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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492136010031

D Employer identification number

31-1638493

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

Open to Public Inspection

Form **990-EZ** (2010)

| Initial return | | turn | 10015 Derecho Dr | | (513) | 475 071 | 2 |
|----------------|------------|---|--|----------------|---------------------------------|----------|-------------------------------------|
| Terminated | | ted | | | (512) 475-9713 | | <u> </u> |
| Amended return | | | City or town, state or country, and ZIP + 4 Austin, TX 787371015 | | F Group Exemption Number ▶- | | |
| I A | pplication | on pending | , | | Number P | | |
| | | ting method | Cash Accrual Other (specify) ►eorg | _ | H Check ► 🔽 | ıf the c | organization is not |
| J Tax | -Exem | pt status(check | only one)— 501(c)(3) 501(c)(6) ◀(Insert no) 4947(a)(1) or | | required to at (Form 990, 99 | tach S | chedule B |
| \$5 | 0,000 | 0 A Form 990 | inization is not a section 509(a)(3) supporting organization and i -EZ or Form 990 return is not required though Form 990-N (e-pi to file a return, be sure to file a complete return | - | • | | |
| L Add | | 5b, 6c, and 7b, to Form 990 instead | line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ | ıf total asset | s (Part II, line 25, co ▶ \$ | lumn (B |) below) are \$500,000 or 58,056 |
| Pa | rt I | | e, Expenses, and Changes in Net Assets or Fund Book or e organization used Schedule O to respond to any question in the | | (See the instruc | tions fo | or Part I) |
| | 1 | Contribution | s, gifts, grants, and similar amounts received | | | 1 | 76 |
| | 2 | Program serv | vice revenue including government fees and contracts | | | 2 | 0 |
| | 3 | Membership | dues and assessments | | | 3 | 55,615 |
| | 4 | Investmentı | ncome | | | 4 | 321 |
| <u>o</u> | 5a | Gross amour | nt from sale of assets other than inventory | 5a | C | | |
| | ь | Less cost o | rother basis and sales expenses | 5b | C | <u> </u> | |
| Revenue | c | Gain or (loss | 5c | 0 | | | |
| R P | 6 | Gaming and | | | | | |
| _ | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | |
| | ь | Gross incom reported on I \$15,000) | | | | | |
| | c | Less direct | expenses from gaming and fundraising events | 6c | c | | |
| | d | Net income o | or (loss) from gaming and fundraising events (Add lines 6a and 6 | b and sub | tract line 6c) | 6d | 0 |
| | 7a | Gross sales | of inventory, less returns and allowances | 7a | C | | |
| | ь | Less cost of | fgoods sold | 7b | C | <u> </u> | |
| | c | Gross profit | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 0 |
| | 8 | O ther revenu | ue (describe in Schedule O) | | | 8 | 2,044 |
| | 9 | Total revenu | e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 | 58,056 |
| | 10 | Grants and s | ımılar amounts paıd (lıst ın Schedule O) | | | 10 | 30,800 |
| | 11 | Benefits paid | I to or for members | | | 11 | 0 |
| | 12 | Salaries, oth | er compensation, and employee benefits | | | 12 | 2,400 |
| ů, | 13 | Professional | fees and other payments to independent contractors | | | 13 | 0 |
| Expenses | 14 | Occupancy, | rent, utilities, and maintenance | | | 14 | 0 |
| 읈 | 15 | Printing, pub | lications, postage, and shipping | | | 15 | 14,074 |
| _ | 16 | Other expens | ses (describe in Schedule O) | | | 16 | 18,124 |
| | 17 | Total expens | ses. Add lines 10 through 16 | | | 17 | 65,398 |
| 93 | 18 | Excess or (d | eficit) for the year (Subtract line 17 from line 9) | | | 18 | -7,342 |
| φ. - | 19 | Net assets o | r fund balances at beginning of year (from line 27, column (A)) (r | must agree | e with | | |
| Net.Assets | | end-of-year | figure reported on prior year's return) | | | 19 | 136,083 |
| ž | 20 | O ther change | es ın net assets or fund balances (explain in Schedule O) . | | | 20 | 0 |
| | 21 | Net assets o | r fund balances at end of year Combine lines 18 through 20 | | ▶ | 21 | 128,741 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

| Part II Balance Sheets Check if the organization used | Schedule O to respond to | any question in th | his Par | + T T | | | Г |
|---|--|--------------------------------|----------|-----------|---------------------------|-----------|---|
| Check if the organization used | Schedule o to respond to | any question in the | 113 1 41 | | • • | | , |
| (See the instruct | ions for Part II) | | (A) E | Beginning | ofyear | | (B) End of year |
| 22 Cash, savings, and investments . | | [| | | 136,083 | 22 | 128,741 |
| 23 Land and buildings | | [| | | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O |) | | | | 0 | 24 | 0 |
| 25 Total assets | | [| | | 136,083 | 25 | 128,741 |
| 26 Total liabilities (describe in Schedule | 0) | | | | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of | column (B) must agree wit | h line 21) . | | | 136,083 | 27 | 128,741 |
| Check if the organization used What is the organization's primary exempt To promote mathematics education in Texa Describe what was achieved in carrying out describe the services provided, the number | Schedule O to respond to purpose? as t the organization's exempt | any question in t | lear an | d concis | | or 049 | Expenses equired for section 501)(3) and 501(c)(4) ganizations and section 947(a)(1) trusts, stional for others) |
| 28 Scholarship Programs Provided 7 \$200 education (7 Students) | 00 college scholarships to s | | | | ; ► ┌ | 28a | 0 |
| 29 Educational Delivery, General/Other Pu Mathematics Teacher journal to approxima | ublished and mailed the Fal | l 2010 and Sprin O Members) | g 2010 | Texas | <u>'</u> ► ┌ | 29a | |
| 30 Professional Education Provided \$600 education conference (28 Teachers) (Grants \$ 16,800) | grants for 28 teachers to a s amount includes foreign g | | | | ematics | 30a | a 0 |
| 31 O ther program services (describe in Sci (Grants \$) If thi | nedule O) | rants, check her | e | | · 广 | 31a | 1 |
| 32 Total program service expenses (add line | es 28a through 31a) 🛚 . | | | | .▶ | 32 | 16,474 |
| Part IV List of Officers, Directors, Tru Check if the organization used | | | | - | (See the ins | structio | ons for Part IV) |
| (a) Name and address | (b) Title and average hours per week | (c) Compensa (If not paid | | | ntribution e benefit p | | (e) Expense & account and |

enter -0-.)

devoted to position

deferred compensation

| - | | Neber Tefermenting (Nete the statement many many to be under | water as for Doub V/ V | | | - r ugc | |
|-----|--|--|----------------------------------|---------------|---------|------------|--|
| Pa | | Other Information (Note the statement requirements in the instr | · – | | | | |
| | | Check if the organization used Schedule O to respond to any question in this | s Part V | | Yes | No | |
| 33 | | organization engage in any activity not previously reported to the IRS? If "Y non of each activity in Schedule O | | 33 | res | No | |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | | | | | |
| 35 | If the org | ganization had income from business activities, such as those reported on libut not reported on Form 990-T, explain in Schedule O why the organization 0-T | , , , | | | | |
| а | a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | | | | | |
| b | If"Yes," | has it filed a tax return on ${\bf Form~990\text{-}T}$ for this year? (see instructions) . | | 35b | | | |
| 36 | | organization undergo a liquidation, dissolution, termination, or significant dis ? If "Yes," complete applicable parts of Schedule N | • | 36 | | No | |
| 37a | Enter amo | unt of political expenditures, direct or indirect, as described in the instructions | 37a 0 | | | | |
| b | Did the d | organization file Form 1120-POL for this year? | | 37b | | Νο | |
| 38a | Did the d | organization borrow from, or make any loans to, any officer, director, trustee | , or key employee or were | | | | |
| | any such | n loans made in a prior year and still outstanding at the end of the tax year c | overed by this return? | 38a | | Νο | |
| b | If "Yes," | complete Schedule L, Part II and enter the total amount involved . | 38b | | | | |
| 39 | Section 5 | 01(c)(7) organizations. Enter | | | | | |
| а | Initiatio | n fees and capital contributions included on line 9 | 39a | | | | |
| b | Gross re | ceipts, included on line 9, for public use of club facilities | 39b | | | | |
| 40a | Section 5 | 01(c)(3) organizations. Enter amount of tax imposed on the organization duri | ng the year under | | | | |
| | section 49 | 11 ▶, section 4912 ▶, section 4955 ↓ | - | | | | |
| b | transact | tion 4958 excess benefit or year that has not been art I | 40b | | | | |
| c | | 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on orgied persons during the year under sections 4912, 4955, and 4958 | anization managers or | | | | |
| | organıza | 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein tion | • | | | | |
| | transact | zations. At any time during the tax year, was the organization a party to a pion? If "Yes," complete Form 8886-T | | 40e | | Νo | |
| | | ites with which a copy of this return is filed • | | - /0.1 | | | |
| 42a | The org | anization's books are in care of Properties Rebecca Ontiveros 1213 Meadowyiew Dr | I elephone no | (91 | 15) /80 | -5093 | |
| | Located | at El Paso, TX | ZIP + 4 | <u>7</u> | 9925 | | |
| b | • | me during the calendar year, did the organization have an interest in or a signary nancial account in a foreign country (such as a bank account, securities acc | - | | Yes | No | |
| | account) | | • | 42b | | Νo | |
| | | enter the name of the foreign country 🕨 | | | | | |
| | | instructions for exceptions and filing requirements for Form TD F 90-22.1, Re I Accounts. | eport of Foreign Bank and | | | | |
| C | At any ti | 42c | | Νο | | | |
| | If "Yes," | enter the name of the foreign country 🕨 | | | | | |
| 43 | Section 4 | 947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 the amount of tax-exempt interest received or accrued during the tax year | | | | ▶ Г | |
| 44a | Did the o | organization maintain any donor advised funds? If "Yes", Form 990 must be co | ompleted instead of | | Yes | No | |
| | Form 990 |)-EZ. | | 44a | | Νo | |
| b | | organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If Form990-EZ | Form 990 must be completed | 44b | | No | |
| c | Did the o | organization receive any payments for indoor tanning services during the ye | ar? | 44c | | No | |
| d | If'Yes' t | o line 44c, has the organization filed a Form 720 to report these payments? <i>ale O</i> | If 'No,' provide an explanation | | | 110 | |

| Form 9 | 90-EZ (2010) | | | | | | | Page 4 | |
|----------------------|---|---------------------------------------|----------------------------|------------------------------|---|-----------|----------|---------------|--|
| | | | | | | | Yes | No | |
| | s any related organization a controll Yes,' Form 990 and Schedule R must b | | _ | of section 51 | .2(b)(13)? <i>If</i> | 45 | | No | |
| | old the organization receive any pay neaning of section 512(b)(13)? <i>If '</i> Y | | | | | 45a | | No | |
| | old the organization engage, directly andidates for public office? If "Yes," | | | behalf of or ı | n opposition to | 46 | | No | |
| Part | VI Section 501(c)(3) orga | nizations and sec | tion 4947(a)(1) no | nexempt | charitable tri | | nlv. | | |
| | All section 501(c)(3) orga 47-49b and 52. | | | | | | | stions | |
| | Check if the organization use | d Schedule O to respon | d to any question in this | Part VI . | | <u></u> | • | <u> </u> | |
| | | | | | | | Yes | No | |
| 47 D | old the organization engage in lobby | ng activities? If "Yes," | complete Schedule C, P | art II | | 47 | | | |
| 48 I | s the organization a school describe | d in section 170(b)(1)(| A)(II)? If "Yes," complete | Schedule E | | 48 49a | | | |
| 49a 🛚 | Da Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | | |
| b I | f "Yes," was the related organization | n a section 527 organiza | ation? | | | 49b | | <u> </u> | |
| | omplete this table for the organizat mployees) who each received more | | | | | | | | |
| | | (b) Title and average | | | tributions to | | .) Expe | ns e | |
| (a) N | ame and address of each employee paid more than \$100,000 | hours per week devoted to position | (c) Compensation | | benefit plans & compensation | | count a | | |
| | | devoted to position | | deletted | compensation | otne | I allowe | inces | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 50(f) | Total number of other employees pa | aud over \$100 000 | • | | | - | | | |
| 55(., | Total number of other employees po | and over \$100,000 . | | | | - | | | |
| 51 (| complete this table for the organizat | ion's five highest compe | nsated independent cor | ntractors who | each received n | nore th | an \$10 | 0,000 | |
| | f compensation from the organization | | | (h) T | | (-) (| | | |
| | a) Name and address of each indepe | indent contractor paid in | iore than \$100,000 | (в) тур | e of service | (6) | ompen | Sation | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 51(d) | Total number of other independent | contractors each receiv | ing over \$100,000 . | | ▶ | | | | |
| 52 | Did the organization complete Sch | | cion 501(c)(3) organizat | ions and 494 | 7 (a)(1) nonexer | | | | |
| | must attach a completed Schedule | A | | | | 1 1 | es 🗍 | No | |
| | | o avaminad this raturn in | | | | | | | |
| | enalties of perjury, I declare that I have | | | | | | | | |
| knowle | lge and belief, it is true, correct, and c | | reparer (other than office | i) is based oil | | wnich | prepare | i ilas aliy | |
| knowle | lge and belief, it is true, correct, and c | | reparer (otner than office | | | which | prepare | i ilas aliy | |
| knowled knowled | dge and belief, it is true, correct, and c | | reparer (otner than office | 20 | 011-05-15 | which | prepare | i iias airy | |
| knowled knowled | dge and belief, it is true, correct, and codes. Signature of officer Cynthia Schneider Govt Rel Rep 8 | omplete. Declaration of p | reparer (otner than office | 20 | | which | ргераге | Thas ally | |
| knowled knowled | dge and belief, it is true, correct, and codes. Signature of officer | omplete. Declaration of p | | 20 Da | 011-05-15 ate | | | | |
| Sign Here | Signature of officer Cynthia Schneider Govt Rel Rep 8 Type or print name and title | somplete. Declaration of p | Date C | 20 Di Check If elf- | 011-05-15 | ver ident | | | |
| Sign Here | Signature of officer Cynthia Schneider Govt Rel Rep 8 Type or print name and title Preparer's signature | somplete. Declaration of p | Date C | 20 Di | 011-05-15 ate Preparer's taxpay | ver ident | | | |
| Sign Here | Signature of officer Cynthia Schneider Govt Rel Rep 8 Type or print name and title Preparer's signature Firm's name (or yours if self-employed), | somplete. Declaration of p | Date C | 20 Di Check If elf- | 011-05-15 ate Preparer's taxpay | ver ident | | | |
| Sign Here Paid | Signature of officer Cynthia Schneider Govt Rel Rep 8 Type or print name and title Preparer's signature Firm's name (or yours | somplete. Declaration of p | Date C | 20 Di Check If elf- | Preparer's taxpay (See instructions) | ver ident | | | |

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As Filed Data -

DLN: 93492136010031

OMBNo 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization TEXAS COUNCIL OF TEACHERS OF MATHEMATICS Employer identification number

31-1638493

| ldentifier | Return Reference | Explanation |
|------------------|--------------------------------|---|
| F99Z_P01_S00_L08 | Form 990-EZ, Part I, Line 8 | Membership Rebate from National Council of Teachers of Mathematics on their dues - \$44 00, Returned scholarship check from 2009 - \$2,000 00 |

| ldentifier | Return Reference | Explanation |
|------------------|---------------------|---|
| F99Z_P01_S00_L10 | | Name/Address Amount Oven Relationship to Organization 2010 CAMTership (money to attend annual state conference) Elizabeth Reece elizabeth reece@esid net 7227 Surrmer Way San Antonio, TX 78240 Home 210-257-0417 Edigew ood SDD Grade 9-11 ESC 20 8000 None 2010 CAMTership (money to attend annual state conference) Eliza Wiston evision@alwand ent PD Bos 1474 Manyer LX 77578 Home 713-282-8330 Avin SD, Grade 8-10 ESC 4 \$600 None 2010 CAMTership (money to attend annual state conference) Contraction CaMTership (money to attend annual state conference) Sheri Mortgomery sher, mortgomery@coundrocked or g1004 Mohican Street Round Rook, TX Round Rook ISD, Grade 9-12 ESC 13 \$600 None 2010 CAMTership (money to attend annual state conference) Sheri Mortgomery sher, mortgomery@coundrocked or g1004 Mohican Street Round Rook, TX Round Rook ISD, Grade 4-12 ESC 55 \$600 None 2010 CAMTership (money to attend annual state conference) Shore Mortgomery Sherip (money to attend annual state conference) Page Reeves reevespe@cmosd or g168 Sudduth Dr. Bridge (morey to attend annual state conference) Page Reeves reevespe@cmosd or g168 Sudduth Dr. Bridge (morey to attend annual state conference). Shore 2010 CAMTership (money to attend annual state conference). Shore 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 20 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 20 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 20 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 20 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 20 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 4 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 4 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 4 \$600 None 2010 CAMTership (money to attend annual state conference). Shore 3 Sec. 4 \$600 None 2010 CAMTership (money to attend |
| | | Student ID Texas A&M University Scholarships and Financial Aid The Pavilion 200, Spence Street 1252 TAMU College Station, TX 77843 \$2,000 None Total Line 10 30,800 |

| ldentifier | Return Reference | Explanation |
|------------------|------------------------------|---|
| F99Z_P01_S00_L16 | Form 990-EZ, Part I, Line 16 | Dues to NCTM - \$270, Board Travel - \$13,372, Board Expenses - \$4,482 |

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 31-1638493

Name: TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|--|--|
| Rebecca Ontiveros 1213 Meadowview Dr El Paso, TX 79925 | Treasurer 1 | 0 | 0 | 0 |
| Cynthia L Schneider 10015 Derecho Dr Austin,TX 787371015 | Board Member 5 | 0 | 0 | 0 |
| Paul Gray 11902 Ashcroft Dr Houston, TX 77035 | President 3 | 0 | 0 | 0 |
| Nancy Trapp 15609 Brandt SR Raymondville,TX 78580 | President 3 | 0 | 0 | 0 |