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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

OMB No 1545-0047

benefit trust or private foundation)

Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning JUN 1, 2010 and ending MAY 31, 2011

	B c	heck if pplicabl	NATIONAL COUNCIL OF TEACHERS		•	D Employer identific	cation number						
	$\vdash$	_ichang ∏Name	B OF MATHEMATICS			52_6	057004						
	$\vdash$	_ichang ]initial _return		Idress)	Room/suite	E Telephone number							
		Termi		101633)	Hoongone	(703							
		Amen	ded	G Gross receipts \$	24,265,544.								
		Application	* RESTON, VA 20191-1502	H(a) Is this a group re									
		pendi	F Name and address of principal officer K1CHOON YAN	IG		for affiliates?	Yes X No						
			SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No							
			empt status:     501(c)(3)	4947(a)(1) o	or 527	1	If "No," attach a list. (see instructions)						
			te: WWW.NCTM.ORG	Other	1	H(c) Group exemption							
	K Form of organization: X Corporation												
	$\overline{}$		Briefly describe the organization's mission or most significant activities	utus SEE	SCHEDII	T.E. O							
	Activities & Governance	1	briefly describe the organization's mission or most significant activ	vittes: DEE 1	CHEDO	DE O							
	nar	2	Check this box If the organization discontinued its operation	ations or dispos	sed of more	than 25% of its net as	eete						
	vei		Number of voting members of the governing body (Part VI, line 1a)		sea or more	3	14						
	ŏ		Number of independent voting members of the governing body (P.			4	12						
	Se Se		Total number of individuals employed in calendar year 2010 (Part V			5	104						
	Ϋ́	6	Total number of volunteers (estimate if necessary)	,		6	0						
~1	Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	2		7a	713,016.						
2012	$\supseteq$	b	Net unrelated business taxable income from Form 990-T, line 34			7b	52,650.						
	- 1					Prior Year	Current Year						
	_ <del>-</del> g-	8_	Contributions and grants (Part VIII, line 1h)			566,896.	603,432.						
7	en		Program selvice-revenue (Part VIII, line 2g)			14,461,172.	14,326,937.						
₫	-Éi	-10-	Investment income (Fart VIII, column (A), lines 3, 4, and 7d)		ļ	1,958,240.	3,090,728.						
7	-33 Revenu	11/1	Other revealue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		<484,835.							
ᇤ	曲		Total revenue - add lines 8 through 11 (must equal Part VIII, colum	in (A), line 12)		16,501,473.	17,662,966. 96,749.						
Z	1-1	3	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to:be for members (Part IX, column (A), line 4)			0.	0.						
A			Salanes, other compensation, employee benefits (Part IX, column)	(A) lines 5.10\		8,122,406. 8,411,0							
SCANNED MAR 2	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	(A), lines 3-10)	-	0.	0.						
U,	' <u>a</u>		Total fundraising expenses (Part IX, column (D), line 25)	32,6	56. ├								
	<u> </u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>		7,530,810.	7,726,286.						
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), lir	ne 25)		15,773,323.	16,234,055.						
			Revenue less expenses. Subtract line 18 from line 12			728,150.	1,428,911.						
	ets or lances					ginning of Current Year	End of Year						
	asse	20	Total assets (Part X, line 16)			25,954,451.	27,888,992.						
	Net Ass Fund Bal		Total liabilities (Part X, line 26)	•		6,470,561.	6,747,160.						
			Net assets or fund balances. Subtract line 21 from line 20			19,483,890.	21,141,832.						
		rt II	Signature Block				Assistance de la constitución de						
			lities of perjury, I declare that I have examined this return, including accomp it, and complete! Declaration of preparer (other than officer) is based on all i			-	, knowledge and belief, it is						
	iiuo,	COITEC	t, and configure beglatation of preparer (other than officer) is based on an i	illioillation of wil	iicii preparei	Ilas ally kilowieuge.	12-11						
	Sign	,	Signature of officer			Date / 29	<del>/ 201/</del>						
	Here		KICHOON YANG, EXECUTIVE DIRECT	OR		·							
			Type or print name and title	<del></del>									
			Print/Type preparer's name Preparer's signat	ture	_	Date Check	PTIN						
	Paid		SUBRINA L. WOOD Sulreys	h. Was	1	1//5/// self-employer	d						
	Prep		Firm's name SUBRINA L. WOOD			Fırm's EIN ▶							
	Use (	Only	Firm's address 2021 L STREET, NW SUITE	400									
			WASHINGTON , DC 20036			Phone no. ( 2	202)293-2200						
			RS discuss this return with the preparer shown above? (see instruct			<del></del>	Yes No						
	<b>UJ200</b>	1 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the sepa	arate instructio	MS.		Form <b>990</b> (2010)						

	rt III Statement of Program Service Accomplishments
1.14	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	THE NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS IS A PUBLIC VOICE OF
	MATHEMATICS EDUCATION, PROVIDING VISION, LEADERSHIP AND PROFESSIONAL
	DEVELOPMENT TO SUPPORT TEACHERS IN ENSURING EQUITABLE MATHEMATICS
	LEARNING OF THE HIGHEST QUALITY FOR ALL STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	4 056 600
	MEMBERSHIP -
	FOUNDED IN 1920, NCTM IS THE WORLD'S LARGEST MATHEMATICS EDUCATION
	ORGANIZATION, WITH 100,000 MEMBERS AND 250 AFFILIATES THROUGHOUT THE
	UNITED STATES AND CANADA. NCTM MEMBERS RECEIVE ACCESS TO A WIDE RANGE
	OF RESOURCES RELATED TO THE TEACHING AND LEARNING OF MATHEMATICS FROM
	PRE-KINDERGARTEN THROUGH HIGHER EDUCATION.
4b	(Code:) (Expenses \$ 3,896,259. Including grants of \$ ) (Revenue \$ 5,104,581.
	CONFERENCES & PROFESSIONAL DEVELOPMENT -
	THE COUNCIL PRESENTS AN ANNUAL MEETING AND EXPOSITION ALONG WITH
	SEVERAL REGIONAL MEETINGS EACH YEAR, WITH A COMBINED ATTENDANCE OF
	30,000. TEACHERS AND OTHERS INTERESTED IN MATHEMATICS EDUCATION ATTEND
	LECTURES, PANEL DISCUSSIONS, AND WORKSHOPS AND VIEW EXHIBITS OF THE
	LATEST MATHEMATICS EDUCATION MATERIALS AND INNOVATIONS. NCTM OFFERS
	WIDE RANGING PROFESSIONAL DEVELOPMENT, INCLUDING A DIVERSE ARRAY OF
	EVENTS, SERVICES, AND RESOURCES.
4c	(Code:) (Expenses \$ 2,282,740 . including grants of \$) (Revenue \$ 2,990,671 . )
	PUBLICATIONS -
	NCTM'S PRINCIPLES AND STANDARDS FOR SCHOOL MATHEMATICS PUBLISHED IN
	2000, PROVIDES GUIDELINES FOR EXCELLENCE IN MATHEMATICS EDUCATION AND
	ISSUES A CALL FOR ALL STUDENTS TO ENGAGE IN MORE CHALLENGING
	MATHEMATICS. THE COUNCIL PUBLISHES FIVE PROFESSIONAL JOURNALS AND
	MAINTAINS A CATALOG OF MORE THAN 200 OTHER PUBLICATIONS AND RESOURCES.
	ITS PUBLICATIONS REPRESENT THE COUNCIL'S COMMITMENT TO THE ONGOING
	ENHANCEMENT OF TEACHING AND LEARNING OF MATHEMATICS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 460,592. including grants of \$ ) (Revenue \$ 603,432.)
<u>4e</u>	Total program service expenses ► 11,596,284.
	Form <b>990</b> (2010)

#### OF MATHEMATICS Part IV Checklist of Required Schedules

			V	NI-
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did 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 I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar 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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		X
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 repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	, !		
	as applicable.	į l		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	i !		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	ا		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
а	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	···		-
'	the organization's separate or consolidated infarctal statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ĺ		l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			U
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<del>                                     </del>	^
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	201		
	operate one or more hospitals must attach audited financial statements (see instructions)	Form	gan i	3U4V,
		rorm	<b>コゴ</b> U (	ZU1U)

# Form 990 (2010) Form 990 (2010) OF MATHEMATICS Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	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	<u>X</u>	<u> </u>
22	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	
23	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		v	
	Schedule J	23	X	
24a	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			J.
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization 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			x
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an 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	27		х
00	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	ļ		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	10000
		Form	99U (	(2010)

Form 990 (2010)

OF MATHEMATICS
egarding Other IRS Filings and Tax Compliance

Par	Check if Schedule O contains a response to any question in this Part V			
	Oncor i Concadio o Containo a responso to any question in ano 1 an 1	$\overline{}$	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return . 2a 104			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		!	1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
	If "Yes," enter the name of the foreign country: ► CANADA			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		↓
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).	_		X
а	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?			<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x
	to file Form 8282?  If "Yes" indicate the number of Forms 8282 filed during the year.	7.0		<del>                                     </del>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting $N/A$			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9ь	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-	•	
12a		12a		<del> </del>
ь	The foot and the discount of the content of the con	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	<del> </del>	†
а	to the organization hoories to loose qualifier treatment plant in the same and the	130	<del> </del>	1
	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			
ь	.a.			
_	organization is licensed to issue qualified health plans	1		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u> </u>				

52-6057004

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8h or 10h below describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, of 100 below, describe the chearistances, processes, or analysis in concesses of continues.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 1	
	officer, director, trustee, or key employee?	2		<u>X</u>
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1 1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		$\overline{}$	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u> </u>	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	<u>X</u>	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	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			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	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	ınd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:		
	THE COUNCIL - (703) 620-9840			
	1906 ASSOCIATION DRIVE, RESTON, VA 20191-1502		000	
		Form	uuii i	/2010\

032006 12-21-10

#### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### 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
- 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, if any. 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)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					6.4	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional frustee	Officer		Highest compensated Complete		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANNE M. COLLINS								_		_
DIRECTOR	1.00	X	_	ļ	_			0.	0.	0.
FREDERICK L. DILLON								_	_	_
DIRECTOR	1.00	X						0.	0.	0.
DEBBIE DUVALL								_	_	_
DIRECTOR	1.00	X	<u> </u>					0.	0.	0 .
BARBARA J. DOUGHERTY										
DIRECTOR	1.00	X					L	0.	0.	0.
KAREN KARP						1				
DIRECTOR	1.00	X				<u> </u>		0.	0.	0
DIANA V. LAMBDIN										
DIRECTOR	1.00	X						0.	0.	0 .
MATTHEW R. LARSON										
DIRECTOR	1.00	X						0.	0.	0.
DAVID K. MASUNAGA		ł								
DIRECTOR	1.00	X						0.	0.	0.
KIMBERLY MUELLER										
DIRECTOR	1.00	X						0.	0.	0
JENNIFER J. SALLS										
DIRECTOR	1.00	X						0.	0.	0.
CHRISTINE D. THOMAS										
DIRECTOR	1.00	X						0.	0.	0.
JUDITH ZAWOJEWSKI										
DIRECTOR	1.00	X		<u> </u>				0.	0.	0
HENRY S. KEPNER, JR.										
PAST PRESIDENT	5.00	X	L	X	L			113,741.	0.	0
J. MICHAEL SHAUGHNESSY										
PRESIDENT	5.00	X		X				105,339.	0.	0.
KICHOON YANG		1								
EXECUTIVE DIRECTOR	40.00	$oxed{oxed}$		X	<u>L</u>	<u> </u>		273,428.	0.	38,591
DAVID M. SHAYKA										
CHIEF OPERATING OFFICER	40.00		<u> </u>		Х	<u> </u>		168,803.	0.	44,746
KENNETH KREHBIEL				1						
ASSOC. ED FOR COMMUNICATIO	40.00		<u> </u>			X		153,654.	0.	27,270
032007 12-21-10	-									Form <b>990</b> (2010)

Form 990 (2010) OF PIATHEI									32-0037	004		age <b>o</b>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee			High	es <u>t</u>	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable	Es	stımate	:d
	hours per	(cl	heck	( all '	that	арр	ly)	compensation	compensation		nount (	of
	week	₫						from	from related		other	
	(describe hours for	or director				2		the	organizations	1 '	pensation the	
	related		器			is a		organization (W-2/1099-MISC)	(W-2/1099-MISC)		anızatı	
	organizations	Trustee	퉏		8	Ę,		(** 2 1033 111100)			d relate	
	in Schedule	Individual	Institutional trustae	喜	Key employee	Highest compensated employee	120			1	anızatı	
	O)	를	<u>इ</u>	Officer	Ş	₹ 1	Œ			L		
RICHARD ALDRIDGE	40.00					v		121 041	0.	,	0 6	71
DIR. OF INFO. TECHNOLOGY	40.00	├	<u> </u>		-	X	<u> </u>	131,041.	<u></u>	<del>  3</del>	9,6	/4.
JOANNE HODGES	40 00					J.		125 407	0.	۱ ,	4,0	<b>6</b> 0
DIR. OF PUBLICATIONS	40.00	$\vdash$	<u> </u>	ļ		X		125,407.	<u> </u>	<u> </u>	4,0	<u> </u>
MELANIE OTT	40.00					X		110 641	0.	1	9,3	F 0
SENIOR DIR. OF HR DEVELOPM	40.00	-	┢		├—	^	-	119,641.	<u></u>	┾┷┷	9,3	<u> </u>
DAVID BARNES	40.00	ļ				X		116,637.	0.	1	3,8	60
ASSOC. ED RESEARCH & PROF DEVELOPMEN	40.00	╌			┢	<u> </u>	-	110,037.		┷	5,0	•
		╁		<del>                                     </del>	╁	╁╌						
				l								
		$\vdash$			<u> </u>				<del></del>	<b>—</b>		
	]											
			†									
					<u> </u>	<u></u>		1 205 601		100	<del></del>	-
1b Sub-total						•		1,307,691.	0.		7,5	-
c Total from continuation sheets to Part V	II, Section A							0.	0.		7,5	$\frac{0}{60}$
d Total (add lines 1b and 1c)						<u> </u>		1,307,691.		20	1,3	60.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	no re	eceived more than \$100	0,000 in reportable			12
compensation from the organization											Yes	No
A Date of the second										L	103	
3 Did the organization list any former officer,			e, ke	у еп	пріо	yee,	or r	ngnest compensated er	nployee on	3		Х
line 1a? If "Yes," complete Schedule J for s					-41		ا ا	har aamaaaattaa fram	the ergonization			<del>  ^</del>
4 For any individual listed on line 1a, is the si									the organization	4	х	ĺ
and related organizations greater than \$15									idual for convec			
5 Did any person listed on line 1a receive or							elat	ed organization or indivi	idual for services	5	х	ĺ
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete schedul	e J	or S	ucn	ρer	SULI						
	mnensated in	den	enda	ant c		ract	nre t	hat received more than	\$100,000 of compen	sation f	from	
	mpensateu in	oep	onut	>11L C	JOHL	aci	<i>)</i> 13 (	mat received more than	4.30,000 or compens	,a.i.	0.11	
the organization.												

(A)	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
RICHARD WIRTHLIN, 1025 THOMAS JEFFERSON		
STREET, N.W., C/O WOODMARK, WASHINGTON	BUILDING LEASE	298,826.
MDI IMAGING AND MAIL		
21955 CASCADES PARKWAY, DULLES, VA 20166	DIRECT MAIL SERVICES	174,057.
WYNDHAM JADE, 6400 INTL PARKWAY, SUITE	CONFERENCE	•
2500, PLANO, TX 75093	REGISTRATION SERVICE	173,281.
2 Total number of independent contractors (including but not limited to those is	sted above) who received more than	
\$100,000 in compensation from the organization		

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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Pa	rt v	111	Statement of Rever	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Section   Sect	ts s	1	а	Federated campaigns	1a					
Section   Sect	필		b	Membership dues	1b					
Second   S	s, g		С	Fundraising events	1c					
Second   S	gift ar		d	Related organizations	1d					
Second   S	S,E		е	Government grants (contribut	tions) 1e	<u> 36,252.</u>				
Second   S	를 들		f	All other contributions, gifts, gran						
Second   S	듗			similar amounts not included abo	ve 1f	<u>567,180.</u>				
Second   S	E P		9	Noncash contributions included in lines	1a-1f \$	<del></del>				
2 a   MEMBERSHIP DUES   00099   5,702,558.   5,702,558.   00099   2,926,482.   900099   2,926,1482.   900099   2,926,112.   2,926,114.   64,497.   648,519.   648,5	<u>5</u> ē		h	Total. Add lines 1a-1f		<u> </u>	603,432.			
CONVENTION/EXHIBITS   900099   4,926,482,4926,482,   926,482,					_					
Total. Add lines 1a-11d	8	2				900099	5,702,558.	5,702,558.		
Total. Add lines 1a-11d	, Š		b			900099	4,926,482.	4,926,482.	64 407	
Total. Add lines 1a-11d	n S		C		LES			2,926,174.		
Total. Add lines 1a-11d	è a								648,519.	EO 707
Total. Add lines 1a-11d	<u></u>					900099	58,707.			38,707.
3 Investment income (including dividends, interest, and other similar amounts)   539,536.   539,536.     4 Income from investment of tax-exempt bond proceeds   6 a Gross Rents   0,0 Real   0,0 Personal   262,196.   262,196.   262,196.     6 a Gross Rents   0,0 Real   0,0 Personal   262,196.   262,196.   262,196.     6 a Gross Rents   0,0 Real   0,0 Personal   262,196.	<u>-</u>			, •	enue	L	14226027			
other smilar amounts)   1	$\rightarrow$		g				14320937.			
A   Income from investment of tax-exempt bond proceeds   Sequenties   Colorador   Colora		3		, -	dividends, intere	_	520 526			539 536
The state of the		_		•		_	339,330.			337,330.
(i) Personal   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Perso					x-exempt bond p	proceeds	262 196			262.196.
6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 5982251. c Gain or (loss) d Net gain or (loss) 4 Segan or (loss) 5982251. c Gain or (loss) 6 Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: other come or (loss) from gaming activities. See Part IV, line 19 b Less: other come or (loss) from gaming activities. See Part IV, line 19 b Less: other come or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b G20, 327.  Miscellaneous Revenue  11 a	į	5		Royalties	(i) Dool	(v) Domand	202,130.	<del></del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	202 / 1300
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 5982251. c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 5982251. c Some from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a  Miscellaneous Revenue  11 a  All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		_		Out of Broke	(i) Real	(ii) Personai				
e Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 2 Gain or (loss) d Net gain or (loss) 5 982251. 2 551192. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	- 1	0			<del></del>		•			
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$				·						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 25982251.  c Gain or (loss) 2551192. d Net gain or (loss) 2551192. d Net gain or (loss) 2551192.  d Net gain or (loss) 2551192.  d Net gain or (loss) 2551192.  b Less: cost or basis and sales expenses 25982251.  c Gain or (loss) 2551192.  d Net gain or (loss) 2551192.  b Less: direct expenses 5 5982251.  c Net income or (loss) 6 from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses 5 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold 5 620, 327.  c Net income or (loss) from sales of inventory 5 (620, 327.) < 620, 327. > 6				·		<b></b>	1			
assets other than inventory b Less: cost or other basis and sales expenses 5982251.  c Gain or (loss) 2551192. d Net gain or (loss)	İ				(i) Securities	· · · · · · · · · · · · · · · · · · ·				
b Less: cost or other basis and sales expenses		•				(ii) Otirioi	1			
and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19  b Less: cirrect expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a  b  11 a  b  C d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  5982251. 2551192.  2, 5551, 192.  2, 5551, 192.  2, 5551, 192.  2, 5551, 192.  2, 5551, 192.  2, 5551, 192.  2, 5			h	•		<u> </u>	1			
c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cirect expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  2,551,192.  2,			-		5982251.					
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c	i		c	•			1			
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						<b>•</b>	2,551,192.			2551192.
Including \$ of contributions reported on line 1c). See Part IV, line 18		8		• , ,	g events (not					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.				including \$	of	1				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.	ě e			contributions reported on line	1c). See					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.	E.			Part IV, line 18	а					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.	돭		b	Less: direct expenses	b					
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code	١		С	Net income or (loss) from fund	draising events					
b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  b  17662966. 12934887. 713,016. 341163	ŀ	9	а	Gross income from gaming ad	ctivities. See					
c Net Income or (loss) from gaming activities  10 a Gross sales of Inventory, less returns and allowances  b Less: cost of goods sold c Net Income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.				Part IV, line 19	а		1			
10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions.  17662966. 12934887. 713,016. 341163			b	Less: direct expenses	b					
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  a b b C C C C C C C C C C C C C C C C C C			C	Net income or (loss) from gan	ning activities	<u> </u>				<del></del>
b Less: cost of goods sold control by 620, 327.		10	а	Gross sales of inventory, less	returns	1				
C Net Income or (loss) from sales of Inventory         Miscellaneous Revenue       Business Code         11 a				and allowances	. a	600 200	1			
Miscellaneous Revenue       Business Code         11 a	ļ		b	Less: cost of goods sold	b	620,327.				
11 a	1		С	Net income or (loss) from sale	es of inventory	<u>,                                      </u>		P<620,327.	P	
b c d All other revenue e Total. Add lines 11a-11d > 17662966 . 12934887 . 713,016 . 341163				Miscellaneous Revenu	ie	Business Code	1			
c d All other revenue e Total. Add lines 11a-11d > 17662966. 12934887. 713,016. 341163		11							ļ	
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.    Total revenue			b					<del>                                   </del>		
e Total. Add lines 11a-11d ▶ 17662966. 12934887. 713,016. 341163			C			<b></b>				
12 Total revenue. See instructions > 17662966. 12934887. 713,016. 341163	ŀ		d				<del>                                     </del>			
					•		17662966	12934887	713.016	3411631
	03200			TOTAL LEARUNG. SEE IUSTLINCTIOUS.			1.002,000	127510076	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form <b>990</b> (2010)

#### Part IX Statement of Functional Expenses

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

	All other organizations must com	(A)	(B)	(C)	(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	6 005	6 005		
	organizations in the U.S. See Part IV, line 21	6,895.	6,895.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	89,854.	89,854.		
3	Grants and other assistance to governments,				
	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,				
	trustees, and key employees	689,055.	405,099.	283,956.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,706,919.	1,584,254.	4,122,665.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	699,759.	199,462.	500,297.	
9	Other employee benefits	889,496.	254,965.	632,662.	1,869.
10	Payroll taxes	425,791.	121,369.	304,422.	
11	Fees for services (non-employees):				
а	Management	6,114.		6,114.	
ь	Legal	30,183.		30,183.	· · · · · · · · · · · · · · · · · · ·
C	Accounting	54,030.		54,030.	
d	Lobbying	33,795.	33,795.		
е	Professional fundraising services See Part IV, line 17			160 451	
f	Investment management fees	163,451.		163,451.	
9	Other	342,180.	342,180.		
12	Advertising and promotion	281,559.	281,559.	400 404	2 527
13	Office expenses	2,410,483.	1,997,552.	409,404.	3,527.
14	Information technology	45 770	AE 770		· · · · · · · · · · · · · · · · · · ·
15	Royalties	45,778.	45,778.		
16	Occupancy	356,854.	356,854.	297,186.	<del></del>
17	Travel	805,987.	508,801.	297,100.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,243,255.	1 224 661	5,693.	12,901.
19	Conferences, conventions, and meetings	1,243,255.	1,224,661.	3,093.	12,901
20	Interest				
21	Payments to affiliates	311,310.	92,275.	219,035.	<del></del>
22	Depreciation, depletion, and amortization	51,272.	32,213.	51,272.	
23	Insurance	31,212.		31,212.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0 ) MEMBERSHIP RETENTION	741,710.	741,710.		
a	SUBCONTRACTOR	305,171.	305,171.		
b	BANK CHARGES	257,049.	231,461.	25,562.	26.
ب د	MEDIA & PR	96,886.	86,331.	20,002.	10,555
d	ELECTION	77,978.		77,978.	
e	All other expenses	111,241.	2,686,258.	<2,578,795.>	3,778
25	Total functional expenses. Add lines 1 through 24f	16,234,055.	11,596,284.	4,605,115.	32,656
25 26	Joint costs. Check here Inf following SOP		,_,	- , , <u></u>	,
∠0	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				

Form **990** (2010)

Pai	τX	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	260,738.	1	310,425.
	2	Savings and temporary cash investments	3,492,180.	2_	2,992,527.
	3	Pledges and grants receivable, net	3,110.	3_	27,847.
	4	Accounts receivable, net	619,215.	4	974,871.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	······································
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	1 550 447	7	1 261 200
As	8	Inventories for sale or use	1,552,447.	8	1,361,300. 249,429.
	9	Prepaid expenses and deferred charges	168,851.	9	249,429.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 8,998,797.  10b 5,913,764.	3 312 672	40-	3 085 033
	l		3,312,672. 16,545,238.	100	3,085,033. 18,887,560.
	11	Investments - publicly traded securities	10,343,230.	12	10,007,300.
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14 15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,954,451.	16	27,888,992.
	17	Accounts payable and accrued expenses	1,942,936.	17	27,888,992. 2,046,129.
	18	Grants payable		18	
	19	Deferred revenue	4,155,076.	19	4,309,219.
	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 employees,			
iabi		highest compensated employees, and disqualified persons. Complete Part II			
		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	220 540	24	201 012
	25	Other liabilities. Complete Part X of Schedule D	372,549.	25	391,812.
	26	Total liabilities. Add lines 17 through 25	6,470,561.	26	6,747,160.
		Organizations that follow SFAS 117, check here   X and complete			
ces		lines 27 through 29, and lines 33 and 34.	17,925,988.	27	19,590,530.
<u>a</u>	27	Unrestricted net assets	1,115,165.		1,082,594.
Ba	28	Temporarily restricted net assets	442,737.	29	468,708.
Ĕ	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here   and	112//011	20	2007.000
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	1
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ Ŗ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	19,483,890.		21,141,832.
	34	Total liabilities and net assets/fund balances	25,954,451.		27,888,992.
	<u></u>				Form <b>990</b> (2010)

Form **990** (2010)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	17,66	2.9	66.
	Total expenses (must equal Part IX, column (A), line 25)	2	16,23		
2		3	1,42		
3	Revenue less expenses. Subtract line 2 from line 1	<del> </del>	19,48		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>31.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,14	1,8	<u>32.</u>
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII			_	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form	990 (	2010)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

iame oi t	ne organizati		T COONCIP OF	TEAC	пеко						iibei
Part I	Passan		EMATICS ity Status (All organia		at aammin	to this son	t \ Coo inn	lm.otiooo		2-6057004	
								tructions.			
			because it is: (For lines	_							
1			s, or association of chur			ection 1/U	J(D)(T)(A)(I)	) <b>.</b>			
2			' <b>0(b)(1)(A)(ii).</b> (Attach Sc	•							
3	•	•	tal service organization					# \#*\#*\#	<b>.</b> .		
4 📖			operated in conjunction	with a nos	pital desci	ribed in se	ection 1/U	(b)(1)(A)(II	ii). Enter t	ne nospital's nam	e,
	city, and stat			••							
5 📖		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or u	niversity o	wned or of	perated by	a governi	mental uni	t describe	ed in	
6 🔲			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).				
7 🗔			erves a substantial part					or from the	general i	oublic described i	1
	-	<b>b)(1)(A)(vi).</b> (Comple	•			<b>9</b>			<b>3</b> ,		•
8 🔲	-		ection 170(b)(1)(A)(vi).	(Complete	Part IL)						
9 X	•		eives: (1) more than 33	•	· · · · · · · ·	rom contri	ibutions n	nembershi	n fees ar	nd aross receipts t	rom
	-	-	nctions - subject to certa						•	•	
		•	axable income (less sec	•		•				-	
		509(a)(2). (Complete			by morn bo	011100000	uoquii oo o	y the orge	unzacion e	21101 00110 00, 107	<b>.</b>
ю 🗆			perated exclusively to te	et for publ	ic safety S	See sectio	n 509(a)(4	1).			
	•	•	perated exclusively for the	•	•			•	v out the	nurnoses of one o	or
	_	•	ations described in secti		•				•		•
			organization and compl		•		_,. 000 <b>00</b> 1	J 500(	<b>0</b> /( <b>0</b> /). On (	on the box that	
	a Type I	· · · · · · · · · · · · · · · · · · ·	Type II		e III - Func		tegrated		d 🗔	Type III · Other	
e 🗀			t the organization is not			=	_	r more dis		* *	า
		•	han one or more publich		•	•	•				•
f		-	ten determination from		-				- (-/(-/		
·		rganization, check th				po ., .,po	, , , ,				
g		-	rganization accepted ar	nv aift or c	ontribution	from any	of the follo	owina per	sons?		
•	_		rectly controls, either a	• •		•				Yes	No
		<del>-</del>	upported organization?	•					,	11g(i)	
			n described in (i) above?	•						11g(ii)	
	• •	•	person described in (i)		e?					11g(iii)	
h		•	about the supported or	• •							
••		·		<b>J</b>	(-).						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did vo	u notify the	(vi) Is	the	(vii) Amount o	,
	nization	(11) E114	organization		sted in your		tion in col	organizatı (i) organiz	on in col	support	•
0.92			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2 (	ооррон	
			(see instructions))	Yes	No	Yes	No	Yes	No		
	•									•	
							-			=	
							l				
	-				ļ				<del>                                     </del>	-	
							ļ			· · · · · · · · · · · · · · · · · · ·	
otal		l	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u> 1</u>			

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if	the organization failed to qualify under	Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızation'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						
4	Total. Add lines 1 through 3				ļ		
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)		***************************************			<u> </u>	
	Public support. Subtract line 5 from line 4				<u> </u>		
	ction B. Total Support	T	<del> </del>		T	<del></del> -	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						ļ
	dividends, payments received on						
	securities loans, rents, royalties				İ		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			İ		1	
	business is regularly carried on			ļ. <u> </u>		<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		ļ				
11	<b>Total support.</b> Add lines 7 through 10	<u> </u>	L	1	<u> </u>	ļ	1
12	•					12	
13	First five years. If the Form 990 is for	-	s first, second, th	ırd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
60	organization, check this box and stor		roontago		<del></del>		▶∟
	ction C. Computation of Publ			((0)		44	
	Public support percentage for 2010 (			column (t))		14	<u>%</u>
	Public support percentage from 2009	•	•	- h 40 al h	14 - 00 + /20/	15	<u>%</u>
168	33 1/3% support test - 2010.If the o				14 IS 33 1/3% OF F	nore, check this bo	x and ⊾□
	stop here. The organization qualifies		-		lles 15 to 22 1/20	Carmora abaak th	uo boy
	33 1/3% support test - 2009. If the constant and the same states are				I IIII 15 IS 33 1/37	6 of more, check ti	IIS DOX ▶□
	and stop here. The organization qua				10 10a ar 10b	and line 14 is 100/	AT
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orga	nization _
_	meets the "facts-and-circumstances"					170 and line 15	10% or
ı	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						•
40	organization meets the 'facts-and-circ						
18	Private foundation. If the organization	AT GIG HOL CHECK A	DOX OIL IIII 13, II	ua, 100, 17a, 01 17		edule A (Form 99	
					301	, , , , , , , , , , , , , , , , , ,	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					i
	include any "unusual grants.")	7478578.	7300696.	6871478.	6428501.	6197308.	34276561.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9043390.	3428520.	8360745.	7278744.	8020045.	36131444.
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf				<u> </u>		· · ·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	16521968.	10729216.	15232223.	13707245.	14217353.	70408005.
7 a	Amounts included on lines 1, 2, and					!	
	3 received from disqualified persons			10,000.			10,000.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b			10,000.	-		10,000.
	Public support (Subtract line 7c from line 6)			10/000			70398005.
	etion B. Total Support	<u>                                     </u>	<u> </u>				1,0330003.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	16521968.	10729216	15232223	13707245	14217353	70408005
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	964,546.		859,332.			
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				!		
c	Add lines 10a and 10b	964,546.	1011159.	859,332.	2186751.	801,732.	5823520.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	499,041.	86,303.	7,134.	56,616.	52,650.	
12	Other income. Do not include gain or loss from the sale of capital	132/0121		,,,,,,,	00,0201	02,000	
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	17985555.	11826678.	16098689.	15950612.	15071735.	76933269.
	First five years. If the Form 990 is for				·	<del></del>	<del></del>
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (	line 8, column (f) di	ivided by line 13, o	olumn (f))		15	91.51 %
	Public support percentage from 2009		•			16	91.44 %
	ction D. Computation of Inve						
17	Investment income percentage for 20			ne 13, column (f))		17	7.57 %
18	Investment income percentage from			\ <i>''</i>	-	18	7.46 %
	33 1/3% support tests - 2010. If the	•	·	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a	•					<b>→</b> X
ь	33 1/3% support tests - 2009. If the	<del>-</del>	-				
_	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation. If the organization		•	•		-	▶ 🗔
	23 12-21-10			1			0 or 990-EZ) 2010

#### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► See separate instructions.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organizat</li> </ul>				
	L COUNCIL OF TEA	CHERS	Emplo	oyer identification number
OF MATH				52-6057004
Part I-A Complete if the org	anization is exempt und	der section 501(c	) or is a section 527 or	rganization.
<ol> <li>Provide a description of the organiz</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	ation's direct and indirect politic	cal campaign activities		
Part I-B Complete if the org	anization is exempt und	der section 501(c	)(3).	
1 Enter the amount of any excise tax			▶\$	
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	<b>&gt;</b> \$	
3 If the organization incurred a section				Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				1/0)
Part I-C Complete if the org	janization is exempt und	der section 501(c	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1 Enter the amount directly expended	, ,	•		
2 Enter the amount of the filing organi	ization's funds contributed to o	ther organizations for	section 527	
exempt function activities		. 5 4400 BO	- \$	
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-PO	<b>▶</b> \$	
line 17b  4 Did the filing organization file Form	1120 BOL for this year?		<b>~</b> •	Ves No
5 Enter the names, addresses and en made payments. For each organizate contributions received that were pro- political action committee (PAC). If a	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	id from the filing organ a separate political or	nization's funds. Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

I HA

	e C (Form 990 or 990·EZ) 2010	OF MATHEM	ATICS			03/004 Page 2
Part II			empt under section	n 501(c)(3) and fil	ed Form 5768	
	(election under sec	tion 501(h)).				
A Check	k 🕨 🔲 if the filing organizat	tion belongs to an af	filiated group.			
B Checl	k 🕨 🔲 ıf the filing organizat	ion checked box A	and "limited control" pro	visions apply.	·	
		s on Lobbying Expo litures" means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a To	tal lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
	tal lobbying expenditures to influ	•			33,795.	
	tal lobbying expenditures (add lii	•	, , , , , ,		33,795.	
	her exempt purpose expenditure				16,089,987.	
	tal exempt purpose expenditure		ld)		16,123,782.	
	bbying nontaxable amount. Ente	,	·	h columns.	956,189.	
	he amount on line 1e, column (a) o		bbying nontaxable ame			
	ot over \$500,000		f the amount on line 1e.			
	ver \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
_	er \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
	ver \$1,500,000 but not over \$17,	'	000 plus 5% of the exce			
Ov	ver \$17,000,000	\$1,000	),000.			
g Gr	assroots nontaxable amount (en	ter 25% of line 1f)			239,047.	
	btract line 1g from line 1a. If zero				0.	
i Su	btract line 1f from line 1c. If zero	or less, enter -0-	-		0.	
j lft	here is an amount other than zei	ro on either line 1h o	r line 11, did the organiza	ation file Form 4720	_	
rep	porting section 4911 tax for this	year?			_ [	Yes No
	, ,	ations that made a	veraging Period Under section 501(h) election he instructions for line	do not have to com		
		Lobbying Expe	enditures During 4-Yea	r Averaging Period	<del></del>	, <del></del>
(0	Calendar year r fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
	bbying nontaxable amount	970,998	986,585.	938,847.	956,189.	3,852,619.
	bbying ceiling amount 50% of line 2a, column(e))					5,778,929.
c To	tal lobbying expenditures	37,734	. 38,511.	60,239.	33,795.	170,279.
	assroots nontaxable amount	242,750	246,646.	234,712.	239,047.	963,155.
	assroots ceiling amount 50% of line 2d, column (e))					1,444,733.
4.0-	recornete lebbuing expenditures					

Schedule C (Form 990 or 990-EZ) 2010

52-6057004 Page 3

•	NATIONAL COUNCIL OF TEACHERS	
Schedule C (Form 990 or 990-EZ) 2010	OF MATHEMATICS	52-605700
Part II-B Complete if the org	anization is exempt under section 501(c)(3) and has NOT	filed Form 5768
(election under sec	tion 501(h)).	

	(6	a)	(b	<u>)                                    </u>
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501/a	(5) or so	otion	
501(c)(6).	11011 50 1(0)	(5), UI Se		
			Yes	
		1		
Were substantially all (90% or more) dues received nondeductible by members?				
		2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P		2 3 (5), or se		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."		2 3 (5), or se ne 3 is a		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."  Dues, assessments and similar amounts from members	art III-A, li	2 3 (5), or se		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  The second of the organization is exempt under section 501(c)(4), second of the second o	art III-A, li	2 3 (5), or se ne 3 is a		
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	art III-A, li	2 3 (5), or se ne 3 is a 1 2a 2b		
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#### 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.

2010
Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF TEACHERS
OF MATHEMATICS

Employer identification number 52-6057004

Pa	Companizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for chantable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	, , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	·	orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	* -	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		•
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	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year
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 conservati	on easements in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her 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 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
ь	Assets included in Form 990, Part X	• •	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12:20-10

Schedule D (Form 990) 2010

Sche	· · · · · · · · · · · · · · · · · · ·	EMATICS						5/004	
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other Other	<u>Simila</u>	r Asse	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sign	ificant us	se of its	collection i	tems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progran	ns				
ь	Scholarly research	е	Other						
С	Preservation for future generations				-	•			
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	n's exemp	t purpos	e in Pari	t XIV.	
5	During the year, did the organization solicit of								
•	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran				es" to Fo	rm 990.	Part IV. I		
1 <del>-1</del>	reported an amount on Form 990, Pa	-							
1a	Is the organization an agent, trustee, custod		liary for contribution	ns or other asse	ets not inc	cluded			
	on Form 990, Part X?	(2), (1)						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
b	ii res, explain the arrangement in rait XIV	and complete the to	nowing table.					Amount	_
_	Paginning balance					1c		ranoun	
C	Beginning balance Additions during the year					1d	<del></del>		
	Distributions during the year	• •				1e			
e	• •					11			
f O-	Ending balance  Did the organization include an amount on F	orm 000 Bort V line	212					Yes	No
2a	•		21:					J 163	
Par	if 'Yes,' explain the arrangement in Part XIV <b>t V</b> Endowment Funds. Complete		swered "Yes" to Fo	orm 990 Part IV	/ line 10				
F.91	Lindowillett i unds. Complete	(a) Current year	(b) Prior year	(c) Two years	ĭ	Three year	are back	(e) Four y	ears hack
4.	Danisara of wear belongs	491,856.	415,106.		,697.	Tillee ye	ara Dack	(e) rour y	cars back
1a 	Beginning of year balance	25,971.	51,100	T -	300.	<del>** ****** *** **</del>	** *** * **		
D	Contributions .	85,893.	52,252,	1	292.>	······			
C	Net investment earnings, gains, and losses	85,095.	32,232.		, 2, 2,	<del></del>	• • • • • • • • • • • • • • • • • • • •	<del> </del>	
	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>					
е	Other expenditures for facilities	25 512	26,602,	1.9	500.				
	and programs	25,513.	20,002,		, 500.	·····	······		
	Administrative expenses	578,207.	491,856,	415	106.	<del></del>	··· ·· · · · · · · · · · · · · · · · ·	··· ··································	<del> </del>
9	End of year balance			. 413	,100.	••••••••••••		ł,	
2	Provide the estimated percentage of the year	ar end balance nelo a							
a	Board designated or quasi-endowment ►  Permanent endowment ► 81.07		%						
D	10.00	% %							
C		•	ation that are hold s	and administrators	ad for the	organiza	tion		
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that are nelo a	and administere	ed for the	Organiza	illon	T.	es No
	by:							3a(i)	X
	(i) unrelated organizations							3a(ii)	<u> </u>
	(ii) related organizations	a liated on required o	n Cabadula D2					3ь	<del></del>
	If "Yes" to 3a(ii), are the related organization: Describe in Part XIV the intended uses of the							<u> </u>	
Bo:	t VI Land, Buildings, and Equipn								
7 (3)				t or other	(a) Acc	umulatoo		(d) Book	walue.
	Description of investment	(a) Cost or o basis (investr		t or other (other)		umulated eciation	'	(u) DOOK	value
	l	50313 (HTV651)	<u> </u>	29,109.			·····	129	,109.
	Land			1,816.	2.35	5,03	7-1-	2,706	785
b	Buildings		3,00	, 1, 010 •	2,33	, , , , ,		<del>~,,00</del>	,,,,,,
C	Leasehold improvements	-	3 80	7,872.	3.55	8,73	3.	249	,139.
	Equipment		3,00	,,,0,2.	3,33	, , , , ,		237	, 137.
	Other		V ask (D) /	10(a) )			<b>•</b>	3,085	. 033
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	v' cointiu (R)' ilue	Ι U(C).)				<del>5,505</del>	,,,,,,

Schedule D (Form 990) 2010

A	COUNCIL OF T	EACHERS		
Schedule D (Form 990) 2010 OF MATHEM			52-	-6057004 Page
Part VII Investments - Other Securities.	See Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuatest or end-of-year mark	
(1) Financial derivatives			<u>-</u>	
(2) Closely-held equity interests .				
(3) Other				
(A)			<del>.</del>	
(B)				
(C)				
(D)				
(E)				<del>-</del>
(F)				
(G)				
(H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related	See Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mark	
(1)				<del></del>
(2)				
(3)				
(4)				
(5)				<u></u>
(6)			<del></del>	
(7)				
(8)			<u> </u>	
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X,				(h) Daak value
	(a) Description			(b) Book value
(1)				<del></del>
(2)				
(3)		<u> </u>		
(4)		<del> </del>		. <u> </u>
(5)			<del></del>	
(6)		·-		
	<del> </del>	· -		<del></del>
	·			
(9)	<u> </u>		<del></del>	
(10)				<del> </del>
Total. (Column (b) must equal Form 990, Part X, col (B)		·		
Part X Other Liabilities. See Form 990, Par  (a) Description of liability	t X, line 25.	(b) Amount		
N		(b) Amount	-	
(1) Federal income taxes (2) POSTRETIREMENT BENEFITS	ORTICATION	391,812.		
	OPPIGNITON	391,012.	1	
(3)			1	
(4)			1	
(5)			1	
(6)			1	
(7)			1	
		<u> </u>	1	

(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 032053
12-20-10

Schedule D (Form 9

(9)

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 OF MATHEMATICS					age 🕶
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial State	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		17,662,9	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		16,234,0	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,428,9	
4	Net unrealized gains (losses) on investments		4		229,0	31.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8		220 0	21
9	Total adjustments (net). Add lines 4 through 8		9		229,0	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	<del></del>	1,657,9	42.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rever	iue per H		10 240 0	72
1	Total revenue, gains, and other support per audited financial statements			1	18,348,8	13.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1 - 22	0 021			
а	Net unrealized gains on investments	i	9,031.	-		
Ь	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants .	2c				
d	Other (Describe in Part XIV.)	2d		┥.	220 0	21
е	Add lines 2a through 2d			2e	229,0 18,119,8	42
3	Subtract line 2e from line 1			3	10,119,0	42.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.   16	3,451.			
а	Investment expenses not included on Form 990, Part VIII, line 7b		0,327.			
b	Other (Describe in Part XIV.)	4b <62	0,327.		<456,8	76 -
C	Add lines 4a and 4b			4c 5	17,662,9	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Statement	ante With Evne	nege ner			00.
		sins with Expe	nses per	1	16,690,9	31.
1	Total expenses and losses per audited financial statements			-	10,030,3	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				
a	Donated services and use of facilities	2b		1		
b	Prior year adjustments	2c		1		
C 	Other losses		0,327.	1		
a	Other (Describe in Part XIV.) Add lines 2a through 2d	20 02	0,02,0	2e	620,3	27.
е 3	Subtract line 2e from line 1			3	16,070,6	04.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			· · · ·		
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a   16	3,451.			
b	Other (Describe in Part XIV.)	4b		1		
	Add lines 4a and 4b			4c	163,4	51.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,234,0	
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Pa	rt IV, lines 1	b and	2b; Part V, line 4;	Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
PAI	RT V, LINE 4: THE COUNCIL'S ENDOWMENT CONSI	ISTS OF FU	NDS ES	TAB	LISHED	
FOI	R IMPROVING MATHEMATICS EDUCATION THROUGH (	GRANTS AND	AWARD	S P	ROGRAMS.	
-						
THE	E ENDOWMENT IS DONOR-RESTRICTED TO BE HELD	IN PERPET	UITY 1	.O G	ENERATE	
RE	TURNS TO HELP FUND THE COUNCIL'S PROGRAMS.					
PAI	RT X, LINE 2: THE COUNCIL IS SUBJECT TO INC	COME TAXES	ON AC	TIV	ITIES	
<u>DE</u> I	EMED TO BE UNRELATED BUSINESS INCOME. THE C	COUNCIL BE	LIEVES	тн	AT IT HAS	<u>:                                    </u>
API	PROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKE	KEN, AND T	HEREFO	ORE,	DOES NOT	ı
				0-1-	dula D./Earm 000)	0040

#### SCHEDULE I (Form 990)

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

2010

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2010)

Name of the organization NATIONAL OF MATHEM	Employer identification number 52-6057004						
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance?				y for the grants or ass	sistance, and the selec	X Yes No
Grants and Other Assistance to recipient that received more than \$							
(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
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>		ganizations		<u> </u>			<u> </u>

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

Page 2

(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
5-8 MATH COURSEWORK (SEYMOUR)	1	2,000.	0.	_	
TO MADE AND DESCRIPTION OF THE PROPERTY OF THE		5,704.	. 0.		
FLAMES AWARDS (STEIN)	3				
AFFILIATES GRANTS (CUMMINS)	4	3,809.	0.		
9-12 TEACHER PD GRANT (DOLCIANI)	1	2,960.	. 0.		
9-12 CONNECTING MATHEMATICS (PAPPAS)	1	4,000.	. 0.		
Part IV Supplemental Information. Complete this part	t to provide the informatio	n required in Part I,	line 2, and any other	r additional information.	
	<del></del>				
4.44		20			Cabadula I (Carro 000) (004

Schedule I (Form 990) (2010)

Schedule I (Form 990) OF MATHEMATICS	<b>3</b>				52-6057004	Page 2
Part III Continuation of Grants and Other Assistance to Indiv	iduals in the Unit	ed States (Schedule	e I (Form 990), Part III	.)	-	
(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	n assistance
MATH STUDY & ACTIVE PROFESSIONALISM (MAY/FRYE)	1.	18,316.	0.			
STUDENT SCHOLARSHIP (DEMANA/WAITS)	3.	30,000.	0.			
CAPE AWARDS (HLAVATY)	1.	1,342.	0.			
K-2 USING MUSIC IN MATH (MENDLESOHN)	1.	2,509.	0.			
EQUITY IN MATHEMATICS (CARL)	4.	15,256.	0.			
7-12 CLASSROOM BASED RESEARCH GRANTS (GIBB)	1.	6,000.	0.			
SUMMER MATHEMATICS STUDY GRANTS (NCTM)	1.	6,000.	0.			
K-8 GEOMETRY INSTRUCTION (WAHL)	1.	<710.	> 0.			
CLASSROOM-BASED RESEARCH/BEGLE (UNREST)	1.	<885.	<b>.</b> 0.			la I (Farm 900

Schedule I (Form 990) OF MATHEMATICS	52-605/004	Page 2				
Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedul	e I (Form 990), Part III	1.)		
(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 assi	stance
K-6 EMERGING TEACHER-LEADER (EIZEN)	1.	<5,999.	. 0.			
6-8 ENGAGE STUDENTS IN LEARN MATH/HOCKING/SCHULT	3.	<1,333	<b>&gt;</b> 0.			

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2010

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

NATIONAL COUNCIL OF TEACHERS

OF MATHEMATICS

Employer identification number 52-6057004

Pa	art I Questions Regarding Compensation			
		_	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	ĺ	х
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	5a		х
	The organization?	5b	-	X
Ь	Any related organization?	30	ļ	1
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	6a		х
	The organization?	6b		X
Ь	Any related organization?	- 60		1
_	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		x
_	not described in lines 5 and 6? If "Yes," describe in Part III	<b>-</b>		+^
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	-	x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-	<del> </del>	+ <del>^</del>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	[	
	Regulations section 53 4958-6(c)?	שו	1	1

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)·(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	272,917.	0.	511.	30,244.	8,347.	312,019.	0.	
1 KICHOON YANG	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	168,728.	0.	75.	21,135.	23,611.	213,549.	0.	
2 DAVID M. SHAYKA	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	153,654.	0.	0.	18,457.	8,813.	180,924.	0.	
3 KENNETH KREHBIEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	130,156.	0.	885.	16,143.	23,531.	170,715.	0.	
4 RICHARD ALDRIDGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
_5	(ii)								
•	(i) (ii)				· · · · · · · · · · · · · · · · · · ·				
8	(i)								
7	(ii)		-						
	(i)								
8	Ö								
	(i)								
9	(ii)						, -		
	(i)								
10	(ii)								
	(i)								
11	(ii)						· · · · · · · · · · · · · · · · · · ·		
	(i)					<del> </del>			
12	(ii)								
	(i)								
	(ii)								
44	(i) (ii)								
14	(i)								
15	(i) (ii)								
10	(i)								
_16	(ii)								
	13:97							. 1/5 000\ 0040	

OF MATHEMATICS Page 3 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. PART I, LINE 1A: NCTM'S EXECUTIVE DIRECTOR AND PRESIDENT ARE REIMBURSED FOR SPOUSAL TRAVEL EXPENSES. THE AMOUNTS ARE REPORTED TO THE INDIVIDUALS AS COMPENSATION ON FORM W-2 OR 1099 AS APPROPRIATE. J. MICHAEL SHAUGHNESSY'S COMPENSATION WAS PAID BY TEACHERS DEVELOPMENT GROUP. THE NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS REIMBURSED THE COLLEGE FOR THIS AMOUNT DURING THE FISCAL YEAR, WHICH INCLUDED SOME FRINGE BENEFITS. HENRY S. KEPNER, JR'S COMPENSATION WAS PAID BY THE UNIVERSITY OF WISCONSIN. THE NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS REIMBURSED THE COLLEGE FOR THIS AMOUNT DURING THE FISCAL YEAR, WHICH INCLUDED SOME FRINGE BENEFITS.

#### 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

complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS

Employer identification number 52-6057004

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS IS A PUBLIC VOICE OF
MATHEMATICS EDUCATION, PROVIDING VISION, LEADERSHIP, AND PROFESSIONAL
DEVELOPMENT TO SUPPORT TEACHERS IN ENSURING MATHEMATICS LEARNING OF THE
HIGHEST QUALITY FOR ALL STUDENTS.
FORM 990, PART VI, SECTION A, LINE 6: NCTM HAS TWO MAJOR MEMBERSHIP
CATEGORIES. INDIVIDUAL MEMBERS INCLUDE TEACHERS, ADMINISTRATORS,
SPECIALISTS, COACHES, TEACHER-EDUCATORS, AND STUDENTS. INSTITUTIONAL
MEMBERS INCLUDE HIGH SCHOOLS, SCHOOL DISTRICTS, UNIVERSITIES, STATE OR
LOCAL EDUCATION AGENCIES, LIBRARIES, AND RESOURCE CENTERS.
FORM 990, PART VI, SECTION A, LINE 7A: EVERY INDIVIDUAL MEMBER IS ELIGIBLE
TO VOTE FOR THE BOARD MEMBERS AT AN ELECTION WHERE 1/3 OF THE BOARD MEMBERS
ARE ELECTED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE PROVIDED TO
THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FINAL IRS SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: THE NCTM CONFLICT OF INTEREST
POLICY IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS, WITH A
SIGNED CONFLICT DISCLOSURE STATEMENT REQUIRED EACH YEAR.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD IS RESPONSIBLE FOR
REVIEWING AND APPROVING THE SALARY OF THE EXECUTIVE DIRECTOR ON AN ANNUAL
BASIS. THIS PROCESS WILL BE INDEPENDENT OF THE INFLUENCE OF THE EXECUTIVE,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

#### Form **8868**

(Rev. January 2011)

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 a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		<b>•</b>	X			
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).					
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.				
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration			
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	368 to request an ex	xtension			
•	file any of the forms listed in Part I or Part II with the exc				•				
	Benefit Contracts, which must be sent to the IRS in pap								
	.irs.gov/efile and click on e-file for Charities & Nonprofits		(coo mondono) i oi more cotane on t	110 0100	or time i	<b>0</b> ,,,,			
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed).						
	tion required to file Form 990-T and requesting an autor			nplete					
Part I only	•			•	•				
All other o	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time				
to file inco	ome tax returns.	•	,						
Type or Name of exempt organization Employer identification in									
print	NATIONAL COUNCIL OF TEACHER	RS		•	•				
•	OF MATHEMATICS			5	2-6057004				
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.						
filing your	1906 ASSOCIATION DRIVE								
return See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.						
	RESTON, VA 20191-1502	•	·						
	A	•							
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
	,,	•							
Applicati		Return							
Is For		Code	Is For		Code				
Form 990		01	Form 990-T (corporation)		•	07			
Form 990	<del></del>	02	Form 1041-A			08			
Form 990		03	Form 4720	•	09				
Form 990		04	Form 5227 10						
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	-T (trust other than above)	06	Form 8870			12			
	THE COUNCIL					<del></del>			
• The bo	ooks are in the care of > 1906 ASSOCIATION	ON DR	IVE - RESTON, VA 201	91-	1502				
	one No. ► (703) 620-9840		FAX No. ►		<del></del>	<del></del>			
	organization does not have an office or place of business	s in the Ur	· · · · · · · · · · · · · · · · · · ·						
	s for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group, c	heck this			
box ▶	. If it is for part of the group, check this box	,	· · · · · · · · · · · · · · · · · · ·						
	quest an automatic 3-month (6 months for a corporation								
	JANUARY 15, 2012 , to file the exemp				The extension				
us fo	or the organization's return for:								
▶	calendar year or								
<b>▶</b>	X tax year beginning JUN 1, 2010	. an	dending MAY 31, 2011						
-			<u> </u>		_				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	n				
	Change in accounting period								
_									
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 =	nter the tentative tax less any		=				
	refundable credits. See instructions.	0, 0000, 0	mor the tentative tax, loss any	3a	\$	0.			
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	36		<u>·</u>			
	mated tax payments made. Include any prior year overp	•		3ь	<b>\$</b>	0.			
_	mated tax payments made, include any prior year overp ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ				
	using EFTPS (Electronic Federal Tax Payment System).	•	•	3c	<b>.</b>	0.			
	If you are going to make an electronic fund withdrawal v				EO for payment inch				
	or Panaguark Reduction Act Notice, see Instructions		onn 5000, see i onn 6455 EO and Forn	2013	Eorm 8868 (P				

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