

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



Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

Open to Public

2009

OMB No 1545-1150

a completed Schedule A (Form 990 ref 990-EZ). Website: www.montanamath.org	O_
Address change Name and street (or PO box, if mail is not delivered to street address) Room/suite E Telephone number A06-295-45.	O_
Name change	ccrual
Name change Initial return P.O. BOX 610 Number and street (or P o Dox, if mail is not delivered to street address) Room/suite E Telephone number 406-295-45;	ccrual
Initial return Termination Specific Amended return Application pending Initial return Application pending Initial return Application pending Initial return Initial return Application pending Initial return Initial return Initial return Application pending Initial return Initi	ccrual
Amended return Specific Itons. TROY MT 59935 F Group Exemption Number Numbe	ccrual
Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶ www.montanamath.org Tax-exempt status (check only one) — X 501(c)(3) ◄ (insert no)	
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website:	
a completed Schedule A (Form 990 or 990-EZ). Website: www.montanamath.org	
Website:	0 A
Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,00 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 81 Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	0 A
Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,00 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 81 Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	0 A
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See State 1 5c -11 See State 2 6c Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 9 Total revenue (daggette) 10 Grants and similar amounts paid (attach schedule) 11 Benefits ratif to or for merghers 110 12 Salaries, only compensation, and employee benefits	0 A
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$81	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments See Statement 1 3 1 1	
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Grioss amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 7 a Gross revenue (not including \$ of contributions reported on line 1) 8 b Less direct expenses other than fundraising expenses 6 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 8 b Less cost of goods sold 9 total revenue (assorbe	<u>, 921</u>
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 33,269 5b 45,012 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (assumption) 9 Total revenue. Actions 2 J. J. L. L. G. C., 7c. and 8 9 Total revenue. Actions 2 J. J. L. L. G. C., 7c. and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid or former personal compensation, and employee benefits	016
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$, 810
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 See Stmt 2 5 Gross revenue (not including \$, <u>293</u> , 843
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$, 704 , 704
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$, , , , ,
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See Stmt 2 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C Rorss sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$,743
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe) 9 Total revenue. Add lines 2.2, 8, 8, b, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 110 22 Salaries, other compensation, and employee benefits	, ,
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe) 9 Total revenue. Add lines 2.2, 8, 8, b, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 110 22 Salaries, other compensation, and employee benefits	
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe) 9 Total revenue. Add lines 2.2, 8, 8, b, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 110 22 Salaries, other compensation, and employee benefits	
8 Other revenue (describe) 8 9 Total revenue. Add incest 1.2, v. 4. bo, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or top meribers 110 12 Salaries, other compensation, and employee benefits 12	
8 Other revenue (describe) 8 9 Total revenue. Add intest 1.2, 1.4. bo, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or top pregribers 110 12 Salaries, other compensation, and employee benefits 12	
8 Other revenue (describe) 8 9 Total revenue. Add incest 1.2, v. 4. bo, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or top meribers 110 12 Salaries, other compensation, and employee benefits 12	
8 Other revenue (describe) 8 9 Total revenue. Add intest 1.2, 1.4. bo, 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or top pregribers 110 12 Salaries, other compensation, and employee benefits 12	
9 Total revenue. Add ines 1.2 V. It. bd., 6c, 7c, and 8 9 36 10 Grants and similar amounts paid (attach schedule) 11 Benefits daile to or for members 110 11 11 12 12 Salaries, other compensation, and employee benefits	
10 Grants and similar amounts paid (attach schedule) 11 Benefits rafe to or former berson to the compensation, and employee benefits 12 Salaries, other compensation, and employee benefits	
11 Benefits raffi to or top pregraters 11	,909
12 Salaries, of the compensation, and employed benefits	
ä 1 1 1 1 1 1 1 1 1	
13 Professional tees and other payments to independent contractors	, 032
	, <u>032</u> , 437
14 Occupantly, rent_ittitles_landinalitier 14 3	, 43 /
To Trinking, postago, and shipping	, 668
	,137
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19	, 228
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	
end-of-year figure reported on prior year's return)	, 538
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) See Statement 4 20 52	, 538
21 Net assets or fund balances at end of year Combine lines 18 through 20 Decided by 21 Decided by 2	, 848
Part !! Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II.) (A) Beginning of year (B) End of year	
22 Cash, savings, and investments 154, 183 22 190	うけいりょう
23 Land and buildings	<u>, , , , , , , , , , , , , , , , , , , </u>
	,784
26 Total liabilities (describe > See Statement 6) 2,866 26 26	,784 ,714
	,784

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Form 990-EZ (2009) MONTANA	COUNCIL OF TEACHER	RS OF MATH 81	L-6031800			Page :
Part III Statement of Prog	ram Service Accomplishme	ents (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exempton in the company of the		for section				
PROMOTION OF MATHEMATICS.						and 501(c)(4)
Describe what was achieved in carrying					-	ons and section
manner, describe the services provided,	the number of persons benefited, or	other relevant information	n for) trusts; optional
each program title.					for others)
•	EWRITING OF THE 3RD EDITION	OF				
MATH TEXTBOOK.						
				~~		15 705
(Grants \$) If this amount includes foreign gra			- 	28a	15,785
	TESTS ARE HELD FOR STUDENTS			l		
	CULATORS & JOURNALS ARE PRO	VIDED			į	
TO MEMBERS & TEACHERS.		•	_	ا ہے		7 704
(Grants \$) If this amount includes foreign gra			1.4	29a	7,704
30 CONFERENCES & WORKSHOPS FO	OR THE PROMOTION OF MATHEMA	TICS.				
				ا ہے		10 50
(Grants \$) If this amount includes foreign gra	ants, check here	<u> </u>	Щ	30a	10,794
31 Other program services (attach sche	•			<u>ا</u> ہے		
(Grants \$) If this amount includes foreign gra	ants, check here	<u> </u>	ĻЦ	31a	24 000
32 Total program service expenses (a					32	34,283
Part IV List of Officers, Directo	ors, Trustees, and Key Employees.					
(a) Nam	ne and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to yee benefit plans 8	(e) Expense account and
(4) 11411		devoted to position	`enter -0) '		red compensation	other allowances
CLIFF BARA	TROY	TREASURER		1		
PO BOX 610	MT 59935	10.00	2,200		0	
DAVID ERICKSON	TROY .	PRES. ELECT		1		
PO BOX 610	MT 59935	5.00			0	
MARCIA ANDERSON	TROY	DIRREG II				
PO BOX 610	MT 59935	5.00	0		0	
JIM HIRSTEIN	TROY	DIRREG I				-
PO BOX 610	MT 59935	5.00	0	ļ	0	
LISA WOOD	TROY	PRESIDENT				
PO BOX 610	MT 59935	5.00	0		0	(
MARCIA WELLIEVER	TROY	DIRREG IV				
PO BOX 610	MT 59935	5.00	0		0	(
KATHY HILL	TROY	DIR-REG I				
PO BOX 610	MT 59935	5.00	0	,	0	
RENEE FLOYD	TROY	DIR-REG III				
PO BOX 610	мт 59935	5.00	0		o	(
LAURIE ENEBO	TROY	DIR-REG V				
PO BOX 610	MT 59935	5.00	0		0	، ا
BETH BURROUGHS	TROY	DIR-REG III				
PO BOX 610	MT 59935	5.00	۰ ا		0	, ا
VERN SCHLEPP	TROY	DIR-REG V				
PO BOX 610	MT 59935	5.00	0		0	، ا
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Form 990-EZ (2009)

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

45 X Form **990-EZ** (2009)

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Form 990-EZ

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Form	990-EZ (2009) MONTANA COUNCIL OF TEACHERS	OF MATH 81	-6031800		ı	Page 4
_	rt VI Section 501(c)(3) organizations and section 4947(a	a)(1) nonexemp	t charitable tr	usts only. All s	ection	
	501(c)(3) organizations and section 4947(a)(1) none	exempt charitab	le trusts must	answer question	ons 46-49	9b
	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in opp	osition to	,	Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	ile C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)	? If "Yes," complete	Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related	organization?			49a	<u> </u>
b	If "Yes," was the related organization a section 527 organization?				49b	<u> </u>
50	Complete this table for the organization's five highest compensated employe	es (other than office	rs, directors, truste	ees and key		
	employees) who each received more than \$100,000 of compensation from the	e organization If th			/-\ T	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exper account a other allow	and
None			-			
		 				
f	Total number of other employees paid over \$100,000	•				
51	Complete this table for the organization's five highest compensated independ	dent contractors who	each received mo	ore than		
	\$100,000 of compensation from the organization. If there is none, enter "Non	e "				
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
	ne	, , , , , , , , , , , , , , , , , , ,	. [:			
	•					
đ	Total number of other independent contractors each receiving over \$100,000	·				
						
	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true correct, and complete Declaration of preparer (other than					
Sig			ا کر		2010	
Her			Date	1 April	2010	
HE		BURER -	MCTM			
	Type or print name and title	3-11-10-1				
		Date	Check if	Preparer's Iden	tifying Number (See instr)
Paid	Preparer's signature	03/3:	self-	Page	349186	
			L/10 employed ▶		- 1100	
	Only	-				
	T-1-1 1771 F-0-0-23	<u> </u>		Phone	-293-2	2722
May	the IRS discuss this return with the preparer shown above? See instructions		· · · · · · · · · · · · · · · · · · ·	1 110 - 400	Yes	No
	and the election that the property different above. Ode indiaddians		 	Fo	orm 990-E	

SCHEDULE A' (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONTANA COUNCIL OF TEACHERS OF MATH

Employer identification number 81-6031800

Pa	rt I	Reas	on for Public Charity	Status (All organizations	must o	complet	e this	part.)	See ir	nstruc	tions.		
he d	orgai	nızatıon is not	a private foundation because	se it is (For lines 1 through 11,	check only	y one box	:)		_	•		-	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	П	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)									
3				ice organization described in se	ction 170	(b)(1)(A)(iii).						
4	П	-	·	d in conjunction with a hospital			•)(1)(A)(i	ii). Ente	er the ho	ospital's name	.	
•		city, and stat					• (,, ,,, ,,,,	.,,		oopman o mann	-,	
5	\Box	•	• •	of a college or university owned	or operat	ed by a d	overnme	antal uni	t descri	had in			
•	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
c		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	V												
7													
_			section 170(b)(1)(A)(vi). (C										
8	H			170(b)(1)(A)(vi). (Complete Part					_				
9	Ш			1) more than 33 1/3 % of its sup						-			
				npt functions—subject to certair		-					•		
		• •	~	nd unrelated business taxable in	•			k) from b	ousines	ses			
		, .	•	30, 1975. See section 509(a)(2).	•		•						
10													
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		<u>—</u>				•							
	$\overline{}$	a Type	··	c Type III-Function			d		e III–Ot				
е	Ш			ganization is not controlled direc	-								
			=	and other than one or more put	blicly supp	ported org	anızatıo	ns desc	nbed in	section	n		
			section 509(a)(2)										
f		-		ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				_
		_	check this box										
g		Since Augus	t 17, 2006, has the organiza	ition accepted any gift or contrib	ution from	n any of th	ne						
		following per	rsons?										,
		(i) A persor	n who directly or indirectly o	ontrols, either alone or together	with perso	ons descr	ıbed ın (II)				Yes	No
		and (III)	below, the governing body o	of the supported organization?							11g(i)		
		(ii) A family	member of a person descri	bed in (i) above?							11g(ii)		<u> </u>
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?							11g(iii)	<u> </u>
h		Provide the	following information about t	the supported organization(s)									
(ı) t		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(viı) Am	ount of	
	org	anızatıon		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col zed in the	sup	port	
				above or IRC section (see instructions))	governing	document?		oort?		5 7			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			_
					<u> </u>	<u> </u>							
					<u> </u>								
					1								
	_				 								
otal													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 502,585 181,888 6,743 5,085 2,810 699,111 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 502,585 181,888 6,743 5,085 2,810 699,111 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) Public support. Subtract line 5 from line 4 699,111 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 502,585 5,085 7 Amounts from line 4 181,888 6,743 2,810 699,111 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar <u>6,5</u>71 4,850 9,031 4,590 3,704 28,746 sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 10 727,857 12 12 Gross receipts from related activities, etc. (see instructions) 309,635 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.05% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 95.92% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule-A (Form' 990 or 990-EZ) 2009 MONTANA COUNCIL OF TEACHERS OF MATH 81-6031800

Page 2

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.)

Sec	tion A. Public Support	301,00 ti 10 501		21(1.)			
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
- Cu	ondar your (or nood) your boginning my P	(4) 2000	(6) 2000	(6) 2007	(u) 2000	(e) 2009	(i) iotai
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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			-			
	line 6.)		1				
	tion B. Total Support			-		•	
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for the	•	st, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	- L
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su	* * * * * * * * * * * * * * * * * * * *					
15	Public support percentage for 2009 (line 8	• • •	-	ın (f)) _,		15	%_
16	Public support percentage from 2008 Scho					. 16	
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (li	ine 10c, column (f	f) divided by line 13	, column (f))		17	%_
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga	nization did not cl	heck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3 %, check this b	ox and stop here	. The organization	qualifies as a publ	icly supported orga	anization	▶ [
b	33 1/3 % support tests—2008. If the orga	nization did not cl	heck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check the	nis box and stop l	here. The organiza	tion qualifies as a	publicly supported	organization	▶ [
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ □
DAA				- 	Sch	edule A (Form 99	or 990-EZ) 2009

Schedule-A (Form 990 or 990-EZ) 2009 MONTANA COUNCIL OF TEACHERS OF MATH 81-6031800

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. MONTANA COUNCIL OF TEACHERS OF MATH

Identifying number 81-6031800

	C/O CL	FF BARA					81-	603	1800
	ess or activity to which this form relates	!							
	ndirect Depreciat: art I		porty Under Section	on 170					
г	Note: If you have a	•	-		LCOR	nnlete P	art I		
1	Maximum amount See the instruc				3 00.	ipioto i	<u>ui (i.</u>	1	250,000
2	Total cost of section 179 property	=						2	
3	Threshold cost of section 179 prop		· ·	ructions)				3	800,000
4	Reduction in limitation. Subtract lii	•	•	,		•		4	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero o	or less, enter -0- If married	filing separately, s	ee inst	ructions		5	
6	(a) Description	of property	(b)	Cost (business use	only)	(c) E	lected cos	t	
			<u> </u>		,				
7	Listed property Enter the amount				_7				
8	Total elected cost of section 179 p	• •	,	and 7				8	
9	Tentative deduction Enter the sm							9	<u> </u>
10	Carryover of disallowed deduction	•						10	
11	Business income limitation. Enter		*		5 (see	instruction	ıs)	11	
12	Section 179 expense deduction A	•		an line 11		······		12	
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below				13				<u> </u>
	art II Special Depreciati			ation (Do no	at inc	lude list	ed prop	erty)	(See instr.)
14	Special depreciation allowance for			•		idde iist	ea prop	City./	
'-	during the tax year (see instruction		ulei ulaii listed properi	ty) placed in ser	VICE			14	
15	Property subject to section 168(f)(1) election						•	15	
16	Other depreciation (including ACR							16	2,988
	art III MACRS Depreciat		ude listed property	.) (See instr	uctio	ns.)			
			Section A						
17	MACRS deductions for assets pla-	ced in service in tax	years beginning before	2009		-		17	449
18	If you are electing to group any assets p								······································
	Section B—A	r	rvice During 2009 Tax		Gene	ral Depre	ciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	se (a) (coolery	(e) C	Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property			_					
b	5-year property				<u> </u>				
С	7-year property					-			
	10-year property								
е	15-year property						-		<u> </u>
<u>f</u>									
	25-year property			25 yrs.			S/L		
n	Residential rental property			27 5 yrs.		MM	S/L		
				27 5 yrs_		MM MM	S/L		
i	Nonresidential real property			39 yrs		MM	S/L		
	<u> </u>	sets Placed in Serv	ice During 2009 Tax Y	ear Using the	Altern		S/L eciation		<u> </u>
20a	Class life		loo burning 2000 Tux T	oar osing the z	110111	ative Depi			<u>'</u>
	12-year			12 yrs			S/L S/L		-
	40-year			40 yrs.	 	MM	S/L		
	art IV Summary (See ins	tructions.)		i Hoyis.			O/L		
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, I	•	ines 19 and 20 in colur	nn (g), and line	21. Er	iter here			
	and on the appropriate lines of you	_						22	3,437
23	For assets shown above and place			The state of the s					
	portion of the basis attributable to				23				

131509 MONTANA COUNCIL OF TEACHERS OF MATH 81-6031800

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

FYE: 12/31/2009

Description	 Amount
MEMBERSHIP	\$ 1,843
Total	\$ 1,843

3/31/2010 3:57 PM

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131509 MONTANA COUNCIL OF TEACHERS OF MATH Federal Statements

81-6031800 FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

131509 MONTANA COUNCIL OF TEACHERS OF MATH 81-6031800 Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
	7,856		
	7,901		
SUPPLIES	2,404		
SUPPLIES	38		
SUBCONTRACTS	15,785		
OFFICE	1,090		
ADMINISTRATION	1,300		
SCHOLARSHIP	6,000		
PUBLICATIONS	1,107		
STIPEND	2,200		
PROFESSIONAL FEES	2,900		
PROFESSIONAL FEES	3,087		
Total	\$ 51,668		

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
UNREALIZED APPRECIATION ON INVESTMENTS	\$	52,538
Total	\$	52,538

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year		
EQUIPMENT Less Accumulated Depreciation RESTRICTED CASH	\$ 34,234 28,879 2,866	\$	34,234 32,316 2,866
	 8,221		4,784

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	_	End of Year
PROPERTY HELD IN TRUST	\$ 2,86	6 \$	2,866
	2,86	6	2,866