Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.





Silver Bow Montessori School, Inc. 1800 Sunset Road Butte, MT 59701

Dear Don:

Enclosed is the 2011 Exempt Organization return, as follows...

2011 FORM 990

Please review before filing to ensure there are no omissions or misstatements of material facts.

This return will be electronically filed. Enclosed you will find an IRS e-file Signature Authorization Form 8879-EO. This form must be signed and returned to us before this return can be electronically filed.

A copy of the return is enclosed for your files.

If taxing authorities select your returns for examination, you may be asked to provide supporting information. We recommend that you preserve all records relating to the data contained on these returns.

We sincerely appreciate the opportunity to serve you. Please keep us informed of any significant financial matters that occur during the tax year.

Best regards,

Annette P. Hill

Filing Instructions

Prepared for:

Silver Bow Montessori School, Inc. 1800 Sunset Road Butte, MT 59701 Prepared by:

ANDERSON ZURMUEHLEN & CO., P.C. PO BOX 748 BUTTE, MT 59703

2011 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. JUL 1, 2011 and ending JUN 30, 2012 A For the 2011 calendar year, or tax year beginning

B c	Check if pplicable	C Name of organization	D Employer identifi	cation number
_	⊓Addres			
H	change □Name	·	36.4	505424
\vdash	∐change ∏Initial	Doing Business As		
\vdash	lreturn □Termin-	Number and street (or P.0. box if mail is not delivered to street address) 1800 SUNSET ROAD)494-1033
\vdash	⊒ated ∏Amend	1000 BONDET KOND		292,124.
H	⊒return ∏Applica	City or town, state or country, and ZIP + 4 BUTTE, MT 59701	G Gross receipts \$	
	⊥tion pendin		H(a) Is this a group refer affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates ind	
	Tay aya	mpt status: X 501(c)(3)	` '	list. (see instructions)
		WWW.SBMSCHOOL.COM	H(c) Group exemptio	
			Year of formation: 2001	
		Summary	roar or formation, v v _ p	otato or rogar dormono, ===
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE EDUCATIONA	L SERVICES
Governance		TO CHILDREN AGES 3 THROUGH 12.		
ern	I	Check this box 🕨 📖 if the organization discontinued its operations or disposed of		
δ		Number of voting members of the governing body (Part VI, line 1a)		6
ø		Number of independent voting members of the governing body (Part VI, line 1b)		6
ies		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		17
Activities &	6	Total number of volunteers (estimate if necessary)	6	80
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	l d	Net unrelated business taxable income from Form 990-T, line 34		
	, ,	Sentulbutions and suspite (Dout VIII Bas 4 b)	Prior Year 12,772.	Current Year 11,044.
Revenue	I	Contributions and grants (Part VIII, line 1h)	255,523.	256,077.
Ver		Program service revenue (Part VIII, line 2g)	233,323.	17.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	12,826.	19,896.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	281,143.	287,034.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,565.	2,003.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,039.	162,945.
Se	I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b 7	Fotal fundraising expenses (Part IX, column (D), line 25) 8,744.		
Щ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,217.	105,313.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	265,821.	270,261.
	19 F	Revenue less expenses. Subtract line 18 from line 12	15,322.	16,773.
Net Assets or Fund Balances		·	Beginning of Current Year	End of Year
sets alan	20 7	Total assets (Part X, line 16)	82,405.	92,223.
t As	21 7	Total liabilities (Part X, line 26)	144,251.	137,296.
환.	22 1	Net assets or fund balances. Subtract line 21 from line 20	-61,846.	-45,073.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	•	y knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Signature of officer	Date	
Sign		•	Date	
Her	e	DONALD L. KRONENBERGER, PRESIDENT Type or print name and title		
—		<u> </u>	Date	II PTIN
Paid		Print/Type preparer's name ANNETTE P. HILL ANNETTE P. HILL	11/08/12 if self-employ	
	- +	Firm's name ANDERSON ZURMUEHLEN & CO., P.C.	Firm's EIN	81-0385940
-		Firm's address PO BOX 748	I IIIII 3 LIIV	<u> </u>
230	J,	BUTTE, MT 59703	Phone no. 4	06-782-0451
Ma\	/ the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	990 (2011) SILVER BOW MONTESSORI SCHOOL, INC.	36-4505424	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u></u>
1	Briefly describe the organization's mission: PROVIDE EDUCATIONAL SERVICES TO CHILDREN AGES 3 TO 12 UPRINCIPLES AND PRACTICES THAT WILL ENABLE THE CHILDREN AMOUNT OF KNOWLEDGE, WHICH WILL PROVE VALUABLE IN LIFE.	TO GAIN A VA	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services' If "Yes," describe these changes on Schedule O.	?Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	f grants and allocations t	to
4a	(Code:) (Expenses \$ 211,079. including grants of \$ 2,003.) (Reverse PROVIDE EDUCATIONAL SERVICES TO CHILDREN AGES 3 THROUGH EDUCATIONAL PRINCIPLES AND PRACTICES ORIGINALLY DEVELOP MONTESSORI AS CONTINUALLY UPDATED TO REFLECT BEST EDUCATIONS.	H 12 USING PED BY MARIA	576.
4b	(Code:) (Expenses \$	nue \$	
4c	(Code:) (Expenses \$	nue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 211,079.		

132002 02-09-12

Part IV | Checklist of Required Schedules

1 Is the organization described in section S01(c)(3) or 4947(q(1)) (other than a private foundation)? 1 If X 2 Is the organization required to complete Schedule B, Schedule of Contributions 2 Did the organization required to complete Schedule B, Schedule of Contributions 3 Did the organization required 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 Section S01(c)(5) organizations. Did the organization engage in lobbying activities, or have a section S01(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization as extens of S10(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-819 If "Yes," complete Schedule C, Part II 5 Is the organization annatian any donor advised funds or any similar funds or accounts? If "Wes," complete Schedule P, Part II 6 Did the organization maritan any donor advised funds or any similar funds or accounts? If "Wes," complete Schedule P, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 8 X 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X or provide conditions of the server of the server of the conditions of the server of the server of the server of the conditions of the server of th				Yes	No
2 Is the organization required to complete Schedule 0. Schedule of Contributions 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 0. Part I 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 0. Part II 5 Is the organization assection 501(c)(4) o51(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as addined in Revenue Procedule 0. Part III in Revenue Procedule 9. Part III in Revenue Procedule 9. Part III in Revenue Procedule on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment or any similar funds. Part III or Pa	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for your decided of the complete Schedule C, Part II section 501(pl.) organizations. Did the organization engage in lobbying activities, or have a section 501(pl.) election in effect during the tax year? If "Yes," complete Schedule C, Part II section 501(pl.) organizations. Did the organization ascends on 501(pl.) 501(pl.) or 501(pl.) or 501(pl.) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.191 if "Yes," complete Schedule C, Part III of provide advice on the distribution or investment of amounts in such funds or an sounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wisch donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wisch complete Schedule D, Part II of the organization nearly investments on the second organization report an amount in Part X, line 21; serve as a custodian for amounts not site of in Part X, or provide residuations indicated in Part X, with the organization organization amount or investments organization services? If "Yes," complete Schedule D, Part IV of the organization indicated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V in the organization report an amount for investments or other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X,			1	X	
public office? If "Yes," complete Schedule C, Part I 4 Section 501(R) greantstands. Dit the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(R) 501(c)(S), or 501(c)(S)	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization as 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 6 Ib 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or accounts for which donors have the right to provide advice on the distribution or investment is provided advice on the distribution or investment is programation. Provided advice on the environment, little of the environment, little or the environments for the tax or provide advice oradit consending, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV in the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part V in Did the organization report an amount for investments - program related in Part X, line 10? If Yes, complete Schedule D, Part X in Did the organization report an amount for investments - total assess reported in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization export an amount for order liabilities in Part X, line 13 that is 5% or more of its total assess reported in Part X, line 16? If "Yes," complete Sc	3		3		Х
5 Is the organization a section 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 If "Pies," complete Schedule C, Part II old the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, part and any other and and a session of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, part and anount for investments or any of the following questions is "Yes," then complete Schedule D, Part IV old the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI old the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VII old the organization report an amount for investments - organization assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII old the organization report an amount for orther lastitudes of the section of the total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII old the organization amount to orther lastitudes the part of the section of the tax year include a footnote that addresses the organization report an amount for orther lastitudes the part of the section of the tax year include a footnote that addresses the organization assets paperate or consolidated financial statements for the tax year in	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or death regolitation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, III, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If X 11 If No 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 VI 11 If X 11 If No organization report an amount for other assets 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 VI 11 If X	6		6		X
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9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, decity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11	8		8		Х
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 It assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 It assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 It A 11 I	9				
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c 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 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 VII e Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111f X 12a Did the organization butain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12a then organization and program service activities outside the United States? 14a X 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 entity located outside the United States? If "Yes," complete Sched	10		10		Х
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 c 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 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 X III d Did the organization a mount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 1	11				
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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 18° If "Yes," complete Schedule D, Part VII 11b X c 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 11d X e Did the organization report an amount for other labiblities in Part X, line 25° If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)° If "Yes," complete Schedule D, Part X 11f X 20 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, XII, and XIII S by Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XII, and XIII is optional 12a X X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Part X, XII, and XIII is optional 12b X X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 II and IV 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargets or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 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 e Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X f Did the organization is 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 110 If X 121 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 122 Did 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, XII, and XIII is optional If "Yes," and if the organization narswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional If Yes," and if the organization narswered "No" to line 12a, then complete Schedule E, Parts XI, XII, and XIII is optional Ital X 13 Is the organization nariatian an office, employees, or agents outside of the United States? 14 Did the organization nariatian an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$			11a	Х	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Yes," complete Schedule H X X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	202	

Form **990** (2011)

Form 990 (2011) SILVER BOW MONTESS Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity?	١		
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	25:		Х
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		_^
36		26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
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Form **990** (2011)

Form 990 (2011) SILVER BOW MONTESSORI SCHOOL, I

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		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	D. I.			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
5а	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	ction?)	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		_			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	niono r	royidad to the never	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b		
C	to file Form 8282?			7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	id the s	upporting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. د ا				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	Í	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			.54		
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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	990 (2011)

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

	Check if Schedule O contains a response to any question 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	1a 6	5		
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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				
	of officers, directors, or trustees, or key employees to a management company or other person?	· · · · · · · · · · · · · · · · · · ·	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?	• •	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
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 re-				
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	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 boo		11a	Х	
b		,			
12a	Did it is a second of the seco		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	***************************************			
	in Schedule O how this was done		12c		
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 approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b		Х
-	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 arrange	ment with a			
_	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation				
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	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 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	()		-	
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interest policy ar	nd fina	ncial	
	statements available to the public during the tax year.	, and an analytical			
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organiza	ition:	•	
	DONALD L. KRONENBERGER - (406)494-1033				
	1800 SUNSET ROAD, BUTTE, MT 59701				

01-23-12

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

Check if Schedule O contains a response to any question 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.

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

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

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

(A) Name and Title	(B) Average hours per	(do	not c	(C Pos heck	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer Described	Key employee	Highest compensated employee	itee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHARLES V ANDERSON		l							•	
DIRECTOR	0.00	Х						0.	0.	0.
(2) SUSAN A BARTH DIRECTOR	0.00	x						0.	0.	0.
(3) ANNETTE HILL					7	K				
DIRECTOR	0.00	X						0.	0.	0.
(4) KENT SMITH DIRECTOR	0.00	X						0.	0.	0.
(5) BOBBI BLOW	0.00	-						•	<u> </u>	•
DIRECTOR	0.00	Х						0.	0.	0.
(6) JEN GILLIARD DIRECTOR	0.00	X						0.	0.	0.
(7) DON KRONENBERGER	0.00	<u></u>						0.	0.	0.
PRESIDENT	40.00			х				33,560.	0.	0.

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Pai	t VII Section A. Officers, Directors, Tru	ustees, Key Er	mplo	oyee	s, ar	nd F	High	est	Compensated Employ	rees (continued)				
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average		not c	heck n	nore	than		Reportable	Reportable			timate	
		hours per week			ss pers d a dir				compensation from	compensation from related			other	of
		(describe	ctor						the	organizations		compensation		
		hours for	r direc				ted		organization	(W-2/1099-MISC	;)		om th	
		related organizations	stee c	truste		a)	pensa		(W-2/1099-MISC)			_	anizat	
		in Schedule	ual tru	tional		ploye	t com	L					d relat anizati	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orge	a nzaci	0110
			_	_			Ť	Ī						
											+			
						4	-				+			
					4									
1b	Sub-total								33,560.		0.			0.
	Total from continuation sheets to Part V								33,560.		0.0			0.
a	Total (add lines 1b and 1c) Total number of individuals (including but r						e) w	no r			<u> </u>			<u> </u>
	compensation from the organization						-,							0
											_		Yes	No
3	Did the organization list any former officer,				•		-		•					v
4	line 1a? If "Yes," complete Schedule J for s	_										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•								the organization		4		Х
5	Did any person listed on line 1a receive or									idual for services	···	_		
	rendered to the organization? If "Yes," com	•				-			-			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	tion f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	ith	or w	rithi		year.				
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	Co	(C ompe	nsatio	n
	Total number of independent contractors (including but n	ot li	mite	d to 1	tho	se li	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization -				(0							

		(2011) SILVER DON	11011	THODORT	DCHOOL, I	110.	30 4303	TZT raye
Pa	rt VI	III Statement of Revenue			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts	b		1b					
S, (c	c Fundraising events	1c	4,978.				
<u>a</u> ∃	c	d Related organizations	1d					
ii,	e	e Government grants (contributions)	1e					
e ii	f	f All other contributions, gifts, grants, and						
호취		similar amounts not included above	1f	6,066.				
n g	ç	g Noncash contributions included in lines 1a-1f: \$			11 044			
ਲੇ ਦੇ	h	h Total. Add lines 1a-1f			11,044.			
	_	MITMION		usiness Code	242 602	242 602		
) 	2 a			611710 611710	243,693. 6,071.	243,693. 6,071.		
ue ver	b	CEDITOR COMMENIES T		$\frac{611710}{611710}$	3,636.	3,636.		
we u	_			$\frac{611710}{611710}$	1,250.	1,250.		
gra Re	_	CIZT EDITORETOR		611710	718.	718.		
Program Service Revenue	_	f All other program service revenue	— ⊢	611710	709.	710.		
		g Total. Add lines 2a-2f	·····		256,077.	703.		
	3	Investment income (including dividends			23070771			
		other similar amounts)			17.			17.
	4	Income from investment of tax-exempt I						
	5	Royalties	•	-				
		(i) Re		(ii) Personal				
	6 a	a Gross rents		. ,				
	b	b Less: rental expenses						
	c	c Rental income or (loss)						
	c	d Net rental income or (loss)						
	7 a	a Gross amount from sales of (i) Secu	rities	(ii) Other				
		assets other than inventory	_4					
	b	b Less: cost or other basis						
		and sales expenses	\rightarrow					
		c Gain or (loss)						
		d Net gain or (loss)		>				
ne	8 a	a Gross income from fundraising events (not					
Other Revenue		including \$ 4,978. of						
Be		contributions reported on line 1c). See		20,487.				
her		Part IV, line 18		5,090.				
ō		c Net income or (loss) from fundraising ev		>	15,397.			15,397.
		a Gross income from gaming activities. Se			23,3371			23,337
		Part IV, line 19						
	b	b Less: direct expenses						
		c Net income or (loss) from gaming activit						
	10 a	a Gross sales of inventory, less returns						
		and allowances	a _					
	b	b Less: cost of goods sold						
	C	c Net income or (loss) from sales of inven-	tory					
		Miscellaneous Revenue		usiness Code				
	11 a	a MISCELLANEOUS INCOME	<u> </u>	611710	4,499.	4,499.		
	b	b						
	c							
	C	d All other revenue			4 400			
	4.0	e Total. Add lines 11a-11d			4,499.	260,576.	0.	15.414.
		TOTAL LEVELING, OFF HISH HUHUMIS.					U .	エン・サエサ・

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in th			
	not 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 governments and		·		·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	2,003.	2,003.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,338.		34,338.	
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	127,587.	127,587.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	1,020.	1,020.		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,121.			2,121
13	Office expenses	2,956.		2,956.	
14	Information technology				
15	Royalties				
16	Occupancy	35,386.	31,064.	4,322.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,892.		2,892.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CREDIT CARD CHARGES	13,311.	13,311.		
a b	SUPPLIES - PROGRAM	11,631.	11,631.		
C	FUTURE PROBLEM SOLVING	5,606.	5,606.		
d	BAD DEBT EXPENSE	5,166.	3,000	5,166.	
	All other expenses	26,244.	18,857.	764.	6,623
е 25	Total functional expenses. Add lines 1 through 24e	270,244.	211,079.	50,438.	8,744
25 26	Joint costs. Complete this line only if the organization	270,201	211,010	30,430	0,144
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Company na Campany and Minimals III SUICIANUI				

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Balance Sheet Part X (A) (B) Beginning of year End of year 4,655. 326. 1 Cash - non-interest-bearing 1 28,363. 52,993. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 5,063. 15,632. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 31,598. 33,841. 33,841. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 -86. 15 Other assets. See Part IV, line 11 15 82,405. 92,223 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses _____ Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 129,179. 129,179. of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 15,072. 8,124. 25 Schedule D 144,251. 137,296. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets

Organizations that do not follow SFAS 117, check here

X and 29 complete lines 30 through 34. Ο. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 -61,846. -45,073.Retained earnings, endowment, accumulated income, or other funds 32 32 -45,073.-61,846.

> 92,223. Form **990** (2011)

33

34

82,405.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1 0111	1990 (2011) BILVER BOW HOW EDBOTT BOHOOD, INC.	5 0	1000101	гαι	JC • -
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	270		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-61	. , 8	46.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-45	, 0	73 .
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SILVER BOW MONTESSORI SCHOOL, INC.

Employer identification number 36-4505424

Part	ı	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.					
The org	ani	zation is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)						
1	\neg			s, or association of churc										
2 X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)													
з 🗆	\neg	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	\neg	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospita	l's nam	ıe.	
		city, and stat				•				•	•		,	
5	_	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)													
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).						
7	\neg			eives a substantial part					r from the	general	public desc	cribed i	in	
			b)(1)(A)(vi). (Comple				9			9				
8	\neg			ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from													
_	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.													
			509(a)(2). (Complete			,		V	, 9			,		
10 🗆	\neg			perated exclusively to te	st for publ	ic safety.	See sectio	n 509(a)(4	1).					
11 🗆	\neg	-		perated exclusively for th	-				-	v out the	purposes	of one	or	
		· ·		ations described in section						•				
				organization and comple				,	`	Λ,				
		a D Type I	· —	¬ ·		e III - Fund	/	egrated		d 🗀	Type III -	Other		
e□				t the organization is not	- ''		•	•	r more disc	qualified			เท	
		-		han one or more publicly			-	•		-	=			
f				ten determination from t						. , , ,		. , , ,		
			rganization, check th											
g		Since August	t 17, 2006, has the o	organization accepted an										
_				irectly controls, either al							,	Yes	No	
		the gove	erning body of the su	upported organization?							11g(i)			
		(ii) A family	member of a persor	n described in (i) above?										
				person described in (i) of										
h				about the supported org										
(i) Na	me o	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizațio	the on in col.	(vii) Ar	nount o	f	
0	rgai	nization		(described on lines 1-9		sted in your document?	organizat (i) of your		(i) organiz U.S	ed in the [sup	port		
				above or IRC section (see instructions))										
				(see ilistructions))	Yes	No	Yes	No	Yes	No				
Total														

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Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publi						
	Public support percentage for 2011 (li					14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3 % support test - 2011. If the o	-					
	stop here. The organization qualifies a	as a publicly supp	orted organization	າ			▶□
b	33 1/3% support test - 2010. If the o	•		•		•	
	and stop here. The organization quality						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	- 2010. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed bel Section A. Public Support	ow, please comp	olete Part II.)				
	() 0007	#1.0000	() 0000	() () ()	() 6244	(n T : :
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	_		V			
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(4) 200.	(2) 200	(0) 2000	(0) 20 10	(5) = 5 · ·	(.,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)		L	<u> </u>		1	L
14 First five years. If the Form 990 is for the	•			•	. , . ,	. —
check this box and stop here	C D-					<u> </u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010 S					16	%
Section D. Computation of Invest					1 1	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20						%
19a 33 1/3% support tests - 2011. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2010. If the o						
line 18 is not more than 33 1/3%, checl						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶Ш

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SILVER BOW MONTESSORI SCHOOL, INC.

Employer identification number 36-4505424

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are th	e organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did th	e organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	imper	missible private benefit?		Yes No_
Pai	t II	Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization		
	Ш	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
	Ш	Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Comp	olete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
С		per of conservation easements on a certified historic stru		
d		per of conservation easements included in (c) acquired a		ture
		in the National Register		2d
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year			
4		per of states where property subject to conservation eas		
5		the organization have a written policy regarding the peri		
		ons, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting, a		
7		int of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
_		ection 170(h)(4)(B)(ii)?		
9		t XIV, describe how the organization reports conservation		
		le, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
Dai		ervation easements. Organizations Maintaining Collections of	Art Historical Transcures or (Othor Cimilar Assats
Pai	LIII			Julier Similar Assets.
	16.11	Complete if the organization answered "Yes" to Form 9		
та		organization elected, as permitted under SFAS 116 (ASC		
		ical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describ		
D		organization elected, as permitted under SFAS 116 (ASC		
		ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pt	ublic service, provide the following amounts
		ng to these items:		Ν. Δ
		evenues included in Form 990, Part VIII, line 1		
^				
2		organization received or held works of art, historical trea		ai gairi, provide
_		llowing amounts required to be reported under SFAS 11		• •
a		nues included in Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		

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Schedule D (Form 990) 2011

GHIWED	BOM	MONTESSORI	CHOOT.	TNC
STHAFE	DOW	MONITOSOUT	SCHOOL,	TINC.

	t III Organizations Maintaining C	Collections of A					r Similar			nued)
	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	is, crieck a	iny or tine	Tollowing tha	l ale a siç	grillicarit us	e oi its	COIIECTIOI	HIGHIS
_	Public exhibition	d		on or ove	hange progra	mo				
a										
b	Scholarly research	е	Ot	ner						
C 4	Preservation for future generations	allastions and avalai	n haw tha	, fuutbar t	bo organizatio	an'a ayan	ant nuvnaa	in Dor	. VIV	
4	Provide a description of the organization's co							e in Par	I XIV.	
5	During the year, did the organization solicit of								Yes	□ Na
Pai	to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be material to be material to be material to be sold to raise funds rather than to be material to be material to be material to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold									No
ı aı	reported an amount on Form 990, Pa		ete ii tile o	rgariizatic	on answered	res to r	-01111 990, F	ait iv,	irie 9, or	
10	Is the organization an agent, trustee, custod		lion, for oo	ntribution	ac or other ac	coto not i	noludod			
Id									Yes	□ No
h	on Form 990, Part X?							🗀	J 162	
b	ii res, explain the arrangement in Fart XIV	and complete the lo	mowning tal	Jie.					Amount	
_	Reginning balance						1c		Amount	
	Additions during the year									
u	Additions during the year									
f	Distributions during the year									
	Ending balance								Yes	No
	If "Yes," explain the arrangement in Part XIV.		211					🗀	J 163	
	t V Endowment Funds. Complete i		swered "Y	es" to Fo	rm 990 Part	IV line 10)			
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Pric		(c) Two year		d) Three yea	rs hack	(a) Four	years back
12	Beginning of year balance	` '	(b) i iic	n your	(c) The year	o buon (aj 111100 you	TO BUOK	(C) i dui	youro buon
b	Contributions			7						
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
u ۵	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1a	column (a)) held as:					
a	Board designated or quasi-endowment	,	%		۵,, ۱۱۵.۵ ۵۵.					
b	Permanent endowment	%	_~							
	Temporarily restricted endowment									
_	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation that a	are held a	and administe	red for th	e organizat	ion		
	by:	octor or the organiza					ga <u>-</u> a.		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedul	e R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o	 		t or other	(c) Ac	cumulated		(d) Bool	value
	,	basis (investr	nent)		(other)		reciation		` ,	
	Land									
b	Buildings		439.				31,598	3.	3:	3,841.
	Leasehold improvements									
d	Equipment									
	Other									
	Add lines 1s through 1s (Column (d) must e		Y column	(P) line 1	10(a))		L		٦.	3 841.

Schedule D (Form 990) 2011

Part	VII Investments - Other Securities. Set	e Form 990, Part X, lin	e 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua at or end-of-year mar	
(1) Fir	ancial derivatives				
	osely-held equity interests				
(3) Ot					
(A)					
(B)					
(C					
(D)					
(E)					
(F)					
(G					
(H					
(l)	0.141)				
	Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part	VIII Investments - Program Related. Se	ee Form 990, Part X, lir I	ne 13.	(-) Made ad af	4!
	(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		_			
(7)					
(8)					
(10)			4		
(10)					
	Col (h) must agual Form 000 Part V col (R) line 13 \				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	15			
Total. (IX Other Assets. See Form 990, Part X, line				(b) Book value
Total. (IX Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
Total. (Part	IX Other Assets. See Form 990, Part X, line				(b) Book value
Total. (Part	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3)	IX Other Assets. See Form 990, Part X, line				(b) Book value
Total. (Part (1) (2) (3) (4)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	IX Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) (Column (b) must equal Form 990, Part X, col (B) line	Description e 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total.	Other Assets. See Form 990, Part X, line (a) (Column (b) must equal Form 990, Part X, col (B) line	Description e 15.)	(b) Book value		(b) Book value
Total. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total.	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes	Description e 15.)		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total.	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes	Description e 15.) line 25.		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Part 1. (1) (2)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (10) (10) (7) (10) (7) (11) (2) (3)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (70 I. (2) (3) (4) (4)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.		(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4) (5)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.		(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4) (5) (6)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.	>	(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) (2) (3) (4) (5) (6) (7)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.		(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4) (5) (6) (7) (8)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624.	•	(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. Part 1. (1) (2) (3) (4) (5) (6) (7) (8) (9)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description e 15.) line 25.	5,624. 2,500.		(b) Book value
Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10)	(Column (b) must equal Form 990, Part X, col (B) line X Other Liabilities. See Form 990, Part X, (a) Description of liability Federal income taxes PAYROLL LIABILITIES	Description 9 15.) line 25. RUAL	5,624.		

2. FIN 48 132053 01-23-12

		Reconciliation of Change in Net Assets from Form 990 to Audite	d Financ	ial S	Statemen	ts
1		revenue (Form 990, Part VIII, column (A), line 12)		1		
2		expenses (Form 990, Part IX, column (A), line 25)		2		
3		s or (deficit) for the year. Subtract line 2 from line 1		3		
4		nrealized gains (losses) on investments		4		
5		ed services and use of facilities		5		
6		ment expenses		6		
7		period adjustments		7		
8		(Describe in Part XIV.)		8		
9		adjustments (net). Add lines 4 through 8		9		
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		
		Reconciliation of Revenue per Audited Financial Statements Wit			er Retur	1
1		evenue, gains, and other support per audited financial statements				
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains on investments				
b		ed services and use of facilities 2b				
C		eries of prior year grants 2c				
d		(Describe in Part XIV.)				
e		nes 2a through 2d			2e	
3		act line 2e from line 1				
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIV.)	7			
		nes 4a and 4b			4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	rt XIII	Reconciliation of Expenses per Audited Financial Statements Wi	th Expe	nses	per Retu	ırn
1		expenses and losses per audited financial statements				
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities2a				
b	Prior y	rear adjustments 2b				
С	Other	losses 2c				
d		(Describe in Part XIV.)				
е	Add li	nes 2a through 2d			2e	
3	Subtra	act line 2e from line 1			3	
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other	(Describe in Part XIV.)				
С		nes 4a and 4b			4c	
_5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV	Supplemental Information				
	•	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this p	,	,		

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Inspection

Employer identification number

	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation prostram, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? As Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a Admissions policies? 5b Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? 5d Educational policies?		5424	Ļ
Pai	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	<u>1</u>	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarsl	hips? 2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
4	Does the organization maintain the following?			
				1
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis	s? 4b	X	
С				
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5				l
				X
				X
				X
				X
е	Educational policies?	<u>5e</u>		X
f	Use of facilities?	<u>5f</u>		X
				X
h		5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_		_		v
	Does the organization receive any financial aid or assistance from a governmental agency?		_	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		\perp^{Δ}
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
,	Lines the productation certify that it has combiled with the applicable requirements of sections /LUL forough /LUE of			

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990-EZ) (2011)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization SILVER	BOW MONTESSORI SCH	OOL	, I	NC.		36-4505	ntification number
	- Complete if the organization answe				line 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of r tion of o fundrai	non-governosising of onal formation of the contract of the con	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or cont contribu	Did liser stody rol of tions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			\langle				
Total	l						
3 List all states in which the organization or licensing.		contrib	utions	s or has been notified	d it is	exempt from re	egistration
MT							

15381108 792194 124237

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

Schedule G (Form 990 or 990-EZ) 2011

36-4505424 Page 2 Schedule G (Form 990 or 990-EZ) 2011 SILVER BOW MONTESSORI SCHOOL, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING FLING (add col. (a) through EVENT 3 BUBBLE TEA col. (c)) (total number) (event type) (event type) Revenue 17,038. 3,449. 4,978. 25,465. 1 Gross receipts 4,978. 2 Less: Charitable contributions 4,978. 17,038. 3,449. 20,487. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 7 Food and beverages 8 Entertainment 4,090. 5,090. Other direct expenses 5,090 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2011

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2011 SILVER BOW MONTESSORI SCHOOL, INC. 36-4	1505	<u> 424</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	,	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	-		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш`	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	TT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see ii	nstruc	tions).

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization SILVER BOW MONTESSORI SCHOOL,

Employer identification number

36-4505424

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (b) Loan to or from (a) Name of interested (c) Original principal (d) Balance due (e) In by board or person and purpose the organization? amount default? agreement? committee? Yes Yes То From No No Yes No DON KRONENBERGER 129.179 129,179. X X X X 129,179. Total

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

36-4505424 Page 2 Schedule L (Form 990 or 990-EZ) 2011 SILVER BOW MONTESSORI SCHOOL, INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of **(b)** Relationship between interested (c) Amount of (a) Name of interested person (d) Description of organization's person and the organization transaction transaction revenues? No Yes DON KRONENBERGER 50% OWNER OF MONTES 24,000.DON KRONENB X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: DON KRONENBERGER (A) PURPOSE OF LOAN: DEFERRED COMPENSATION SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: DON KRONENBERGER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: 50% OWNER OF MONTESSORI CAMPUS, LLC (D) DESCRIPTION OF TRANSACTION: DON KRONENBERGER IS CURRENTLY A MEMBER OF THE BOARD OF DIRECTORS. HE IS ALSO 50% OWNER OF MONTESSORI CAMPUS, LLC WITH HIS WIFE, BRETT. SBM PAYS RENT TO MONTESSORI CAMPUS, LLC BASED UPON A LEASE THAT WAS REVIEWED BY THE IRS WHEN THE IRS GAVE SBM ITS 501(C)(3) STATUS. IRS DETERMINED IT TO BE AN ARM'S LENGTH TRANSACTION AND APPROVED ITS ASSUMPTION BY SBM FROM THE PREDECESSOR ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of	ame of the organization SILVER BOW MONTESSORI SCHOOL, INC.									Employer identification number 36-4505424			number			
FORM	990,	PART	VI,	SECT	ION	В,	LINE	11:	THE	BOARD	REVI	EWS	THE	990	PRIOR	ТО
SUBM	ISSIO	Ν.														
FORM	990,	PART	VI,	SECT	ION	C,	LINE	18:	AVA	ILABLE	UPON	REQ	UEST	•		
	000	D3.DM		O TO CO	IT ON		TIME	10.	7.777		IIDON	DEO	тта			
FORM	990,	PART	VI,	SECT	TON	C,	LINE	19:	AVA.	ILABLE	UPON	REQ	UEST	•		
										Z						
											\					
									<							
									X							

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exampt Organization

ioi ali Exempt Organization							
For calendar year 2011, or fiscal year beginning	${\sf JUL}$	1	, 2011, and ending	JUN	30	,20 1 :	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► See instructions.

Name of exempt organization	Employer identification number		
SILVER BOW MONTESSORI SCHOOL, INC.	36-4505424		
Name and title of officer DONALD L. KRONENBERGER PRESIDENT			
Part I Type of Return and Return Information (Whole Dollars Only)			
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	then leave line 1b, 2b, 3b, 4b, or 5b,		
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь 287034		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b		
5a Form 8868 check here ▶	5b		
Part II Declaration and Signature Authorization of Officer			
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in procest the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organiz return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only ANDERSON ZURMUEHLEN & CO., P.C. ERO firm name	electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at institutions involved in the d resolve issues related to the		
as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charprogram, I will enter my PIN on the return's disclosure consent screen. Officer's signature ****** THIS IS NOT A FILEABLE COPY **** Date	chorize the aforementioned ERO to		
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification			
number (EFIN) followed by your five-digit self-selected PIN. 81069738594 do not enter all zeros	<u>. </u>		
I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.			

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form **8879-EO** (2011)

ERO's signature ► KIM ELLIOTT

Date \triangleright _11/08/12