Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SIMULATION IN MOTION MONTANA, INC. 82-1236014 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2021 11TH AVENUE, STE 1 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. HELENA, MT 59601 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MONTANA MEDICAL ASSOCIATION The books are in the care of ▶ 2021 11TH AVE, STE 1 - HELENA, MT 59601 Telephone No. ► 406-443-4000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addres	SIMULATION IN MOTION MONTA	ANA, INC.			
	Name change	Doing business as			82-12360	14
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered 2021 11TH AVENUE	,	Room/suite STE 1	E Telephone numbe 800-276-	
	termin ated		G Gross receipts \$	2,257,050.		
	Ameno	, , , , , , , , , , , , , , , , , , , ,	9 p		H(a) Is this a group re	
	Applic tion		ANWICHEN		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () (ii	nsert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit				H(c) Group exemption	
K	Form of	organization: X Corporation Trust Associat	on Other	L Year		M State of legal domicile: MT
	art I	Summary				
_	1	Briefly describe the organization's mission or most signif	icant activities: PROV	IDE AN	D FACILITAT	Ε
Governance		EDUCATIONAL AND OTHER WORKFO				
n L	2	Check this box if the organization discontinue	d its operations or dispo	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part V	/I, line 1a)		3	9
		Number of independent voting members of the governing				9
ο Q	5	Total number of individuals employed in calendar year 20				14
iţi	6	Total number of volunteers (estimate if necessary)				9
Activities &	7 a	Total unrelated business revenue from Part VIII, column				0.
⋖	b	Net unrelated business taxable income from Form 990-T				0.
					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			268,112.	1,808,553.
Revenue	9				353,545.	448,497.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7			0.	0.
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part \			621,657.	2,257,050.
		Grants and similar amounts paid (Part IX, column (A), line			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line			0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX			503,768.	835,114.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11			0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	23,7	37.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			838,374.	388,145.
		Total expenses. Add lines 13-17 (must equal Part IX, colu			1,342,142.	1,223,259.
	1	Revenue less expenses. Subtract line 18 from line 12	<i>(),</i>		-720,485.	1,033,791.
or or	g	•		Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			240,746.	1,397,578.
Ass	21	Total liabilities (Part X, line 26)			91,742.	214,683.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 2	0		149,004.	1,182,895.
Pi	art II	Signature Block				
Und	ler pena	lties of perjury, I declare that I have examined this return, includ	ing accompanying schedule	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is b	ased on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Hei		WARD VANWICHEN, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Prepa	arer's signature		Date Check	PTIN
Pai	d		BRUNSON, CP.	A0	9/06/23 self-employ	P01696998
Pre	parer	Firm's name WIPFLI LLP				9-0758449
	Only	Firm's address 105 E. PINE ST, UPPE	R FLOOR			
	-	MISSOULA, MT 59802			Phone no. 40	6.728.1800
		2S discuss this return with the preparer shown above? Si				X Ves No

Га	Otalement of Frogram Service Accomplishments	T
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: PROVIDE AND FACILITATE EDUCATIONAL AND OTHER WORKFORCE RELATED	
	ACTIVITIES THAT SUPPORT INCREASED EDUCATIONAL OPPORTUNITIES, HEA	T MU
	CARE PROVIDER COMPETENCE, AND A TEAM APPROACH TO DELIVERY OF HEA	TLIL
	CARE.	
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 expensive the organization of the organizat	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a		448,497.)
	THE ORGANIZATION ACHIEVES ITS OBJECTIVES BY:	
	 SUPPORTING EDUCATION STRATEGIES TO ENHANCE MONTANA'S HEALTHCAR 	.E
	WORKFORCE - CURRENT AND FUTURE.	
	- DEVELOPMENT OF A SUSTAINABLE MOBILE SIMULATION PROGRAM FOR MON	TANA
	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 \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 841,010.	
		Form 990 (2022)

			Yes	No
1 Is	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
lf	"Yes, " complete Schedule A	1	Х	
	s the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	bid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	ublic office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	uring the tax year? If "Yes," complete Schedule C, Part II	4		Х
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	imilar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		7		х
	ne environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
	Chedule D, Part III	8		
	bid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	"Yes," complete Schedule D, Part IV	9		_X_
	old the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	r in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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,			
	s applicable.			
a D	oid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
P	Part VI	11a	X	
b D	oid the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
as	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c D	oid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
as	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	oid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
Р	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	ne organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	oid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Vas the organization included in consolidated, independent audited financial statements for the tax year?			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
		, , , a		
	hid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	!		
	olid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	nvestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	nvestment, 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 D	nvestment, 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			
15 D	nvestment, 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 D fo 16 D	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
15 D fc 16 D	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
15 D fc fc fc or fc	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any preign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to our for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	15		X X
15 D for	nvestment, 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	15		Х
15 D fc 16 D or 17 D cc 18 D	nvestment, 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	15 16 17		х х х
15 D for	nvestment, 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	15		X X
15 D for	nvestment, 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	15 16 17 18		x x x
15 D fc 16 D or 17 D cc 18 D 10 19 D cc	nvestment, 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	15 16 17 18		x x x x x x
15 D for	nvestment, 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	15 16 17 18 19 20a		x x x
15 D fc 16 D o 17 D 18 D 19 C 20a D	nvestment, 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	15 16 17 18		x x x x x x
15 D for	nvestment, 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	15 16 17 18 19 20a		x x x x x x

Pa	rt IV Checklist of Required Schedules (continued)	<u> </u>		agc
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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? If			
	"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		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	X	
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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

022) 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	Х	
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 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?	76 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 (2022) 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 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 Х more members of the governing body? 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? 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 Did the organization have a written document retention and destruction policy? 14 Х 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 Х 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? 16b Section C. Disclosure NONE

17	List the states with which a copy of this Form 990 is required to be filed
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)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records MONTANA MEDICAL ASSOCIATION - 406-443-4000

2021 11TH AVE, STE 1, HELENA, MT 59601

Form **990** (2022)

14050906 147695 429394

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) Name and title	(B) Average hours per	(do box	not c , unle	Pos heck	c) ition more rson is		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SARA KAULL	40.00			.,				156 000	0	11 (00
EXECUTIVE DIRECTOR	40.00		_	Х				156,000.	0.	11,682.
(2) SUSANNE HILL SALES DIRECTOR	40.00	1				.		125 000	0.	^
(3) WARD VANWICHEN	1.00	<u> </u>				X		125,000.	0.	0.
CHAIR	1.00	х		х				0.	0.	0.
(4) DR. DARIN BELL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) CAROLYN RADAKOVICH	1.00	<u> </u>								
SECRETARY		Х		Х				0.	0.	0.
(6) JAY DOYLE	1.00]							_	
TREASURER		Х		Х				0.	0.	0.
(7) HAYLEY BLACKBURN	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(8) JESSI CAHOON	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(9) DREW DAWSON	1.00	ļ								•
DIRECTOR	1 00	Х	_					0.	0.	0.
(10) DAVE GURCHIEK	1.00	٠,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(11) CYNTHIA BRADFORD LENCIONI DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		L								
	•									Earm 990 (2022)

Form 990 (2022) SIMULATI	ON IN MO	TI	ON	M	ON	ΤA	NA	A, INC.	82-12	360	114	Р	age 8
Part VII Section A. Officers, Directors, Tru		oloy	ees,			ghes	st C		, ,				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck i ss per id a di	ition more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	۱	an	(F) timate nount other	of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er .	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ne tion ted
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
1b Subtotal c Total from continuation sheets to Part \								281,000.		0.			82.
d Total (add lines 1b and 1c) Total number of individuals (including but								281,000. eceived more than \$100,	000 of reportable	0.	1	1,6	82.
compensation from the organization												Yes	2 No
3 Did the organization list any former office			•	•	•		•	•	•		3		Х
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			х	Λ
and related organizations greater than \$15Did any person listed on line 1a receive or	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4	Λ	
rendered to the organization? <i>If</i> "Yes." co. Section B. Independent Contractors	mplete Schedul	e J fo	or st	ıch r	oers	on .				<u> </u>	5		X
Complete this table for your five highest c the organization. Report compensation for										ensat	ion fro	m	
(A) Name and busines			ONE					(B) Description of s		C	(C ompe		n
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nited	d to t	thos		ted	above) who received mo	ore than				

Part VIII	Statement of	Revenue
-----------	--------------	---------

(A) (B) (C) (D) Total revenue Related or exempt function revenue business revenue from tax under				Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
### Substance Su										
The sections 512 - 51							Total revenue			
1 a Federated campaigns 1a b b b b b b b b b								tunction revenue	business revenue	sections 512 - 514
b Membership dues c Fundraising events 1 to 1	S S	-	1 a	Federated campaigns	12					
Business Code	aut						-			
Business Code	8						-			
Business Code	ffs,						-			
Business Code	ig ig						-			
Business Code	Sir						-			
Business Code	uti er		T		.	000 553				
Business Code	ē					,000,333.	-			
Business Code			•		•		1 000 553			
2 a TRAINING REVENUE b	O a		n	Iotal. Add lines 1a-1f			1,000,333.			
Total. Add lines 2a2f f All other program service revenue g Total. Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Tb O Net gain or (loss) 8 a Gross income from fundriasing events (not including \$\$			_		17		110 107	110 107		
g Total. Add lines 2a-2f 448,497. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a (ii) Personal 6a Gross rental expenses 6b (iii) Ge (iii) Other assets other than inventory for assets on other basis and sales expenses 7b (iii) Other for a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	<u>e</u>	2				011430	448,497.	448,49/.		
g Total. Add lines 2a2f 488,497. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6	er v		b							
g Total. Add lines 2a2f 488,497. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6	n S		С							
g Total. Add lines 2a2f 488,497. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6	e S		d							
g Total. Add lines 2a2f 488,497. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6	<u>Б</u>		е							
Securities Contributions reported on line 1c). See Part IV, line 18 See Part IV, line	Δ.						110 105			
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b 6c			g				448,497.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (6b (c) C) Rental income or (loss) 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (7b (c) Gain or (loss) (c		3	3	Investment income (including	dividends, inter	est, and				
For a gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See				other similar amounts)						
G a Gross rents Ga Ga Ga Ga Ga Ga Ga G		4	4	Income from investment of tax	k-exempt bond	proceeds				
6 a Gross rents 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Ę	5	Royalties						
B Less: rental expenses 6b 6c					(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		6	6 a	Gross rents 6a						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			b	Less: rental expenses 6b						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			С	Rental income or (loss) 6c						
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			d	Net rental income or (loss)						
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See				assets other than inventory 7a						
including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			b	Less: cost or other basis						
including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	e e			and sales expenses 7b						
including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	ē		С							
including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	Ş									
including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	ē	8			I .					
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See					· I					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See				· · · · · · · · · · · · · · · · · · ·	1c). See					
b Less: direct expenses				·	· · · · · · · · · · · · · · · · · · ·					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			b			0				
9 a Gross income from gaming activities. See										
* *		ç								
					I .	a				
b Less: direct expenses 9b			b				1			
c Net income or (loss) from gaming activities						<u> </u>				
10 a Gross sales of inventory, less returns		10								
and allowances10a			-	•	I	la				
b Less: cost of goods sold 10b			h				1			
c Net income or (loss) from sales of inventory										
Business Code	$\overline{}$			moonie or pood, nom sale	2 31 HIVOIROITY					
	ns	11	1 a							
The state of the s	neo	•								
	ella ver									
d All other revenue	Be									
e Total. Add lines 11a-11d	Σ						<u> </u>			
		10					2.257.050.	448.497.	0 -	0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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,	165 600		165 600	
	trustees, and key employees	167,682.		167,682.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	E(1 011	F20 021	12 250	20 642
7	Other salaries and wages	562,932.	528,931.	13,358.	20,643.
8	Pension plan accruals and contributions (include	1 120	2 907	221	
0	section 401(k) and 403(b) employer contributions)	4,128. 35,600.	3,897. 34,722.	231.	875.
9	Other employee benefits	64,772.	49,979.	12,574.	2,219.
10 11	Payroll taxes Fees for services (nonemployees):	0 ± , / / Δ •	±9,913•	14,3/4	4,413.
	· ·	37,500.		37,500.	
a b		10,960.		10,960.	
C		15,750.		15,750.	
d		1377301		2377300	
e					
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)	66,211.	49,211.	17,000.	
12	Advertising and promotion	14,161.	4,773.	9,388.	
13	Office expenses	13,119.	9,264.	3,855.	
14	Information technology				
15	Royalties				
16	Occupancy	53,896.	13,795.	40,101.	
17	Travel	40,475.	37,966.	2,509.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0.040	0.040		
22	Depreciation, depletion, and amortization	8,840.	8,840.	7 700	
23	Insurance	7,728.		7,728.	
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 0.) REPAIRS	54,462.	54,448.	14.	
a	TRUCK EXPENSES	34,462.	34,568.	14.	
b	DUES AND SUBSCRIPTIONS	27,405.	8,116.	19,289.	
c d	OFFICE CONTRACTOR	3,049.	2,500.	549.	
	All other expenses	21.	2,500	21.	
е 25	Total functional expenses. Add lines 1 through 24e	1,223,259.	841,010.	358,512.	23,737.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,	011,010.	333,3121	
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			208,210.	1	761,334.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	500,000.		
	4	Accounts receivable, net	2,500.	4	40,416.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			18,305.	9	2,966.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	120,365. 27,503.			
	b	Less: accumulated depreciation	10b	27,503.	11,731.	10c	92,862.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	040 546	15	1 205 550		
	16	Total assets. Add lines 1 through 15 (must e			240,746.	16	1,397,578.
	17	Accounts payable and accrued expenses	91,742.	17	88,707.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	125,976.
_	23	Secured mortgages and notes payable to uni				23	125,970.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			91,742.	25 26	214,683.
	20	Organizations that follow FASB ASC 958, o	heck here	X	72//221	20	221,0001
es		and complete lines 27, 28, 32, and 33.					
ng	27				109,788.	27	1,168,021.
3ak	28				39,216.	28	14,874.
<u>ا</u> و		Organizations that do not follow FASB ASG			•		•
ᆵ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fun	ds			29	
jets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				149,004.	32	1,182,895.
~	33	Total liabilities and net assets/fund balances			240,746.	33	1,397,578.

Form **990** (2022)

1 0111	1300 (2022)			1 4	<u>gc</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,22		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	9,0	04.
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		1	00.
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	1,18	2,8	<u>95.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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 Sch	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		3h		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

SIMULATION IN MOTION MONTANA, 82-1236014 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021	•				15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the contract the state of						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	in dia not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box ai		
						ochedule A	(Form 990) 2022

232022 12-09-22

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

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

800	qualify under the tests listed b	elow, please comp	lete Part II.)				
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	010 040	1000061	050 100	060 110	1000553	E081600
	include any "unusual grants.")	912,043.	1830861.	252,129.	268,112.	1808553.	5071698.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	102,338.	213,892.	219,521.	353,545.	448,497.	1337793.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	469,976.	469,976.		455,176.		2315480.
6	Total. Add lines 1 through 5	1484357.	2514729.	936,826.	1076833.	2712226.	8724971.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			155,866.	96,066.	1808298.	2060230.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		115,022.		262,339.		
С	Add lines 7a and 7b	22,606.	115,022.	228,537.	358,405.	1921710.	2646280.
	Public support. (Subtract line 7c from line 6.)						6078691.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1484357.	2514729.	936,826.	1076833.	2712226.	8724971.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1484357.	2514729.	936,826.	1076833.	2712226.	8724971.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_							
	tion C. Computation of Publi					г т	
	Public support percentage for 2022 (I			column (f))		15	69.67 <u>%</u>
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.00 %
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	-	•				md X
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation If the organization	an did not obook a !	hay an line 14 10	ar 10h ahaali th	is how and see incl	hu rations	

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
1		
2		
3a		
3b		
3c		
4-		
4a		
4b		
TU		
4c		
5a		
5b		
5с		
6		
_		
7		
8		
3		
9a		
9b		
9с		
10a		
10b		
 A /Faux	~ ^^^	2022

Pa	Tiv 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		
	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		
Sec	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion or type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	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		
Sec	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	struction		
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	ماد		
2	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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	Ju		

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

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	organization answered Tes off offi 550, Fartiv, inf	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(4) - 11-12 - 11-12 - 11-12
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	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
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 in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
7	Annual of constant in annual in annu		a conservato di viine the conserv
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/b)/	(4)(D)(i)
0			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	
3	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	iote to the organization's infancial statement	to that describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finan	,	·
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

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

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 in the organization answered Tes on Form 990, Part IV, line Tra. See Form 990, Part A, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment		120,365.	27,503.	92,862.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal	92,862.						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SIMULATION	IN MOTION	MONTANA,	INC.	82-1236014 Page 3
Part VIII Investments - Other Securities.	an Form 000 Dort	IV line 11h Cool	Form OOO Dort V lin	20.10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book valu			Cost or end-of-year market value
	(b) Book valu	ue (C) iv	letilod of valuation.	Cost or end-or-year market value
(1) Financial derivatives				
(2) Closely held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	F	N/ E 44 - O 1	000 Dt V I'-	
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book valu	ue (C) iv	lethod of valuation:	Cost or end-of-year market value
<u>(1)</u>				
(2)				
<u>(3)</u> <u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		IV, line 11d. See I	Form 990, Part X, lir	
·) Description			(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11e or 111	f. See Form 990, Pa	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				

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) 2022

2. 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, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add lin	nes 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other ((Describe in Part XIII.)	4b		
С	Add lin	nes 4a and 4b		4c	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta		ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other I	osses	2c		
d	Other ((Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	ct line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
			4b		
b	Other ((Describe in Part XIII.)	4D		
	Add lin	nes 4a and 4b			
c 5	Add lin Total e	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
5 Pa	Add lir Total e rt XIII	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	.)	5	
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pa i	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,

SCHEDULE J (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

SIMULATION IN MOTION MONTANA, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 82 - 1236014 \end{array}$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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:			37
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coetion 501(a)(2), 501(a)(4), and 501(a)(90) organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
•		5a		х
	The organization? Any related organization?	5b		X
.,	If "Yes" on line 5a or 5b, describe in Part III.	30		
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
	Any related organization?	6b		Х
-	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	-		
-	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)?	9		

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

Schedule J (Form 990) 2022

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 (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARA KAULL	(i)	156,000.	0.	0.	4,680.	7,002.	167,682.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

SIMULATION IN MOTION MONTANA, INC. 82-1236014							
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
INCREASED EDUCATIONAL OPPORTUNITIES, HEALTH CARE PROVIDER COMPETENCE,							
AND A TEAM APPROACH TO DELIVERY OF HEALTH CARE.							
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

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

Schedule O (Form 990) 2022

scriedule O (Form 990) 2022	Page 2
Name of the organization SIMULATION IN MOTION MONTANA, INC.	Employer identification number 82-1236014
FROM TWO SURVEYS, ONE COMPLETED BY ASSOCIATED EMPLOYEES AND	O ANOTHER BY THE
MONTANA NONPROFIT ASSOCIATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIA	AL STATEMENTS
AVAILABLE UPON REQUEST.	