

**REQUIRED:**  
 Membership dues, insurance premium and submission of this completed form (including page 2) submitted by November 1, 2009 to remain in good standing.  
 Final required dues remittance date is March 1, 2010

**2009-2010  
 MT PTA  
 REMITTANCE FORM**

**Unit Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_  
 (must be permanent PTA address with city and zip)

**Number of Members @ \$5.00 per member = \$** \_\_\_\_\_  
 (Attach unit's OMDR PLUS membership list when submitting dues)

**Liability Insurance premium \$50.00 due by Nov. 1, 2009 (required)** \$ \_\_\_\_\_

**Fidelity Bonding Insurance – (optional, if selected remit by Nov. 1)** \$ \_\_\_\_\_

\$10,000 Coverage - COST \$ 90.00  
 \$25,000 Coverage - COST \$105.00  
 \$50,000 Coverage - COST \$131.00

**See Fidelity Bonding Insurance information at the bottom of page 2**

**Montana PTA Bulletin** received by unit officers via e-mail & MT PTA website **No-Charge**  
 \*Bulletin hard copies are available with the "Individual Bulletin Subscription" fee of \$15.00, please see Subscription Form on the Unit Leadership Information CD.

**Founders Day Contribution to Montana PTA (optional)** \$ \_\_\_\_\_  
 \*1/2 forwarded to NPTA; 1/2 kept by MT PTA

**Montana PTA Scholarship Contribution (optional)** \$ \_\_\_\_\_  
 \*Scholarships provided for high school & college students entering a Teaching/Education field

**Montana PTA Honorary Life Membership Fee \$75.00 (optional)** \$ \_\_\_\_\_  
 \*Must include Montana PTA Honorary Life Membership Form

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**CHECK MADE PAYABLE TO: MONTANA PTA**  
 Mail check, this form and local membership list to:  
**SEG FEDERAL CREDIT UNION**  
**PO BOX 69, LAUREL, MT 59044**

**Unit Treasurer** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Treasurer's Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

MUST COMPLETE BOTH PAGE 1 AND 2 AND RETURN

# REQUIRED IRS REPORTING INFORMATION

**Required for the Montana PTA Internal Revenue Code 501(c)(3) non-profit group tax exemption; failure to comply with these new reporting requirements may result in revocation of your tax exempt status. All units are now required to file an annual IRS return (FORM 990N or 990EZ) on or before the 15<sup>th</sup> day of the 5<sup>th</sup> month following the unit's fiscal year end.**

This unit has gross receipts for the 2008-2009 school year of:

- Gross receipts under \$25,000 and properly filed FORM 990N on-line at [www.irs.gov](http://www.irs.gov) on \_\_\_\_\_ date. OR will be filed on \_\_\_\_\_ date.

OR

- Gross receipts over \$25,000 and properly filed FORM 990EZ and Schedule A to the IRS on \_\_\_\_\_ date. OR will be filed on \_\_\_\_\_ date.

This unit's fiscal year end is: \_\_\_\_\_

This unit is incorporated with the State of Montana \_\_\_\_\_ YES      REQUIRED

Signature of PTA Officer verifying the above information: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print)

## FIDELITY BONDING INSURANCE INFORMATION

Fidelity bonding insurance covers losses sustained by a PTA unit through any fraudulent or dishonest act or acts committed by any of the officers or members who are authorized to handle PTA monies acting alone or in conspiracy with others. Fidelity bonding insurance is not required in the PTA Bylaws, but is in the best interest of each unit's financial security.

### **Unit must meet the following Fidelity Bonding Insurance Requirements:**

- ✓ **Unit completes an annual financial review by an Audit Committee or a qualified accountant**
- ✓ **Unit must complete a monthly review of the bank statements by a non-signer of the bank account(s)**

The amount of annual fidelity bonding coverage is determined by the unit's annual budget.

Annual Operating Budget	Optional Coverage
\$10,000 coverage	\$90
\$25,000 coverage	\$105
\$50,000 coverage	\$131