on investments   | 2a  |                  |   |
| b                          | Donated services and use of facilities   |   |                  |   |
| С                          |  |   |                  |   |
| d                          |  |   |                  |   |
| е                          |  |   | 2e               |   |
| 3                          | Subtract line 2e from line 1   |   | 3                |   |
| 4                          | Amounts included on Form 990, Part VIII, line 12,  |   |                  |   |
| а                          | Investment expenses not included on Form 990, I  | Part VIII, line 7b 4a   |                  |   |
| b                          | Other (Describe in Part XIII.)   | 4b  |                  |   |
| С                          | Add lines 4a and 4b  |   | 4c               |   |
| 5                          | Total revenue. Add lines 3 and 4c. (This must equ  | ual Form 990. Part I, line 12.)                               | 5                |   |
| Pa                         |  | Audited Financial Statements With Expens                      | es per Heturn    |   |
|                            | Complete if the organization answered "Ye  |   |                  |   |
| 1                          |  | tatements   | 1                |   |
| 2                          | Amounts included on line 1 but not on Form 990,  | ·   |                  |   |
| а                          |  |   |                  |   |
| b                          | Prior year adjustments   |   |                  |   |
| С                          |  |   |                  |   |
| d                          | ,  | -   |                  |   |
| е                          |  |   |                  |   |
| 3                          |  |   | 3                |   |
| 4                          | Amounts included on Form 990, Part IX, line 25, b  | 1 1   |                  |   |
|                            |  |   |                  |   |
| a                          |  |   |                  |   |
| b                          | Other (Describe in Part XIII.)   | 4b  |                  |   |
| b<br>c                     | Other (Describe in Part XIII.)<br>Add lines <b>4a</b> and <b>4b</b>  | 4b  |                  |   |
| b<br>c<br>5                | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must ea  | 4b  |                  |   |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must exist the control of the control | qual Form 990, Part I, line 18.)                              | 5                |   |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must exit XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, a   | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must exit XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, a   | qual Form 990, Part I, line 18.)                              | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must exit XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, a   | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must exit XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, a   | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
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| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |
| b<br>c<br>5<br><b>Pa</b> i | Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must extended in the Think of the Think                    | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | 5                | , |

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization   | <u> </u>  |   |   |   |       | Employer ide  | ntification number                                |  |  |
|--|---|---|---|---|-------|---|---|--|--|
| SIMULATION IN MOTION MONTANA, INC.   |   |   |   |   |       |   | 82-1236014  |  |  |
| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.  |   |   |   |   |       |   |   |  |  |
| <ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul> | e X Solicita f Solicita g Special  or oral agreement with any individual eart VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(includ       | non-g<br>gover<br>aising of<br>ding of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | ,     | X Yes   |   |  |  |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (iii)<br>fundr<br>have c<br>or cor<br>contrib | raiser<br>ustody<br>ntrol of                      | (iv) Gross receipts from activity   | tò (d | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid to (or retained by) organization |  |  |
| COREY CARLSON - 4460 BROCKTON  | SOLICITATION OF   | Yes   | No  |   |       |   |   |  |  |
| LANE N, PLYMOUTH, MN 55446   | NON-GOVERNMENTAL GRANTS   |   | Х   | 105,610.  |       | 110,000.  | 0.  |  |  |
|  |   |   |   |   |       |   |   |  |  |
|  |   |   |   |   |       |   |   |  |  |
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|  |   |   |   |   |       |   |   |  |  |
|  |   |   |   |   |       |   |   |  |  |
| Total  |   |   |   | 105,610.  |       | 110,000.  |   |  |  |
| 3 List all states in which the organization or licensing.  | on is registered or licensed to solicit o   | contrib                                       | utions  | or has been notified  | it is | exempt from re  | gistration  |  |  |
| MT   |   |   |   |   |       |   |   |  |  |
|  |   |   |   |   |       |   |   |  |  |
|  |   |   |   |   |       |   |   |  |  |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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

|                 |       | of fundraising event contributions and gro                         | (a) Event #1                    | (b) Event #2                | (c) Other events   |   |
|-----------------|-------|--|---------------------------------|-----------------------------|--------------------|---|
|                 |       |  |                                 | , ,                         | . ,                | (d) Total events<br>(add col. (a) through |
|                 |       |  | (ovent type)                    | (ovent type)                | (total number)     | col. <b>(c)</b> )                         |
| nue             |       |  | (event type)                    | (event type)                | (total number)     |   |
| Revenue         | 1     | Gross receipts   |                                 |                             |                    |   |
| Œ               |       |  |                                 |                             |                    |   |
|                 | 2     | Less: Contributions  |                                 |                             |                    |   |
|                 | 3     | Gross income (line 1 minus line 2)                                 |                                 |                             |                    |   |
|                 |       |  |                                 |                             |                    |   |
|                 | 4     | Cash prizes  |                                 |                             |                    |   |
|                 | 5     | Noncash prizes   |                                 |                             |                    |   |
| ses             |       |  |                                 |                             |                    |   |
| Direct Expenses | 6     | Rent/facility costs  |                                 |                             |                    |   |
| ct<br>E         | 7     | Food and beverages   |                                 |                             |                    |   |
| Dire            |       | -  |                                 |                             |                    |   |
|                 |       | Entertainment  |                                 |                             |                    |   |
|                 |       | Other direct expenses  Direct expense summary. Add lines 4 through | 9 in column (d)                 |                             |                    |   |
|                 | 11    | Net income summary. Subtract line 10 from lin                      | ne 3, column (d)                |                             |                    |   |
| Pa              | ırt I |  | answered "Yes" on Form          | 990, Part IV, line 19, or r | reported more than |   |
|                 |       | \$15,000 on Form 990-EZ, line 6a.                                  |                                 | (b) Pull tabs/instant       |                    | (d) Total gaming (add                     |
| nue             |       |  | (a) Bingo                       | bingo/progressive bingo     | (c) Other gaming   | col. (a) through col. (c))                |
| Revenue         |       |  |                                 |                             |                    |   |
|                 | _1    | Gross revenue  |                                 |                             |                    |   |
| m               | 2     | Cash prizes  |                                 |                             |                    |   |
| ense            |       |  |                                 |                             |                    |   |
| Expe            | 3     | Noncash prizes   |                                 |                             |                    |   |
| Direct Expenses | 4     | Rent/facility costs  |                                 |                             |                    |   |
| ⊡               |       |  |                                 |                             |                    |   |
|                 | 5     | Other direct expenses  | Yes %                           | Yes %                       | Yes %              |   |
|                 | 6     | Volunteer labor  | Yes % No                        | No Yes%                     | Yes %  No          |   |
|                 |       |  | · <u></u>                       |                             |                    |   |
|                 | 7     | Direct expense summary. Add lines 2 through                        | 5 in column (d)                 |                             |                    |   |
|                 | 8     | Net gaming income summary. Subtract line 7                         | from line 1, column (d)         |                             |                    |   |
|                 |       |  |                                 |                             |                    |   |
|                 |       | ter the state(s) in which the organization condu                   |                                 |                             |                    |   |
|                 |       | the organization licensed to conduct gaming ac<br>No," explain:    |                                 |                             |                    | Yes No                                    |
| -               | _     |  |                                 |                             |                    |   |
| 40              |       | and the constant of the constant                                   | and an analysis of the state of |                             |                    |   |
|                 |       | ere any of the organization's gaming licenses re<br>Yes," explain: |                                 |                             |                    | Yes No                                    |
| ~               | _     |  |                                 |                             |                    |   |
|                 | _     |  |                                 |                             |                    |   |
|                 |       |  |                                 |                             |                    |   |

332082 09-13-23 Schedule G (Form 990) 2023

| Sch | edule G (Form 990) 2023 SIMULATION IN MOTION MONTANA, INC. 82-  | 12360.        | 14 Page 3     |
|-----|---|---------------|---------------|
| 11  | Does the organization conduct gaming activities with nonmembers?  | Ye            | es 🔲 No       |
|     | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |               |               |
|     | to administer charitable gaming?  | Ye            | es No         |
| 13  | Indicate the percentage of gaming activity conducted in:  |               |               |
|     | The organization's facility   | 13a           | %             |
|     | An outside facility   | 13b           | %             |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records:   | 10.0          | ,,            |
| •   | Enter the hame and address of the person who propares the organization organization organization.   |               |               |
|     | Name  |               |               |
|     |   |               |               |
|     | Address   |               |               |
|     | Address   |               |               |
|     |   |               |               |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |               | es No         |
|     |   |               |               |
| b   | olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount  |               |               |
|     | of gaming revenue retained by the third party \$  |               |               |
| C   | : If "Yes," enter name and address of the third party:  |               |               |
|     |   |               |               |
|     | Name  |               |               |
|     |   |               |               |
|     | Address   |               |               |
|     |   |               |               |
| 16  | Gaming manager information:   |               |               |
|     |   |               |               |
|     | Name  |               |               |
|     |   |               |               |
|     | Gaming manager compensation \$  |               |               |
|     |   |               |               |
|     | Description of services provided  |               |               |
|     | · · · · · · · · · · · · · · · · · · ·   |               |               |
|     |   |               |               |
|     |   |               |               |
|     | Director/officer Employee Independent contractor  |               |               |
|     |   |               |               |
| 17  | Mandatory distributions:  |               |               |
|     | ·   |               |               |
| a   | s Is the organization required under state law to make charitable distributions from the gaming proceeds to   | ☐ Ye          | es No         |
|     | retain the state gaming license?  |               | 5 NO          |
| D   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the  |               |               |
| Da  | organization's own exempt activities during the tax year \$  Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IIII. |               | 0.01.401      |
| Га  |   | rt III, lines | 9, 96, 106,   |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  |               |               |
|     |   |               |               |
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| Schedule G | (Form 990) Supplemental Infor | SIMULATION                            | IN | MOTION   | MONTANA, | INC. | 82-1236014 | Page 4 |
|------------|-------------------------------|---------------------------------------|----|----------|----------|------|------------|--------|
| Part IV    | Supplemental Infor            | mation (continued)                    |    |          |          |      |            |        |
|            |                               | , , , , , , , , , , , , , , , , , , , |    |          |          |      |            |        |
|            |                               |                                       |    |          |          |      |            |        |
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|            |                               |                                       |    |          |          |      |            |        |
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#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number SIMULATION IN MOTION MONTANA INC. 82-1236014 Part 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 on Form 990, |          |     |             |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |          |     |             |
|    | First-class or charter travel  |          |     |             |
|    | Travel for companions Payments for business use of personal residence  |          |     |             |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |          |     |             |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |          |     |             |
|    |  |          |     |             |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |          |     |             |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b       |     |             |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |          |     |             |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2        |     |             |
|    |  |          |     |             |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |          |     |             |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |          |     |             |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.   |          |     |             |
|    | Compensation committee Written employment contract   |          |     |             |
|    | ☐ Independent compensation consultant ☐ Compensation survey or study   |          |     |             |
|    | Form 990 of other organizations  Approval by the board or compensation committee                                       |          |     |             |
|    |  |          |     |             |
| 4  | During the year, did any person listed on 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       |     | х           |
|    | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b       |     | X<br>X<br>X |
|    | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c       |     | Х           |
| _  | 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |          |     |             |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |          |     |             |
| _  | contingent on the revenues of:   |          |     |             |
| а  | The organization?  | 5a       |     | Х           |
|    | Any related organization?  | 5b       |     | X           |
| _  | If "Yes" on line 5a or 5b, describe in Part III.   |          |     |             |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |          |     |             |
| -  | contingent on the net earnings of:   |          |     |             |
| а  | The organization?  | 6a       |     | х           |
| b  | Any related organization?  | 6b       |     | X           |
|    | If "Yes" on line 6a or 6b, describe in Part III.   |          |     |             |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |          |     |             |
| -  | not described on lines 5 and 6? If "Yes," describe in Part III   | 7        |     | х           |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        | <u> </u> |     |             |
| Ū  | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8        |     | х           |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |          |     |             |
| •  | Regulations section 53 (4958-6/c)?   | ٩        |     |             |

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|--------------------|------|--|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
|                    |      | (i) Base<br>compensation   | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) SARA KAULL     | (i)  | 161,769.   | 0.                                  | 0.  | 4,853.                            | 7,959.                  | 174,581.                           | 0.  |
| EXECUTIVE DIRECTOR | (ii) | 0.   | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    | _   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    | _   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |  |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |  |                                     |   |                                   |                         |                                    |   |

| Fait in Supplemental information   |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

SIMULATION IN MOTION MONTANA, INC.

Employer identification number 82-1236014

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:              |
|--|
| HEALTHCARE TEAMS.  |
|  |
| TO ASSIST IN THE ACHIEVEMENT OF THESE OBJECTIVES, THE DEPARTMENT OF        |
| PUBLIC HEALTH & HUMAN SERVICES DONATED THE USE OF THREE SIMULATION         |
| VEHICLES WITH A FAIR MARKET VALUE FOR THE CURRENT YEAR OF \$277,828, AND   |
| THE USE OF SIMULATOR EQUIPMENT WITH A FAIR MARKET VALUE FOR THE CURRENT    |
| YEAR OF \$177,348.   |
|  |
| FORM 990, PART VI, SECTION B, LINE 11B:                                    |
| THE RETURN WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.     |
| APPROVAL OF THE FILING WILL BE RECORDED IN THE BOARD'S MEETING MINUTES.    |
|  |
| FORM 990, PART VI, SECTION B, LINE 12C:                                    |
| EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD      |
| DELEGATED POWERS IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST    |
| DISCLOSURE FORM. THE EXECUTIVE COMMITTEE REVIEWS ANNUAL STATEMENTS AND     |
| TAKES OTHER SUCH ACTIONS AS NECESSARY FOR EFFECTIVE OVERSIGHT.             |
|  |
| FORM 990, PART VI, SECTION B, LINE 15:                                     |
| THE BOARD REVIEWS AND APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR AND   |
| ALL OTHER PERSONNEL OF THE ORGANIZATION. THE BOARD UTILIZED SALARY DATA    |
| FROM TWO SURVEYS, ONE COMPLETED BY ASSOCIATED EMPLOYEES AND ANOTHER BY THE |
| MONTANA NONPROFIT ASSOCIATION.   |
|  |

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

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

Schedule O (Form 990) 2023

| scriedule O (Form 990) 2023                                 | Page Z                                    |
|---|---|
| Name of the organization SIMULATION IN MOTION MONTANA, INC. | Employer identification number 82-1236014 |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI  | AL STATEMENTS                             |
| AVAILABLE UPON REQUEST.                                     |   |
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