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· 990

Department of the Treasury Internal Revenue Service 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)

2009

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning AUG_{-1} , 2009_{-} and en	ding J	UL 31, 2010				
В	heck if pplicabl	Please use IRS		D Employer identific	cation number			
	Addre			 				
	Name chang	be type Doing Business As		54-1	295407			
	Initial return	Specific	E Telephone number					
F	Termir _ated Amen	Instruct 1420 KING STREET			999006			
느	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	4,248,135.			
L	tion pendii	ADBARIORIA, VA 22314-2730		H(a) Is this a group re				
	•	F Name and address of principal officer LOUIS DIGIOIA		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
		empt status		1	list (see instructions)			
		te: WWW. MATHCOUNTS.ORG	T. V	H(c) Group exemption				
	art I	forganization: X Corporation Trust Association Other Summary	<u> L Year</u>	of formation: 1984 N	State of legal domicile: DE			
_		Briefly describe the organization's mission or most significant activities PROMOT	ING	EXCELLENCE	IN MATH			
Activities & Governance		SKILLS AMONG MIDDLE SCHOOL STUDENTS.						
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets			
Ş	1	Number of voting members of the governing body (Part VI, line 1a)		3	15			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15			
8	5	Total number of employees (Part V, line 2a)		5	0			
į	6	Total number of volunteers (estimate if necessary)		6	17000			
Ę	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
MAK 5 2 2011				Prior Year	Current Year			
) 	8	Contributions and grants (Part VIII, line 1h))					
e ž	9	Program service revenue (Part VIII, line 2g)		1,520,605. 891,571.	1,705,353. 963,392.			
_1 Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<213,163.				
\succeq^{κ}		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,812.	279.			
₹ ⋝	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,211,825.	2,660,956.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		46,000.	46,000.			
CANNEL	14	Benefits paid to or for members (Part iX, column (A), line 4)						
喜ぬ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		704,419.	763,943.			
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
<u> </u>	ь	Total fundraising expenses (Part IX, column (D), line 25) 154,608	3.					
Ŋû	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_ [_	1,992,869.	1,972,975.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,743,288.	2,782,918.			
	19	Revenue less expenses Subtract line 18 from line 12 FOF!VFD		<531,463.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		2,464,020.	2,504,079.			
AS	21	Total liabilities (Part X, line 26)		466,474.	487,616.			
2	22	Net assets or fund balances Subtract line 21 from line 20		1,997,546.	2,016,463.			
Pa	art II	Signature Block CONTRACTOR						
		Under penalties of perjury, I declare that I have examined this return including accompanying schedules and s and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	tatements,	and to the best of my knowled	ge and belief, it is true, correct,			
		$\sqrt{2}\sqrt{4}$	ocage	. /	/ .			
Sig	n	Y What Chair		11311				
Here Signature of officer Date								
		LOUIS DIGIOIA, EXECUTIVE DIRECTOR AND S	SECRE	TARY				
		Type or print name and title						
D.:		Preparer's Date	Ch se		er's identifying number structions)			
Pai		signature Cray a Stevens 12-20-	10 en	ployed >				
	parer's Only	Furm's name (or CALIBRE CPA GROUP PLLC		EIN ►				
USE	Unity	self-employed), address, and						
_		ZIP+4 WASHINGTON, DC 20006		Phone no. ► (202)331-9880			
Ма	y the I	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No			

6/10

Part IV Checklist of Required Schedules

MATHCOUNTS FOUNDATION

Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(q)!) (other than a private foundation)? 1 if 'Yes, 'complete Schedule organization and index of undered botheral collicated campaign activities on behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part If 5 Section 501(c)(3) organizations. If the organizations are supported in the organization and index of undered the organizations. Is the organization behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part If 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations along in hobbying activities? If 'Yes, 'complete Schedule C, Part If 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization behalf of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part If 5 Did the organization maintain any donor advanced funds or any sunfair funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes, 'complete Schedule D, Part If 5 Did the organization resport and areas, or historic structures? If 'Yes, 'complete Schedule D, Part If 6 Did the organization resport and areas, or historic structures? If 'Yes, 'complete Schedule D, Part If 7 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not lead in Part X, or provide schedule D, Part If 8 Did the organization report an amount for thisper, or ebb neglectation services? If 'Yes, 'complete Schedule D, Part If If 'Yes, 'complete Schedule D, Part If If Yes, 'complete Schedule D, Part If Yes, 'complete Schedule D, Part If Yes, 'complete Schedule D, Part I				Yes	No
2 Is the organization required to complete Schedule 6, Schedule 6 Contributors? Dut the organization ergage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. In the organization behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. In the organizations behalf of the section 603(s) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C, Part II Did the organization maintain any donor adversed flunds or any smallar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IVI Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IVI Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IVI. It is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, IVI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, IVI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, IVI. Did the organization report an amount for land,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(s) entote and reporting requirement and proxy tax' If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6), complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6), complete Schedule C, Part III Section 501(c)(4), 501(c)(6), and 501(c)(6), complete Schedule C, Part III Section 501(c)(6), 501(c)(6), and 501(c)(6), 501(c)(6), and 501(c)(6), 501(c)(6), and 501(c)(6), 501(If "Yes," complete Schedule A	1		
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c)(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization meintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easierment, including easierments to preserve open space, the environment, historic fail advises, or instructive? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for flowing questions "Yes?" If so, complete Schedule D, Part IV 18 is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, II 1 X 2 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 X V 11 X 2 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 V 12 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 V 12 Did the organization report an amount for other	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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10 bit the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 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. 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, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule E, Part II 12 X 13 Is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 15 Is the organization encount of the Villa of the Villa of the Villa of the Vi	9	- · · · · · · · · · · · · · · · · · · ·			
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	שו		10	1	v
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		es and organization operate one or more morphisms. In Troop complete obligation (1)		990 /	

Form 990 (2009) MATHCOUNTS FOUNDATION
Part IV Checklist of Required Schedules (continued)

		Yes	No
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the)]		
United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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_	
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
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		X
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			Ì
any tax-exempt bonds?	24c		
	24d		_
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	25a		X
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	25b		X
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	37		X
Note. All Form 990 filers are required to complete Schedule O	38	x)
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 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 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 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 end complete Schedule K II "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization meanitian an escrow account other than a refunding escrow at any time during the year? Of the organization meanitian an escrow account other than a refunding escrow at any time during the year? Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization advantance of the organizations. Did the organization advantance of the organizations of the organization of the organization of the organization and the the organization and the organization and the organization and the organization and the than so to be enreported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 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 is tax year? If "Yes," complete Schedule L, Part IV Was the organization organization and provide septimental organization of the organization organization organization and pr	United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III Did the organization are swern "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 I 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 Ix If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at one success benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee on in a prior year, and that the transaction waver that the gragaged 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-E27 If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule II, Part II Was the organization provide a grant or other assa	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 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 Discember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization mistan an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 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 If "se," complete Schedule L, Part II V 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 stax year If If "se," complete Schedule L, Part IV Was the organization or a party to a business transaction with on

the Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Raturns Enter 0- if not applicable 1 b 0 0 b Enter the number of Forms W256 included in line 1a Enter 0- if not applicable 1 b 0 0 c 0 dthe organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of Forms W256 included in line 1a Enter 0- if not applicable 2 b 1 b 0 0 c 1 c 1 b 0 0 c 1 c 1 b 0 0 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1					
U.S. Information Returns Enter 0- if not applicable Enter the number of Forms WGG included in the 1s Enter 0- if not applicable Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gamillurg) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year onding with or within the year covered by this return 10 If at least one is reported on line 2, did the organization file all quarted federal employment tax returns? Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3 Det the organization have unrised to business gross income of \$10,000 or more dumpt the year covered by their return? 3 A X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floring country (such as a bank account, securities account, or other financial account)? 4 If Yes, "anifer the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 Was the organization and fining requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 6 Was the organization and fining requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 7 Was the organization tile form 8886 T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 7 do Does the organization in clude with every solicitation an express statement that such contributions or grifs were not tax deductible? 8 bit "Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 9 bit "Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 10 bit the organization self, exchange, or otherwise dispose of tangible personal property for whi		5. "		Yes	No
b Enter the number of Forms W20 included in Ner 1a. Enter 9-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winnings? 25. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary are anding with or within the year covered by this return. b If at least one is reported on line 2a, did the organization sile all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five the return (see in entructions) 30. Did the organization have unrelated business gross incorne of \$1,000 or more during the year covered by this return? 31. If Yes, 'has of field a Form 990T for this year? If 'No, "provide an explanation in Schedule 0 32. If Yes, 's has of field a Form 990T for this year? If 'No, "provide an explanation in Schedule 0 33. If Yes, 's list the field a Form 990T for this year? If 'No, "provide an explanation in Schedule 0 34. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 35. If 'Yes, 'the foreign country (such as a bank account, securities account, or other financial account)? 36. If 'Yes, 'the counts in a foreign country (such as a bank account, securities account, or other financial account)? 37. If year, 'the country of the organization that it was or is a party to a prohibited tax shelter transaction? 38. If 'Yes, 'the foreign country (such as a bank account, securities and year? 39. If year, 'to line 6 ar or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 49. If 'Yes, 'the foreign accounts of the year is a party to a prohibited tax shelter transaction? 49. If 'Yes, 'the foreign accounts of the year is a party to a prohibited tax shelter transacti	1a				
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) with mines of the process reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If all least one is reported on line 24, dif the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 as i greater than 250, you may be required to e-file this return (see instructions) B. Of the organization have unreated business gross income of \$1,000 or more dump the year covered by this return? If ves, 1 and 1 filed a form 990-T for the year? If 1%0, provide an explanation in Schedule O. A. At any time during the calendar year, did the organization have a mitness in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If ves, 1 end is the report of foreign country (such as a bank account, securities account, or other financial account)? If ves, 2 end is the organization and filing requirements for Form TDF 90.22.1, Report of Foreign Bank and Financial Accounts So. Was the organization as of the organization that it was or is a party to a prohibited tax shelter transaction? If ves, 2 end is the organization file form 88861, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If ves, 3 did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? If ves, 4 did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? If ves, 4 did the organization include with every solicitation an express statement that such contributions or					
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filed for the calendary vear enting with or within the year covered by this return 2a	_		10		
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 33. With the second of the second of the second of \$1,000 or more during the year covered by this return? 34. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 35. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 37. If Yes, "did the organization that it was or is a party to a prohibited tax shelter transaction? 38. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited 38. Tax Shelter Transaction? 39. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization socient any contributions that were not tax deductible? 39. If Yes, "did the organization include with overy solicitation an express statement that such contributions or gifs were not tax deductible? 39. Organizations that may receive deductible contributions under section \$10(c). 30. If the organization shell were not tax deductible? 30. If Yes, "did the organization were seen than the property of the property for which it was required to the property." 30. If Yes, "did the organization were not tax deductible? 31. If Yes, "did the organization of the property for which the property for which it was	2a				
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3a	D		20_		
b if "Yes," has it field a Form 990-T for this yea?" If 'No, "provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5b Was the organization a party to a prohibited tax sheller transaction? 5b Was the organization a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5 a of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to line 5 a of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If Yes, "to line 5 a of 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If Yes, "to line 5 a of 6b did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "to line 5 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes, "to life form 8282? 7 If Yes, "include the number of Forms 8282 field during theyear. 9 If Yes, "include the number of Forms 8282 field during theyear. 9 If Yes, "include the number of Forms 8282 field during theyear. 9 For	٥.		0-		v
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d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			7c		Х
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	-			-
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40	· · · · · · · · · · · · · · · · · · ·	-		
			12a	+	
	b	ir res, enter the amount of tax-exempt interest received or accrued during the year 12b	Eor~	, 990	(2000)

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.

Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body	,						
b	Enter the number of voting members that are independent 15	<u>,</u>]						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	L	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	X				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_	L	X				
6	Does the organization have members or stockholders?	6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		ļ					
	governing body?	7a	ļ	X				
þ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1						
	by the following		1					
а	The governing body?	8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a	X					
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.	· ·	1				
4.4	and branches to ensure their operations are consistent with those of the organization?	10b	X					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	 				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	10-	Х					
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a						
J	to conflicts?	12b	X					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	!		į				
	ın Schedule O how this is done	12c	X					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	X	L				
15	Did the process for determining compensation of the following persons include a review and approval by independent) '	}					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>				
b	Other officers or key employees of the organization	15b	X	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	}						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}						
	taxable entity during the year?	16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			ļ				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		,	<u> </u>				
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	L	L				
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available							
10	public inspection indicate how you make these available. Check all that apply	ior						
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fine	ncial					
	statements available to the public.	iiu iilid	iciai					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition:	•					
	LOUIS DIGIOIA - (703) 299-9006	/						
	1420 KING STREET, ALEXANDRIA, VA 22314-2750							
		Form	990	(2009)				

932006

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

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. Use Schedule J-2 if additional space is needed.

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

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

(A)	(B)	ĺ	(C) Position					(D)	(E)	(F)
Name and Title	Average hours	(c)				app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KIMBERLY GAVALETZ										
CHAIRMAN	1.00	X	<u> </u>	_	<u>_</u>			0.	0.	0
PAMELA A. WICKHAM			}							ı
VICE-CHAIRMAN	1.00	X			_	_		0.	0.	0
JAMES M. RUBILLO								_	_	
TREASURER	1.00	X	<u> </u>	L	<u> </u>			0.	0.	0
LOUIS DIGIOIA, CAE									_	
SECRETARY/EXECUTIVE DIR	40.00	X	ļ.	X		<u> </u>		117,824.	0.	13,770
BARBARA BURNETT									_	_
DIRECTOR	1.00	X	<u> </u>	<u> </u>				0.	0.	0
THOMAS A. CARLISLE, P.E.	1 00									
DIRECTOR	1.00	X	_		<u> </u>	-		0.	0.	0
CONNIE J. EGGLESTON	1 00			}						_
DIRECTOR	1.00	X	⊢ –	<u> </u>	<u> </u>	 —	_	0.	0.	0
DAN FLICK	1 00	3,5	ŀ		1				0	•
DIRECTOR	1.00	A	 -	-	-			0.	0.	0
STEVEN W. HOLLAND, P.E.	1 00	3,5	l		}		1		0	•
DIRECTOR MARGUERITE MCCLAM, P.E.	1.00	1	-	-	-	├		0.	0.	0
DIRECTOR	1.00	v	ļ		[0.	0	^
ROBERT S. MILLER, III, P	1.00	1-	├-		┢	├		0.	0.	0
DIRECTOR	1.00			ļ	l			0.	0.	
JAMES M. MYERS	1.00	 ^	+-	-	╁	╁╴		 		0
DIRECTOR	1.00	v					Į	0.	0.	0
MARTHA ANN SANDSTEDT	1.00	^	├	 	┢	├			<u></u>	
DIRECTOR	1.00	v	Ì	1	1			0.	0.	0
CRAIG VOLDEN, PH.D.	2.00		 		┢	+-	-		_	
DIRECTOR	1.00	x			1	1		0.	0.	0
RON WASSERSTEIN PH.D.	2.00	 ^^		<u> </u>	T^-	†	-		<u></u>	
DIRECTOR	1.00	x	1	}		1	1	0.	0.	0
BRAD ALDRICH, P.E., F. N		† 	1		T	\vdash	\vdash			<u>_</u>
DIRECTOR	1.00	X	1	[1	1	[0.	0.	0

Form 990 (2009)

Par	t VII Section A. Officers, Directors, Tri	ustees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	1		(0	C)			(D)	(E)	(F)			
	Name and title	Average	١,,			itior			Reportable	Reportable	Estimated amount of			
		hours per		теск	all	Inat	app	(y) [compensation from	compensation from related	`		nount other	
		week	ndividual trustee or director			ļ			the	organizations			pensa	
			tee or	stee			Highest compensated employee		organization	(W-2/1099-MIS	C)		om th	
			a) trus	nstitutional trustee		Key employee	ошре		(W-2/1099-MISC)		i	-	anızat d relat	
		1	dividu	strutto	Officer	y em	phest	Former					nızatı	
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1h	Total		ــــــــــــــــــــــــــــــــــــــ	L	_	<u> </u>			117,824.		0.	1	3 7	70.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wh	10 r		,000 in reportable			<u> </u>	, , , ,
	compensation from the organization									·				1
											,		Yes	No
3	Did the organization list any former officer			, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on				1
	line 1a? If "Yes," complete Schedule J for s							ام ـ ا	h		ŀ	_3_		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	1			X
5	Did any person listed on line 1a receive or									ices rendered to	ł	4		^-
	the organization? If "Yes," complete Sched									.000 101100704 10	İ	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization NONE									г				
	(A) Name and business	s address						į	(B) Description of s	ervices	С	(C ompe		าก
						_		-						
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		-												
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								}	ı					
								-						
2	Total number of independent contractors	(including but r	not li	mıte	d to	the	se li	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organ						0							
												Form	990	(2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are (A)	not required to comple (B)	te columns (B), (C), and	(D). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	46,000.	46,000.		
3	Grants and other assistance to governments,	ļ		-	
	organizations, and individuals outside the U S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	404 504			
	trustees, and key employees	131,594.	65,797.	39,478.	26,319.
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	415,399.	302 000		EE 206
7	Other salaries and wages	415,399.	302,888.	57,205.	55,306.
8	Pension plan contributions (include section 401(k)	Ì			
9	and section 403(b) employer contributions) Other employee benefits	216,950.	150,596.	35,092.	31,262.
10	Payroll taxes	210,230.	130,330.	33,092.	31,202.
11	Fees for services (non-employees)				
''	Management				
	Legal	460.		460.	
	Accounting	18,000.		18,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	154,093.	147,736.	1,717.	4,640.
12	Advertising and promotion	150,109.	149,579.	530.	
13	Office expenses	51,849.	21,395.	30,070.	384.
14	Information technology	31,748.	29,441.	2,307.	
15	Royalties				
16	Occupancy	216,000	149,040.	34,560.	32,400.
17	Travel	351,078.	344,250.	3,167.	3,661.
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials	205 442		0 688	4.50
19	Conferences, conventions, and meetings	295,443.	292,304.	2,677.	462.
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	19,203.	18,755.	448.	
22	Insurance	3,731.	10,755.	3,731.	
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled	3,731.		3,731.	
	miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRINTING AND MAILING	477,177.	475,914.	1,263.	
b	STATE REGISTRATION FEES	186,500.	186,500.		
С		10,004.		10,004.	
d	STAFF DEVELOPMENT/RECRU	7,580.		7,406.	174.
е					
f	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24f	2,782,918.	2,380,195.	248,115.	154,608
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009

Paı	rt X	Balance Sheet	
			(A) (B) Beginning of year End of year
	1	Cash · non-interest-bearing	397,456. 1 675,965
	2	Savings and temporary cash investments	122,392. 2 19,950
	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	10,412. 4 10,934
	5	Receivables from current and former officers, directors, trustees, ke	y
	ĺ	employees, and highest compensated employees. Complete Part I	
	1	of Schedule L	5
	6	Receivables from other disqualified persons (as defined under sect	on
	ļ	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	e
		Part II of Schedule L	6
ţ	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	8
ä	9	Prepaid expenses and deferred charges	80,559. 9 30,274
	10a	Land, buildings, and equipment cost or other	
		basis Complete Part VI of Schedule D 10a	58,954.
	b		26,424. 29,918. 10c 32,530
	11	Investments - publicly traded securities	26,424. 29,918. 10c 32,530 1,796,823. 11 1,734,426
	12	Investments - other securities See Part IV, line 11	12
	13	Investments · program-related See Part IV, line 11	13
	14	Intangible assets	14
	15	Other assets See Part IV, line 11	26,460. 15 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,464,020. 16 2,504,079
	17	Accounts payable and accrued expenses	43,583. 17 52,008
	18	Grants payable	18
	19	Deferred revenue	15,240. 19 16,349
	20	Tax-exempt bond liabilities	20
S	21	Escrow or custodial account liability Complete Part IV of Schedule	D 21
Liabilities	22	Payables to current and former officers, directors, trustees, key em	ployees,
ge		highest compensated employees, and disqualified persons. Complete	ete Part II
	ĺ	of Schedule L	22
	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24
	25	Other liabilities. Complete Part X of Schedule D	407,651. 25 419,259
	26	Total liabilities, Add lines 17 through 25	466,474. 26 487,616
	1	Organizations that follow SFAS 117, check here X and	complete
မွ		lines 27 through 29, and lines 33 and 34.	
anc	27	Unrestricted net assets	1,167,546. 27 1,236,463
Bal	28	Temporarily restricted net assets	830,000. 28 780,000
Net Assets or Fund Balances	29	Permanently restricted net assets	29
Ē	l	Organizations that do not follow SFAS 117, check here	l and
ŏ	Į	complete lines 30 through 34.	
šets	30	Capital stock or trust principal, or current funds	30
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	31
et	32	Retained earnings, endowment, accumulated income, or other fundamental	
~	33	Total net assets or fund balances	1,997,546. 33 2,016,463
	34	Total liabilities and net assets/fund balances	2,464,020.34 2,504,079

Form 990 (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

OMB No 1545-0047

			JNTS FOUNDATI						<u>5</u>	<u>4-1295407 </u>
Part	Reaso	n for Public Cha	rity Status (All organiz	ations mu	st complet	e this part) See inst	ructions		
he org	anization is n	ot a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)			
1 [A church,	convention of churche	es, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2	A school of	described in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and s								•	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 1	70(b)(1)(A)(iv). (Comp	lete Part II)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X			ceives a substantial part					r from the	general	oublic described in
		70(b)(1)(A)(vi). (Compl				•				
8	A commu	nity trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀	An organi	zation that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross receipts from
			inctions - subject to certa							
	income ar	d unrelated business	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975.
	See secti	on 509(a)(2). (Complet	e Part III)							
10 🖳	An organi	zation organized and o	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	l).		
11 🛴	An organi	zation organized and o	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
	more pub	icly supported organiz	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2) See sec	tion 509(a)(3). Che	eck the box that
			organization and compl		_					
_	_ a Ll Ty _l				e III - Func	-	-		a	Type III - Other
e			at the organization is not							
	foundation	n managers and other	than one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or :	section 509(a)(2)
f	If the orga	inization received a wr	itten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	111		
		g organization, check t								<u></u>
g			organization accepted ar			•		٠,		
		-	directly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (III) below,	r
	_	• •	supported organization?							11g(ı)
		•	on described in (i) above?		_					11g(ii)
	• •		a person described in (i) o							11g(iii)
h	Provide tr	ie following information	about the supported or	ganization	(s)					
			(iii) Type of	k \ 1 - 4b				(1) (1)	the	
٠,,	me of supporte	d (ii) EIN	organization		organization sted in your			(vi) Is organizatii	on in col. I	(vii) Amount of
C	organization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			(000 11100 0010))	163	10	163	140	163	110	
				ļ		ł	ļ .	}	} {	
		-		ļ	 		 		1	
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Total					L	1		L	I	

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

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 !) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 1 Gifts, grants, contributions, and membership fees received (Do not 1290045. 1544768. 2140799. 1520605. 1705353. include any "unusual grants") 2 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 1544768. 2140799. 1520605. 1290045. 1705353. 8201570. 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) 8201570. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1290045. 1544768. 2140799. 1520605 1705353. 8201570. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 189,090. < 213,163. > < 8,068. > 341,046. 149,039. 224,148. and income from similar sources 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 12.812 279 17,640 assets (Explain in Part IV) 30,731. 11 Total support. Add lines 7 through 10 8573347. 12 Gross receipts from related activities, etc. (see instructions) 12 4,410,086. 13 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 95.66 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 94.74 16a 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 $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 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 b 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or Part III Support S	990-EZ) 2009 Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete only	if you checked the bo	Page 3		
Section A. Public S	Support								
Calendar year (or fiscal y		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1 Gifts, grants, contril				19/220	10/	(0) 2333	<u> </u>		
membership fees re	· I								
include any "unusu:	· I]					
2 Gross receipts from	· · ·					 			
merchandise sold o formed, or facilities any activity that is r organization's tax-e	r services per- furnished in elated to the								
3 Gross receipts from	activities that								
are not an unrelated	trade or bus-			}	1				
iness under section	513								
4 Tax revenues levied	for the organ-								
ization's benefit and	l either paid to								
or expended on its	behalf								
5 The value of service	s or facilities								
furnished by a gove	rnmental unit to				4				
the organization wit	hout charge			ļ					
6 Total. Add lines 1 ti	nrough 5								
7a Amounts included of	· · ·								
3 received from disc				1					
b Amounts included on lines from other than disqualifie exceed the greater of \$5,0 amount on line 13 for the	s 2 and 3 received d persons that 00 or 1% of the								
c Add lines 7a and 7b	5								
8 Public support (Sub)	ract line 7c from line 6)								
Section B. Total Si			<u> </u>			·	<u> </u>		
Calendar year (or fiscal y	ear beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9 Amounts from line	6								
10a Gross income from dividends, payment securities loans, rer and income from si	s received on its, royalties								
b Unrelated business tax	kable income								
(less section 511 taxe	s) from businesses								
acquired after June 30), 1975								
c Add lines 10a and 1	юь				T				
11 Net income from ur activities not includ whether or not the regularly carried on	ed in line 10b,								
12 Other income Do n					1	1			
or loss from the sale				Į		Į			
assets (Explain in P 13 Total support (Add line	, ,								
14 First five years. If t		the organization'	s first, second, thu	rd fourth or fifth t	ax vear as a section	on 501(c)(3) organiz	ration		
check this box and		, <u>G</u>	,	_,,	,		▶ □		
Section C. Compu		c Support Pe	rcentage						
15 Public support perd		 _		column (fl)		15	%		
16 Public support per		* *		00.0.77 (1,)		16	<u> </u>		
Section D. Compu				 -					
						17			
	7 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 8 Investment income percentage from 2008 Schedule A, Part III, line 17 18 %								
19a 33 1/3% support t	· -			on line 14, and line	e 15 is more than				
more than 33 1/3%							▶ 🗀		
b 33 1/3% support t		-	•				and		

line 18 is not more than 33 1/3%, check this box and stop here. The organization 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 box and see instructions

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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MATHCOINTS FOINDATTON

Employer identification number 54-1295407

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	3	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	se deliver devices, et les dilly ether purpose	Yes No
Pai		ganization answered "Yes" to Form 990. I	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	1000,14.10.1 0.4 00.1	and motorio structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	ind deliber valien deliting tion in the form	of a conservation easement on the last
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	4-1	2d
3	Number of conservation easements modified, transferred, re		
	year >	are the second of the second o	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	J. ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	_	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservate	ion easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of		
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		- •
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X	_	► \$ ► \$
		-	

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Schedule D (Form 990) 2009

			NTS FOUNDA						<u>54-12</u>			ige 2
Check all that apply a Pote exhabition d Loan or exchange programs b Scholarly research e Other Proseevation for future generations A Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for asset fundamental and part of the organization calleting in the organization answered "Yes" to Form 990, Part IV, line 3, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 b If "Yes," explain the airrangement in Part XIV and complete the following table Amount	Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Othe	er Simil	ar Asse	ts (conti	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
b Scholarly research e		(check all that apply)										
c	а	Public exhibition	C	, <u> </u>	Loan or exc	hange progra	ams					
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other smiller assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIV and complete the following table 2 is Beginning balance 3 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table 4 is a stable organization for the year 5 is Beginning balance 4 is a stable organization include an amount on Form 990, Part X, line 21? 5 is If "Yes," explain the arrangement in Part XIV 1 is 1 is Beginning of year balance 4 is Current year 5 is Procy year 6 is Procy year (b) Iwy years back (d) Three years back (e) Four years back 6 is Grants or scholarships 6 is Chothbutions 6 is Chothbutions 7 is Administrative expenses 9 is End of year balance 9 is Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment 9 is Premient endowment 9 is Premient b	Scholarly research	e	, [_]	Other								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as pair of the organization collection?	С	Preservation for future generations										
to be sold to raise funds rather than to be mantained as part of the origanization as collection?	4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt purp	ose in Pari	XIV		
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X												
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete ıf org	janization ar	nswered "Ye:	s" to Fori	m 990, Pa	art IV, line	9, or		
on Form 990, Part X? Yes No		reported an amount on Form 990, Pa	rt X, line 21				·					
b !f *Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance d Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance b If *Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earrings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				
d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Ves," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (e) Two years back (d) Three years back [a] Current year (b) Prior year (e) Two years back (d) Three years back [a] Current year (e) Two years back (d) Three years back (e) Four years back [a] Current year (e) Two years back (d) Three years back (e) Four years back [a] Current year (e) Two years back (d) Three years back [a] Current year (e) Two years back (d) Three years back (e) Four years back [a] Current year (e) Two years back (d) Three years back (e) Four years back [a] Current year (e) Two years back (d) Three years back (d) Three years back [a] Current year (e) Two years back (d) Three years back [a] Current year (e) Two years back (d) Three years back [a] Current year (e) Two years back (d) Three years back [a]		on Form 990, Part X?								Yes		No
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f Ending balance 11	d	Additions during the year						1d				
Date the organization include an amount on Form 990, Part X, line 21? Yes No	е	Distributions during the year						1e				
Billower Frank	f	Ending balance						1f				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Comparison (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes		No
(a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Fo	b_											
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g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		and programs										
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment	f	Administrative expenses		Ĺ								
a Board designated or quasi-endowment ▶	g	End of year balance										
b Permanent endowment	2	Provide the estimated percentage of the year	r end balance held a	as								
c Term endowment ▶	а	Board designated or quasi-endowment		_%								
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Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (n) Equipment (n) Equ	4											
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Pai	rt VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10					
b Buildings c Leasehold improvements d Equipment e Other								k value)			
c Leasehold improvements d Equipment 58,954. 26,424. 32,530. e Other	1a	Land										
d Equipment 58,954. 26,424. 32,530. e Other	b	Buildings										
e Other	С	Leasehold improvements										
e Other	d	Equipment			5	8,954.		26.4	24.	3:	2,5	30.
		· ·										
	Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10(c))				3	2,5	30.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

uncertain tax positions under FIN 48

	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial St		129540/ Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	rtaare	1	tutomon.	2,660,956.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,782,918.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<121,962.>
4	Net unrealized gains (losses) on investments		4		140,879.
5	Donated services and use of facilities		5		140,075.
_	Investment expenses		1		
6	Prior period adjustments		7		
7 8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		140,879.
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	10	10		18,917.
<u>10</u> Par	t XII Reconciliation of Revenue per Audited Financial Statemer			er Retur	
1	Total revenue, gains, and other support per audited financial statements		tariotorio p	1	2,801,835.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>	2,001,000.
a	Net unrealized gains on investments	2a	140,87	79.	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	 		
d	Other (Describe in Part XIV)	2d	 		
_	Add lines 2a through 2d	_ <u>u</u> _		2e	140,879.
3	Subtract line 2e from line 1			3	2,660,956.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				2/000//
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		}	ļ.
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,660,956.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	per Retu	
1	Total expenses and losses per audited financial statements			1	2,782,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			,
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,782,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<u> </u>		
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,782,918.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compl	lete thi	s part to provide an	y additiona	al information
					
					
					
			 		
				Sche	dule D (Form 990) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public*
Inspection

Schedule I (Form 990) 2009

Name	lame of the organization Employer identification number							
MATHCOUNTS FOUNDATION							54-1295407	
Part	I General Information on Grants a	and Assistance						
1 (Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibili	ty for the grants or ass	sistance, and the selec	
	criteria used to award the grants or assi							X Yes No
	Describe in Part IV the organization's pr							
Part			-					·
	recipient that received more than		1					
1 ((a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
,								
					<u> </u>			
	inter total number of section 501(c)(3) a inter total number of other organization:	-	ganizations					-

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

Part III Grants and Other Assistance to Individuals in the Uni Use Part IV and Schedule I-1 (Form 990) if additional spa		plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
		-						
SCHOLARSHIPS	8	46,000.	0.					
					<u> </u>			
Part IV Supplemental Information. Complete this part to provide	le the information	required in Part I,	line 2, and any other	additional information				
SCHEDULE I, PART I, LINE 2: THE OR	GANIZATI(ON MAINTAI	NS RECORDS	TO				
SUBSTANTIATE ALL SCHOLARSHIPS. SC	HOLARSHII	S ARE PAI	D DIRECTLY	TO COLLEGES				
(FUNDS ARE NOT GIVEN DIRECTLY TO T	HE STUDE	TS), AND	THE STUDEN	TS ENROLLMENT				
IS VERIFIED WITH THE SCHOOL. IN A	DDITION,	STUDENTS	ARE REQUIR	ED TO PROVIDE				
PROOF OF ENROLLMENT BEFORE THE FUN	DS ARE SI	ENT, SO A	SYSTEM IS	IN PLACE TO				
NSURE THE FUNDS ARE BEING USED AS INTENDED.								

SCHEDULE M *(Form 990)

Department of the Treasury

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. 2009

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

Attach to Form 990

MATHCOUNTS FOUNDATION 54-1295407 Part I Types of Property (b) (a) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1q revenues Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution · 13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts (PROGRAM MATER) X 105,540. DONORS VALUE 25 Other X 1 (AWARDS 21,000. DONORS 26 Other VALUE Х (BANNERS 12,907. 27 Other DONORS VALUE Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

LHA

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

describe in Part II

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MATHCOUNTS FOUNDATION

Employer identification number 54-1295407

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR SUBMITS A
DRAFT FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW. THE BOARD OF
DIRECTORS THEN VOTES ON WHETHER TO FILE FORM 990 AS IS, OR REQUEST CHANGES.
FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR AT A BOARD MEETING, THE
CONFLICT OF INTEREST POLICY IS DISCUSSED AND BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY TO ENSURE EVERYONE IS IN COMPLIANCE.
FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE REVIEWS ON
AN ANNUAL BASIS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, AND THEN
DELIBERATES AS A GROUP TO DETERMINE THE COMPENSATION OF THE EXECUTIVE
DIRECTOR. THE COMMITTEE IS PROVIDED WITH INDEPENDENT SALARY SURVEY DATA TO
DETERMINE COMPARABILITY OF THE COMPENSATION PACKAGE.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
PART XI LINE 2
BUDGET AND FINANCE COMMITTEE.
FORM 990, PART IX, LINES 5, 7, AND 9
SALARIES AND BENEFITS:
SALARIES AND BENEFITS LISTED ON FORM 990 FOR MATHCOUNTS FOUNDATION ARE
FOR CONTRACT WORKERS, WHO ARE PAID BY AN UNRELATED, EXEMPT
ORGANIZATION. MATHCOUNTS FOUNDATION REIMBURSES THE OTHER EXEMPT
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

QMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service	Attach to Form 990.	Inspection
Name of the organizatio	MATHCOUNTS FOUNDATION	Employer identification number 54-1295407
ORGANIZATION	FOR SALARIES AND BENEFITS PAID.	
		
		
		
		

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

Schedule O (Form 990) 2009

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		>	X	
l If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this t To not complete Part II unless you have already been granted an automatic 3-month extension on a previously file	•	n 8868		
Partill Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and comp	plete			
Part I only				
NI other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an offile income tax returns.	extens	sion of time		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension to be below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or control must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	ally if insolida	(1) you want the acted Form 990-T. In	Iditional	
ype or Name of Exempt Organization	Employer identification number			
mint MATHCOUNTS FOUNDATION	54	4-1295407		
the by the too date for Number, street, and room or suite no. If a P.O. box, see instructions.				
ling your 1420 KING STREET structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
ALEXANDRIA, VA 22314-2750				
Check type of return to be filed(file a separate application for each return)				
X Form 990	27 69			
LOUIS DIGIOIA The books are in the care of 1420 KING STREET - ALEXANDRIA, VA 22314 Telephone No. (703) 299-9006 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this box and attach a list with the names and EINs of all responses.	s is for	the whole group, o		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untimarked to file Form 990-	bove.	_·		
2 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in account	ing period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	_	_	_	
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$		
tax payments made Include any prior year overpayment allowed as a credit.	3b	\$		
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,				
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	<u> </u>			
See instructions	3c	<u> </u>	1/A	
Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-E	O for payment ins	tructions	
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (I	Rev. 4-2009)	

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