** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

A For the 2019 calendar year, or tax year beginning JUL 1 2019 and ending JUN 30, 2020 C Name of organization D Employer identification number Check if applicable: Address change SCHOOL ADMINISTRATORS OF MONTANA Name change 81-0371541 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 900 N. MONTANA AVENUE (406)442-2510 1,073,365. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return HELENA, MT 59601 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KIRK MILLER for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.SAMMT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1976 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities: VISIONARY LEADERS UNITED IN Governance PROVIDING ADVOCATING AND CREATING EDUCATION EXCELLENCE FOR MONTANA if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 3 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 3 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 19 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 424,119, 478,133. Contributions and grants (Part VIII, line 1h) 8 Revenue 397,013 445,984. Program service revenue (Part VIII, line 2g) 22,593 14,112. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 118,738 121,889. 11 962,463 1,060,118. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,900 4,950. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 365,047. 372,169. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 539,817. 507,973. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 908,764. 885,092. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,699. 175,026. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 1,159,543 1,424,846. Total assets (Part X, line 16) 198,645 286,922. 21 Total liabilities (Part X, line 26) 三年 960,898. 1,137,924. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PETER HAMILTON, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIAN YACKER P00401346 Paid self-employed YH ADVISORS, INC. Firm's name 45-3269313 Preparer Firm's EIN ▶ Firm's address > 5882 BOLSA AVENUE, SUITE 100 Use Only Phone no.310-982-2803 HUNTINGTON BEACH, CA 92649

No

X Yes

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

81-0371541

Ра	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>X</u>
1	Briefly describe the organization's mission: MEMBERSHIP-BASED ORGANIZATION OF VISIONARY LEADERS UNITED IN		
	PROVIDING, ADVOCATING, AND CREATING EDUCATION EXCELLENCE FOR MONTANA		
	STUDENTS. SAM PROVIDES LEADERSHIP CONFERENCES, EDUCATIONAL SEMINARS		
	AND PROFESSIONAL NETWORKING OPPORTUNITIES IN MONTANA, SO SCHOOL		
2	Did the organization undertake any significant program services during the year which were not listed	d 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 s	ervices, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the tota	al expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 265 , 444 including grants of \$) (Revenue \$	245,726.
	CONDUCTS WORKSHOPS AND ORGANIZES CONVENTIONS WHICH PROVIDE MEMBERS WITH		
	INFORMATION, TRAINING AND OPPORTUNITY TO NETWORK, ABOUT ISSUES AND LAWS		
	AFFECTING THEIR SCHOOL DISTRICTS.		
4b	(Code:) (Expenses \$ 204 , 295 including grants of \$) (Revenue \$	162,045.
	PROVIDES SEASONED SCHOOL ADMINISTRATORS AS MENTORS FOR NEW		
	ADMINISTRATORS AND TO ASSIST IN LEADERSHIP TRANSITIONS.		
4c	(Code:) (Expenses \$ 201,135. including grants of \$) (Revenue \$	38,213.
	AS A BENEFIT OF MEMBERSHIP, SCHOOL ADMINISTRATORS OF MONTANA		
	DISTRIBUTES NEWSLETTERS, DIRECTORIES, SURVEYS AND VIDEOS FOR		
	APPROXIMATELY 1,050 SCHOOL ADMINISTRATORS. THESE PRODUCTS AID IN THE		
	DEVELOPMENT OF MANAGEMENT SKILLS AND PROVIDE CURRENT DATA FOR MEMBERS		
	TO USE IN THEIR DISTRICTS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 4,950. including grants of \$ 4,950.) (Revenue \$)
4e	Total program service expenses ► 675,824.		
			Form 990 (2019)

Form 990 (2019) SCHOOL ADMINISTRATORS OF MONTANA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		-
13	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Δ.

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Form 990 (2019) SCHOOL ADMINISTRATORS OF MO Part IV Checklist of Required Schedules (continued)

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00 -		х
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	_		
25.0	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı uı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued a companied of flote to any life in this t art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Eorm	990 (2019) SCHOOL ADMINISTRATORS OF MONTANA 81-037154	. 1	D	age 5					
Pai	1000 (2010)			age •					
	3 3 1 (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110					
	filed for the calendar year ending with or within the year covered by this return 2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
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		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).								
а	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		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
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									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	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.)

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.
Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form **990** (2019)

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12a

13a

14a

14b

16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 6. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of efficient diseases, to observe the observe to observe the constant of the c	3		Х
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	the section brequests information about policies not required by the internal nevenue code.)		Yes	No
10-	Did the executation have level charters branches as effiliates?	100	163	X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b		х
D	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	SCHOOL ADMINISTRATORS OF MONTANA - (406)442-2510			
	900 N. MONTANA AVE SUITE A-4, HELENA, MT 59601			
			000	

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KIRK MILLER	32.00									
EXECUTIVE DIRECTOR				Х				153,504.	0.	18,009.
(2) SHAWN HENDRICKSON	0.50	-								
DIRECTOR		Х						0.	0.	0.
(3) BARBARA DROESSLER	0.50	1								
DIRECTOR		Х						0.	0.	0.
(4) MARLIN LEWIS	0.50	1								
DIRECTOR		Х						0.	0.	0.
(5) CASEY KLASNA	0.50	-								
DIRECTOR		Х						0.	0.	0.
(6) NICOLE TRAHAN	0.50	1								
DIRECTOR		Х						0.	0.	0.
(7) MICHELLE HALBERG	0.50									
DIRECTOR		Х						0.	0.	0.
(8) CATHY MALONEY	0.50									
DIRECTOR		Х						0.	0.	0.
(9) PAM MEIER	0.50									
DIRECTOR		Х						0.	0.	0.
(10) RICK DUNCAN	0.50									
DIRECTOR		Х						0.	0.	0.
(11) CAL KETCHUM	0.50									
DIRECTOR		Х						0.	0.	0.
(12) MIKE PERRY	0.50									
DIRECTOR		Х						0.	0.	0.
(13) CRAIG CRAWFORD	0.50									
DIRECTOR		Х						0.	0.	0.
(14) SHELLEY ANDRES	0.50									
DIRECTOR		Х						0.	0.	0.
(15) JACOB HAYNES	0.50									
DIRECTOR		Х						0.	0.	0.
(16) JUSTIN HELVIK	0.50									
DIRECTOR		Х						0.	0.	0.
(17) BRIAN NORWOOD	0.50									
DIRECTOR		Х				l		0.	0.	0.

Form 990 (2019) SCHOOL ADMIN	STRATORS O	F M	ONT	ANA					81-0371	54:	1	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Positio (do not check mor box, unless person			Position (do not check more than one box, unless person is both a officer and a director/trustee			(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		f org an	npensa rom th ganizat id relat anizati	ation le tion ted
(18) PETER HAMILTON	0.50	드	트	O	ž	工品	Œ			\dashv			
PRESIDENT		Х		Х				0.	(0.			0.
(19) DALE OLINGER	0.50			l									•
PRESIDENT ELECT (20) LAURIE BARRON	0.50	Х		Х				0.		0.			0.
PAST PRESIDENT	0.30	Х		х				0.	(0.			0.
1b Subtotal								153,504.	(0.		18,	009.
c Total from continuation sheets to Part VI							>	153,504.		0. 0.		18,	0.
Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	•			
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•	,	,	•	,	,	٠		•		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	х	
5 Did any person listed on line 1a receive or a										•	_		
rendered to the organization? If "Yes." com										. [5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compen	sat	ion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		C) ensatio	n
							\dashv						
2 Total number of independent contractors (in	•	ot lir	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation -					0					Form	990	(2019)

Form	990	0 (2	2019) SCHOOL ADMINISTRATO	RS OF MONTANA			81-037154	1 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SΩ	1	a	Federated campaigns 1a					
ant	-		Membership dues 1b	365,646.				
۾, و آھ			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G mik			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but the			similar amounts not included above 1f	112,487.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f 1g \$					
Co		h	Total. Add lines 1a-1f		478,133.			
				Business Code				
Se	2	а	CONFERENCE & EVENTS	611710	245,726.	<u> </u>	 	
ervi		b	MENTOR PROGRAM	611710	162,045.			
Program Service Revenue		С	EDUCATION/TRAINING FEE	611710	38,213.	38,213.		
ıran 3ev		d						
rog		е						
<u>а</u>			All other program service revenue		445 004			
			Total. Add lines 2a-2f		445,984.			
	3		Investment income (including dividends, intere	I	10,765.			10,765.
	4	other similar amounts) Income from investment of tax-exempt bond proceeds		10,700.			10,703.	
	5		Royalties		121,707.			121,707.
	Ŭ		(i) Real	(ii) Personal	, -			, -
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 16 ,594.					
		b	Less: cost or other basis					
ıne			and sales expenses 7b 13,247.					
evenue		С	Gain or (loss) 7c 3,347.					
œ			Net gain or (loss)		3,347.			3,347.
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Less: direct expenses					
			Gross income from gaming activities. See					
		u	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	>				
w		_		Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	182.			182.
ane		b						
scel 3ev		С						
Mis			All other revenue		100			
	12		Total Add lines 11a-11d	·····	1 060 118.	445 984.	0.	136 001.

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Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,950.	4,950.		
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				
	Compensation of current officers, directors, trustees, and key employees	172,406.	103,443.	51,722.	17,241
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,	,	,	,
7	Other salaries and wages	163,191.	97,915.	48,957.	16,319
	Pension plan accruals and contributions (include	, ,	, .	,	,
	section 401(k) and 403(b) employer contributions)	13,570.	8,142.	4,071.	1,357
9	Other employee benefits	203.	122.	61.	20
10	Payroll taxes	22,799.	13,679.	6,840.	2,280
11	Fees for services (nonemployees):				
а	Management				
b	Legal	800.		800.	
	Accounting	4,650.		4,650.	
d	Lobbying	2,052.	2,052.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,880.		4,880.	
g	Other. (If line 11g amount exceeds 10% of line 25,	26,056.	5,211.	13,028.	7,817
40	column (A) amount, list line 11g expenses on Sch O.)	20,030.	3,211.	13,020.	7,017
12 13	Advertising and promotion	8,476.	5,085.	2,543.	848
13 14	Office expenses	5,275.	0,000.	2,010.	
15	Royalties				
16	Occupancy	18,567.	11,141.	5,569.	1,857
17	Travel	2,783.	1,670.	835.	278
18	Payments of travel or entertainment expenses	·	,		
	for any federal, state, or local public officials	100.005			
19 20	Conferences, conventions, and meetings Interest	130,936.	130,936.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,145.		8,145.	
23	Insurance	5,360.		5,360.	
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.)				
а	DUES	163,428.	163,428.		
b	PROGRAM EXPENSES	124,788.	124,788.		
С	GIFTS & AWARDS	3,262.	3,262.		
-	BANK FEES	2,705.		2,705.	
	All other expenses	1,085.	CEE 001	1,085.	40.01
25	Total functional expenses. Add lines 1 through 24e	885,092.	675,824.	161,251.	48,017
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2019) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			325,533.	1	570,715
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			30,353.	4	94,13
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ę l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			55,100.	9	14,252
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	378,475.			
	b	Less: accumulated depreciation		163,005.	223,615.	10c	215,470
	11	Investments - publicly traded securities		443,760.	11	451,831	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			81,182.	15	78,44
	16	Total assets. Add lines 1 through 15 (must ed			1,159,543.	16	1,424,840
	17	Accounts payable and accrued expenses			25,546.	17	102,025
	18	Grants payable		18			
	19	Deferred revenue	173,099.	19	135,49		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
펄		controlled entity or family member of any of the	· ·			22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	10 10
	24	Unsecured notes and loans payable to unrela				24	49,400
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	,	· .		0.5	
	06	of Schedule D			198,645.	25	286,922
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			130,043.	26	200,321
န္တ		and complete lines 27, 28, 32, and 33.	HECK HEIG				
ا <u>ت</u>	27	Net assets without donor restrictions			879,716.	27	1,059,479
<u>a</u>	28	Net assets with donor restrictions			81,182.	28	78,445
<u> </u>	20	Organizations that do not follow FASB ASC			,	20	,
[[and complete lines 29 through 33.	7 550, 6116	CK Here			
ō	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
4ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			960,898.	32	1,137,924
2	33	Total liabilities and net assets/fund balances			1,159,543.	33	1,424,846

Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,060,	118.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		2,	000.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	,137,	924.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	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		Х				
	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		<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
Act and OMB Circular A-133?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SCHOOL ADMINISTRATORS OF MONTANA

Employer identification number

81-0371541 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 or 990-EZ).) 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 in 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 in 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))

3990 1

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s >
						dule A (Form 990	

Page 3

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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	363,471.	420,596.	441,025.	424,119.	478,133.	2,127,344.
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	314,116.	292,450.	374,898.	397,013.	445,984.	1,824,461.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5	677,587.	713,046.	815,923.	821,132.	924,117.	3,951,805.
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
	On 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.						0.
	amount on line 13 for the year C Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3,951,805.
	ction B. Total Support						, , .
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	677,587.	713,046.	815,923.	821,132.	924,117.	3,951,805.
	a Gross income from interest,		-		·		
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,843.	121,997.	132,569.	130,420.	132,472.	641,301.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	c Add lines 10a and 10b	123,843.	121,997.	132,569.	130,420.	132,472.	641,301.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is		546.			182.	728.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital		340.			102.	720.
12	assets (Explain in Part VI.)	801,430.	835,589.	948,492.	951,552.	1,056,771.	4,593,834.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
17		the organization's	,	•	,	(), ()	·
Se	ction C. Computation of Public						
	Public support percentage for 2019 (li			olumn (f))		15	86.02 %
16				.,,		16	86.91 %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	13.96 %
	Investment income percentage from 2				i i	18	13.08 %
	a 33 1/3% support tests - 2019. If the						70
.00	more than 33 1/3%, check this box an						▶ X
ı	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, chec	· ·				•	>
20				•			

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

3990___1

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
За		
3b		
0.5		
3с		
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4a		
-1 a		
41-		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 in (2), 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 government entity (see institution)	uctions	L	
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sed	ctions 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		
	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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional		ed Type III supporting orga	nization (see
•	instructions)	.,grate		

Schedule A (Form 990 or 990-EZ) 2019

· ui	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer			
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th			
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From 2016				
d	From 2017				
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	-			
8	Break	down of line 7:			
а	Exces	ss from 2015			
b	Exces	ss from 2016			
С	Exces	ss from 2017			
		ss from 2018			
		ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(Form 990 of 990-EZ) 2019 School IDMINISTRATIONS OF MONTHAIL					
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,					
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

SC	CHOOL ADMINISTRATORS OF MONTANA	81-0371541				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	• • • • • • • • • • • • • • • • • • • •				
Special Rules						
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religion per exclusively religion of the parts unless the General Rule applies to this organization because one, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>				
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

SCHOOL ADMINISTRATORS OF MONTANA

81-0371541

Parti	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

3990___1

Name of organization

Employer identification number

SCHOOL ADMINISTRATORS OF MONTANA

81-0371541

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

art III	OMINISTRATORS OF MONTANA Exclusively religious, charitable, etc. contribut	ions to organizations described in a	81-0371541 ection 501(c)(7), (8), or (10) that total more than \$1,000 for th				
	from any one contributor. Complete columns (a) through (e) and the following line en	ntry. For organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additional	space is needed.					
) No. rom	(b) Durnous of gift	(a) Llag of sift	(d) Description of how gift is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
							
			 				
_							
		(e) Transfer of gif	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No		I					
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(1)	(,,				
	(e) Transfer of gift						
		(e) Hallster of gir					
			Deletionship of two of some to two of some				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
n) No. from							
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
u. c.							
			 				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
			•				
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
art I	(b) i di pode di giit	(0) 000 01 giit	(a) Description of now girt is not				
J							
							
		(e) Transfer of gift					
_		(e) Transfer of gir					
	Transferee's name, address, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		INISTRATORS OF MONTANA			81-0371541
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	 			\(\alpha\)
		anization is exempt und			, ,
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza	• •	•	•	• •
	contributions received that were pro	·			·
	political action committee (PAC). If			•	o begregated faile of a
	(a) Name	(b) Address	1	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Sch	nedule C (I	Form 990 or 990-EZ) 2019					371541	Page 2
Pa	art II-A	Complete if the org	janization is exen	npt under section	1501(c)(3) and file	ed Form 5768 (ele	ction und	er
		section 501(h)).						
A (Check >	if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, E	IN,
		expenses, and share	re of excess lobbying e	expenditures).				
B (Check 🕨	if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.			
			its on Lobbying Expe ditures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliate tota	
1	a Total lo	bbying expenditures to influ	uence public opinion (grassroots lobbying)		1,929.		
ı	b Total lo	bbying expenditures to influ	uence a legislative boo	ly (direct lobbying)		123.		
(c Total lobbying expenditures (add lines 1a and 1b)					2,052.		
(d Other exempt purpose expenditures					673,772.		
•	e Total exempt purpose expenditures (add lines 1c and 1d)				675,824.			
1	f_Lobbyii	ng nontaxable amount. Ente	er the amount from the			126,374.		
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			ount is:				
	Not over \$500,000 20% of the amount on line 1e.							
	Over \$5	500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.			
	Over \$	1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.			
	Over \$	1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.			
	Over \$	17,000,000	\$1,000,	000.				
9	g Grassro	oots nontaxable amount (en	nter 25% of line 1f)			31,594.		
ı	h Subtrac	ct line 1g from line 1a. If zer	o or less, enter -0-			0.		
	i Subtra	ct line 1f from line 1c. If zero	o or less, enter -0			0.		
	j If there	is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720			
	reportir	ng section 4911 tax for this	year?				Yes	No_
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
				nditures During 4-Yea				
		Calendar year al year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) To	otal

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	125,610.	132,119.	129,547.	126,374.	513,650.
b Lobbying ceiling amount (150% of line 2a, column(e))					770,475.
c Total lobbying expenditures	5,992.	2,645.	8,482.	2,052.	19,171.
d Grassroots nontaxable amount	31,403.	33,030.	32,387.	31,594.	128,414.
e Grassroots ceiling amount (150% of line 2d, column (e))					192,621.
f Grassroots lobbying expenditures	4,494.	2,486.	7,973.	1,929.	16,882.

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 2 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 Current year 2 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 4 Dues, assessments from the prior year? 5 Taxable amount of lobbying and political expenditures (see instructions)	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description				(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political empaign activity expenditures from the prior year? 3 Dies, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 5037(f) tax was paid). a Current year 2a b Carryover from last year 2b Carryover form last year 2c 5 Total 3 Aggregate amount reported in section 6038(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line	f the lobb	pying activity.	Yes	No	Amo	ount
or referendum, through the use of: a Volunteers? b Pald staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 Description of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure n	1 Duri	ng the year, did the filing organization attempt to influence foreign, national, state, or				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred as section 4912 at a section 501(c)(5), or section 501(c)(6). 2 Did the organization make only in-house lobbying application at section 501(c)(4), section	loca	l legislation, including any attempt to influence public opinion on a legislative matter				
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes N Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Complete if the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Corryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)						
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09180312 144414 3990

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SCHOOL ADMINISTRATORS OF MONTANA

Employer identification number

81 - 0371541

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet 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	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					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					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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

Schedule D (Form 990) 2019

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	significant	use of its	•	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 99	0, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets not	included		_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year				<u>1e</u>			
f	Ending balance				<u>1f</u>			
	Did the organization include an amount on Fo		•			L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete it							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	81,182.	82,336.	77,858.		70,205.		60,954.
b	Contributions	1 747	2 112	11,185.		12,169.		14,164.
	c Net investment earnings, gains, and losses 1,747. 3,113. 5,448. 5,468.							1,125.
	Grants or scholarships	3,494.	3,270.	4,000.		9,250.		6,750.
е	Other expenditures for facilities							
_	and programs	990.	997.	969.		734.		1,724.
Ť	Administrative expenses	78,445.	81,182.	89,521.		77,858.		67,769.
g	End of year balance	-	•			11,030.		07,703.
2	Provide the estimated percentage of the curre	•) held as:				
	Board designated or quasi-endowment	.00	_%					
	Permanent endowment .00	%						
С	Term endowment 100.00 o							
2-	The percentages on lines 2a, 2b, and 2c should have there endowment funds not in the possession.	•	tion that are hald am	d administered for t	ha araani	otion		
Sa		ssion of the organiza	ilion mai are neio an	iu auministereu for t	ne organiz	alion	Г	Voc. No.
	by: (i) Unrelated organizations						3a(i)	Yes No X
	(ii) Unrelated organizations (iii) Related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule B?				3b	
4	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o			Accumulat	ed	(d) Book	value
		basis (investr		1 ' '	epreciation		. ,	
1a	Land							
	Buildings			317,619.	102	,149.		215,470.
	Leasehold improvements							_
	Equipment			60,856.	60	,856.		0.
	Other							
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 10	Oc.)		. ▶	2	215,470.
		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	,		Schedule	D (Form	990) 2019

Part VII	Investments - Other Securities.			<u> </u>
	Complete if the organization answered "Yes" of			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financi	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	5 000 B + 11/4 II	11.1.0 5 000 5 17.11 15	
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	DOWMENT	ocsonption -		78,445.
	DOWNERI			70,443.
<u>(2)</u> (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)	>	78,445.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability	y for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	at reports the
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro-	vided in Part XIII

Schedule D (Form 990) 2019

81-0371541

Par	T XI Reconciliation of Revenue per Audited Financial St		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities Recoveries of prior year grants			
c d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	2.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	Other (Describe in Part XIII.)			
е 3	Add lines 2a through 2d			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	rt XIII Supplemental Information.	· 		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
ם אם די	V, LINE 4:			
PARI	V, DINE 4:			
THE	PURPOSE OF THE SCHOOL ADMINISTRATORS OF MONTANA YOUTH EN	NDOWMENT FUND		
IS T	O MAKE A POSITIVE IMPACT ON THE YOUTH OF MONTANA BY PROV	VIDING		
FINA	NCIAL ASSISTANCE TO BENEFIT CHILDREN'S HEALTH, WELFARE,	AND/OR		
EDUC	ATION. THE SCHOOL ADMINISTRATORS OF MONTANA YOUTH ENDOW	MENT FUND HAS		
REAC	CHED FRUITION. AWARDS TO NOMINATED RECIPIENTS WILL BE GIVE	VEN IN APRIL OF		
EACH	YEAR AND ANNOUNCED IN THE MAY SAM BULLETIN. EMERGENCY I	REQUESTS WILL		
DE 7	CORRIGED AND DESCRIMED HO MUE BOADD ON AN AC DEGUERMED D	ACTC MADE		
BE A	ACCEPTED AND PRESENTED TO THE BOARD ON AN AS REQUESTED BY	ASIS MADE		
тнвс	OUGHOUT THE YEAR. RECOGNITION OF THE AWARD WILL ALSO BE	STVEN VEARLY AT		
	The same same same same same same same sam			
THE	SAM ADMINISTRATORS INSTITUTE.			

Schedule D (Form 990) 2019 SCHOOL ADMINISTRATORS OF MONTANA	81-0371541	Page 5
Schedule D (Form 990) 2019 SCHOOL ADMINISTRATORS OF MONTANA Part XIII Supplemental Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number SCHOOL ADMINISTRATORS OF MONTANA 81-0371541 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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	Х	
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
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) 2019

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) KIRK MILLER	(i)	153,504.	0.	0.	14,880.	3,129.	171,513.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

SCHOOL ADMINISTRATORS OF MONTANA	81-0371541
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
STUDENTS.	
STODENTS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ADMINISTRATORS CAN BETTER SERVE THEIR DISTRICTS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE YOUTH ENDOWMENT STARTED THE YEAR WITH \$81,182 AND ACCEPTED \$20,761	
IN DONATIONS FROM 156 SCHOOL DISTRICTS, 39 SCHOOLS, 13 INDIVIDUALS, 3	
BUSINESSES AND 7 OTHER EDUCATION-RELATED PROFESSIONAL GROUPS OR	
ENTITIES. THE YOUTH ENDOWMENT FUND ISSUED \$3,000 IN AWARDS TO 3	
STUDENTS. ALSO, THE MAEMSP SCHOLARSHIP FUND AND THE MASSP SCHOLARSHIP	
FUND ISSUED \$800 AND \$1,100 TO 1 RECIPIENT EACH, RESPECTIVELY.	
EXPENSES \$ 4,950. INCLUDING GRANTS OF \$ 4,950. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 6:	
SCHOOL ADMINISTRATORS OF MONTANA HAS NEARLY 1,080+ MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS ARE SCHOOL ADMINISTRATORS ORGANIZED INTO COMMITTEES BASED ON THEIR	
SCHOOL AFFILIATION OR ADMINISTRATION SPECIALTY. THESE COMMITTEES ELECT	
THEIR OWN OFFICERS, WHO THEN SERVE ON THE SAM BOARD, CREATING A	
REPRESENTATIVE CROSS-SECTION OF ALL MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ALL BOARD MEMBERS REVIEW THE 990 BEFORE IT IS FILED.	Onto dada O (Farras 200 - 200 F7) (20 (2)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

SCHOOL ADMINISTRATORS OF MONTANA

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2019

81-0371541

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign country)			ets Direct controlling entity)		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more r	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contr	
				501(c)(3))			Yes	No
MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS - 81-0332063, 900 N MONTANA AVE STE A-4, HELENA, MT 59601	EDUCATION AND INFORMATION FOR SCHOOL SUPERINTENDENTS	MONTEANA	501(C)(6)					Х
AVE SIE A-4, RELENA, MI 37001	FOR SCHOOL SUPERINIENDENTS	MONTANA	301(0)(0)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	vity (c) Legal domicile (state or foreign		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0						

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

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

Part V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	---	---

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed i	n Parts II-IV?					
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d		Х		
e Loans or loan guarantees by related organization(s)									
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)				1f		х		
	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
•	, , , , , , , , , , , , , , , , , , , ,								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
ī	Performance of services or membership or fundraising solicitations for related organi					х			
m	Performance of services or membership or fundraising solicitations by related organic						х		
	m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
							х		
•	(a)								
p	Reimbursement paid to related organization(s) for expenses				1p		х		
	Reimbursement paid by related organization(s) for expenses				1q		х		
٩	Trombardonient para by related enganization (by for expenses				.9				
r	Other transfer of cash or property to related organization(s)				1r		х		
	Other transfer of cash or property from related organization(s)				1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who								
	, i	•							
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved				
		type (a-s)		G					
1)									
2)									
3)									
4)									
5)									
6)									

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- late tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
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Schedule R (Form 990) 2019

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