

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



DLN: 93492134014030

OMB No 1545-1150

2009

Short Form Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable C Name of organization D Employer identification number Please TEXAS COUNCIL OF TEACHERS OF MATHEMATICS Address change use IRS 31-1638493 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 10015 Derecho Dr Initial return type. (512) 475-9713 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Austin, TX 787371015 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). if the organization I Website:► www tctmonline net is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (6) ◀(Insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **►** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 128 2 Program service revenue including government fees and contracts 0 Membership dues and assessments 3 56.610 3 4 505 Gross amount from sale of assets other than inventory 5a 0 0 Revenue Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🟲 Gross revenue (not including \$ 0 of contributions 0 6a Less direct expenses other than fundraising expenses 6b 0 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0 6с Gross sales of inventory, less returns and allowances 7a 0 Less cost of goods sold 0 b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 436 Other revenue (describe 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 57,679 9 9 Grants and similar amounts paid (attach schedule) 18.300 10 10 Benefits paid to or for members 0 0 12 Salaries, other compensation, and employee benefits 2,400 Professional fees and other payments to independent contractors Expenses 13 13 Occupancy, rent, utilities, and maintenance 14 0 14 Printing, publications, postage, and shipping 8,961 15 Other expenses (describe 16 16 21,438 Total expenses. Add lines 10 through 16 51,099 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6.580 18 NetAssets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 129,503 Other changes in net assets or fund balances (attach explanation) 0 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 136,083 21 Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year 129,503 22 136,083 22 Cash, savings, and investments Land and buildings 0 23 0 0 0 Other assets (describe 24 129,503 25 25 Total assets 136,083 Total liabilities (describe 0 26

136,083

129,503

27

Part III Statement of Program Service Accomplishments (See the Instructions for Part III)					Expenses		
What is the organization's primary exempt					quired for section 501		
To promote mathematics education in Texa			<u> </u>		3) and 501(c)(4) anizations and section		
Describe what was achieved in carrying ou describe the services provided, the numbe					7 (a)(1) trusts,		
program title	or persons benefited, and	other relevant informat	ion for each	opti	onal for others)		
28 Scholarship Programs Provided 6 \$200	00 college scholarships to	student teachers ın ma	thematics				
education (6 Students)			L -		_		
	s amount includes foreign (· · · · · · · · · · · · · · · · · · ·	28a	0		
29 Educational Delivery, General/Other Pomathematics Teacher journal to approxima			9 lexas				
	s amount includes foreign o		▶┌	29a	11,361		
30 Professional Education Provided \$600	grants for 10 teachers to a	ttend the annual states	wide mathematics				
education conference (10 Teachers)			L -				
	s amount includes foreign (grants, cneck nere .	· · F	30a	0		
31 O ther program services (attach schedu (Grants \$) If thi	le)	rants, check here	. ▶ ⊏	31a			
32 Total program service expenses (add lin			•	32	11,361		
Part IV List of Officers, Directors, Tru			mpensated (See the inst				
	(b) Title and average	(c) Compensation	(d) Contributions	to	(e) Expense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pla deferred compensa		account and other allowances		
Rebecca Ontiveros 1213 Meadowview Dr							
El Paso, TX 79925	Treasurer 1 00	0		0	0		
Cynthia L Schneider							
10015 Derecho Dr Austin, TX 787371015	Board Member 2 00	0		0	0		
Paul Gray							
11902 Ashcroft Dr Houston, TX 77035	President 2 00	0		0	0		
Trouston, TX 77033							
				_			

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 •, section 4912 •, section 4955 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Rebecca Ontiveros Telephone no	• <u>(91</u>	5)780	-5093
	1213 Meadowview Dr Located at El Paso, TX ZIP + 4	► _ 79	925	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
с	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
		[Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		_	
	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No
		5		

16 Dıd	46-49b and complete the		ian activities on hehal	f of or in oppo	osition to		Yes	No
	ndidates for public office? If "Yes,"			погогигорре	33161011 60	46		
				rt II		47		
	the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II he organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		
	Did the organization make any transfers to an exempt non-charitable related organization?					49a		
	Yes," was the related organization					49b		
	mplete this table for the organizati	_		r than officers	s directors trus	stees a	nd kev	
	ployees) who each received more	than \$100,000 of compen		zation Ifther	re is none, ente	r "None	· "	
	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee b	cributions to benefit plans & compensation	a	count a	and
1 Coi	otal number of other employees pa mplete this table for the organizati	on's five highest compens		ractors who e	• each received m	►	an \$10	0,000
1 Col		on's five highest compens n Ifthere is none, enter "N	None "		each received me of service		an \$10 ompen	
1 Cor	mplete this table for the organizati compensation from the organizatio	on's five highest compens n Ifthere is none, enter "N	None "					
i 1 Col	mplete this table for the organizati compensation from the organizatio	on's five highest compens n Ifthere is none, enter "N	None "					
6 1 Col	mplete this table for the organizati compensation from the organizatio	on's five highest compens n Ifthere is none, enter "N	None "					
(a)	mplete this table for the organizati compensation from the organizatio	on's five highest compens n If there is none, enter "N ndent contractor paid more	e than \$100,000					
(a) (a) (a) (a)	mplete this table for the organization from the organization of the organization Name and address of each indepe	on's five highest compens n If there is none, enter "N ndent contractor paid more contractors each receiving	over \$100,000	(b) Type	e of service	(c) C	ompen	sation
51 Cor of c (a)	mplete this table for the organization from the organization Name and address of each independent of other independent of Under penalties of penury, I declare to	on's five highest compens n If there is none, enter "N ndent contractor paid more contractors each receiving that I have examined this return plete Declaration of preparer (co	over \$100,000	(b) Type	e of service	(c) C	ompen	sation
51 Coroff (a) (a) (b) Total (c) To	otal number of other independent of and belief, it is true, correct, and companies of officer Cynthia Schneider Govt Rel Rep 8 Type or print name and title	on's five highest compens n If there is none, enter "N ndent contractor paid more contractors each receiving that I have examined this return plete Declaration of preparer (co	over \$100,000 over \$100,000 , including accompanying softher than officer) is based	chedules and state on all information Date	e of service	(c) C	ompen of my knowle	sation
51 Cor of c (a)	otal number of other independent of and belief, it is true, correct, and companies of the correct of the correc	on's five highest compens n If there is none, enter "N ndent contractor paid more contractors each receiving that I have examined this return plete Declaration of preparer (c	over \$100,000 over \$100,000 , including accompanying softher than officer) is based	chedules and state on all information Date	e of service atements, and to the on of which prepared Preparer's identification	(c) C	ompen of my knowle	sation

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

TY 2009 Other Expenses Schedule

Name: TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

EIN: 31-1638493

Software ID: 09000073

Software Version: v1.00

Description	Amount	
Board travel to meetings	9,600	
Reception for members at annual conference	9,206	
Board expenses	832	
Dues to NCTM	270	
Capwız	1,500	
Bank charges	30	

TY 2009 Other Revenues Schedule

Name: TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

EIN: 31-1638493

Software ID: 09000073

Software Version: v1.00

Description	Amount
Membership Rebate from National Council of Teachers of Mathematics	236
Advertisement in fall journal from Region 4 ESC	200