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SCANNED AUG 1 7 2012

Form **990-ĘZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and lotal assets less than \$500,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011



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K Check If the organization is not a section 59(e)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990-EZ	ī		_) or 527	990, 9º	90-EZ, or 99	90-PF)
normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (8) below) are \$500,000 or more, file form 990 instead of Form 990-12 assests (Part II, line 25, column (8) below) are \$500,000 or more, file form 990 instead of Form 990-12 assests (Part II, line 25, column (8) below) are \$500,000 or more, file form 990 instead of Form 990-12 assests (Part II). Check if the organization used Schedule O to respond to any question in this Part I	ĸ					27 organiz	zation and i	ts gross receipts are
L Add lines 5b, 6c, and 7b, 1o line 9 to determine gross recepts if gross recepts are \$200,000 or more, or if total \$ 84, 237. \$ assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ 84, 237. \$ \$ Assets (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ \$ 84, 237. \$ \$ \$ Assets (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ \$ \$ Assets (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ \$ \$ \$ Assets (Part III, line 25, column (8) below as a set of the III below as a set of s		norm	ally not m	ore than \$50,000. A Form 990-EZ or Form 990 return is not required to	though Form	990-N (e	-postcard) r	may be required (see
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Part F Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)	L	Add I asset	ines 5b, 6 s (Part II,	c, and 7b, to line 9 to determine gross receipts. If gross receipts are 5 line 25, column (B) below) are \$500,000 or more, file Form 990 instead	\$200,000 or ad of Form 9	more, or 1 90-EZ	ıf total ► \$	84,237.
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Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, dutilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Audit lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20							⊢	1,230.
16 Other expenses (describe in Schedule O) 17 Total expenses Abd Imes 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.			Solorios	Part Control of the State of th			<u> </u>	
16 Other expenses (describe in Schedule O) 17 Total expenses Abd Imes 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.)	12	1	1 1.51			1	
16 Other expenses (describe in Schedule O) 17 Total expenses Abd Imes 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.	į	13						
16 Other expenses (describe in Schedule O) 17 Total expenses Abd Imes 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.		14						10 264
17 Total expenses. And index 10 infrough 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.	•	5			a Cabadı	.1. 0		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 -882. 19 150,830. 20 149,948.		1	Total	penses (desense in Senedule O)	ee acheud	ite O	<u> </u>	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19	_				·		_	
figure reported on prior year's return) 19		, 18						-002.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.	N	19	Net asse	ts or fund balances at beginning of year (from line 27, column (A)) (manufactor)	nust agree w	ith end-of		150 020
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 149, 948.	E	È 20						150,630.
		SI						1/0 0/0
	_						- 21	

Form	990-EZ (2011) Texas Council fo	or the Social Stud	ies	23	<u>-732</u>	.7296 Page 2
Par	t II Balance Sheets. (see the inst	ructions for Part II.)				r
	Check if the organization used Sche	dule O to respond to any que			<u> </u>	
			(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments		<u></u>	150,830		149,948.
23	Land and buildings		<u></u>		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			150,830		149,948.
26	Total liabilities (describe in Schedule O)			0		0.
	Net assets or fund balances (line 27 of o	column (B) must agree with l	line 21)	150,830	. 27	149,948.
Par	t III Statement of Program Serv	ice Accomplishments	(see the instrs for Part	III.)		Expenses
	Check if the organization used Sch			X		uired for section
What	is the organization's primary exempt purpose? See	Schedule O			501(0	c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service a	complishments for each of i	ts three largest progra	m services, as		(a)(1) trusts, optional
mea	is the organization's primary exempt purpose? See tribe the organization's program service as sured by expenses. In a clear and concise fitted, and other relevant information for e	e manner, describe the servic ach program title	ces provided, the numi	der of persons		thérs)
28	ANNUAL CONFERENCE AND OTH	ER MEETINGS FOR TE	ACHERS TO LEAF	N NEW		
	STATE MANDATED GUIDELEINE				1	
	FURTHER SOCIAL STUDIES	<u> </u>		'''	1	
		s amount includes foreign gi	rants check here	-	28 a	26,234.
29	3,000 COPIES OF THE SOCIA			CTRIBITED	200	20,231.
29	EVERY 4 MONTHS TO DISSEMI				-	
		NATE THE OWNET TON E	SENELICIAT IO 7	OCTVT	1	
	STUDIES TEACHERS.				20-	19,264.
	(Grants \$) If th	s amount includes foreign gi	rants, check here	<u>,,, </u>	29 a	19,204.
30	MAINTAIN WEB PAGE TO INFO	RW WEMBERS OF LATE	ST SOCIAL STU) <u>Y</u>	-	
	DEVELOPMENTS					
					1	
	(Grants \$) If th	is amount includes foreign g	rants, check here	<u>▶</u>	30 a	3,180.
31	Other program services (describe in Sch	edule O) See Sched	ule O	_		
	(Grants \$ 1,250.) If th	is amount includes foreign gi	rants, check here	▶ []	31 a	1,250.
32	Total program service expenses (add lin	nes 28a through 31a)	=		32	49,928.
	t IV List of Officers, Directors,	Trustees, and Key Emp	lovees. List each one e	ven if not compensated	(see t	ne instructions for Part IV)
	Check if the organization used Sc				•	
		(b) Title and average	(c) Reportable compensation			(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to emplements benefit plans, as		other compensation
				deferred compensa		
KA'	THY UHLICH	President				
C70	TCSS P. O. BOX 35761	5	0	.	0.	0.
	JSTON, TX 77235					
	SAN LOCKLEAR	President Elect				
	TCSS P. O. BOX 35761	5	0		0.	0.
HO!	JSTON, TX 77235	J		·	• •	
	NCY HESTER	Past President				. ,-
-C/	TCSS P. O. BOX 35761	Tase Trestaene	0		0.	0.
-F/-	USTON, TX 77235	_)	•	Ο.	١.
		Treasurer				
5	NED MOSS D TCSS P. O. BOX 35761	Treasurer			0.	0.
-t//	7 1055 P. O. BOX 33/01 - 1	2	0	•	υ.	1
	JSTON, TX 77235					
FK.	IKA LOWERY	Recording Sec.			_	_
	TCSS P. O. BOX 35761	5	5 0	•	0.	0.
	USTON, TX 77235					
	V SMITH	Vice President		1		
_C/	D TCSS P. O. BOX 35761	5	5 0	.	0.	0.
HO	USTON,					
JA	NAE HILL	Parliamentarian	1			
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	ŪSTON, TX 77235					
ST	EPHEN JOHNSON	Executive Sec.				1
	O TCSS P. O. BOX 35761	5	ol o		0.	0.
ΉÔ	USTON, TX 77235	Ĭ	Ĭ		٠.]
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BAA		TEFA0812	02/14/12	<u> </u>		Form 990-EZ (2011
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23-7327296 Page **2**

orr	m 990-EZ (2011) Texas Council for the Social Studies 23-732729	6	Pa	age 3
	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sch	iedul	.e 0	
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	No_
	each activity in Schedule O	33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>X</u>
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		<u>X</u> _
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36		36		<u> </u>
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	انخصا		8
	b Did the organization file Form 1120-POL for this year?	37 b	ļ.,	<u>X</u>
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	21	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			. ;
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	اله الله	2.5	; }
	b Gross receipts, included on line 9, for public use of club facilities N/A	. ٽــــ'ــــــــــــــــــــــــــــــــ	* . <u> </u>	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			1.
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		N, N, 2	-
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	· ·	X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			, , ,
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.]		* *
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42	Pa The organization's books are in care of ► Dr. Ned Moss & A J Donahue, PC Located at ► 3911 West Valley Dr. Missouri City Tx ZIP + 4 ► 77459		<u>580</u>	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country.	130 T		:
		1.4		
		* ž	* ~. / ,	~ *
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44	162	X
	of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 a		
	instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	44 b 44 c	 	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in			'
45	Schedule O a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a	-	X
-			1	
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X
	TEEA0812L 02/14/12 Fc	rm 99 0	u•EZ ∜	((10)

Form 990-E	Z (2011) Texas Council for t	he Social Stud	ies		23-732	27296	Pa	age 4
10							Yes	No
46 Did th	ne organization engage, directly or indired dates for public office? If 'Yes,' complete	ctly, in political campai	gn activities on b	ehalf of or in o	pposition to		12274	
candi	dates for public office? If 'Yes,' complete	Schedule C, Part I			hla 4ata a.e.	46	otion.	<u>X</u>
PartWi	Section 501(c)(3) organizations 501(c)(3) organizations and sec	s and section 4947	(a)(I) nonexer	npt cnarita i table trusts	die trusts o n must answe	r auestior	วแบบ าร	
	47-49b and 52, and complete the	ne tables for lines 5	50 and 51.	table trasts	mast answe	, dagging.		
	Check if the organization used Schedul			art VI				П
	Check if the organization used Schedul	le O to respond to any	question in tills i	art_vi		-	Yes	No
47 Did th	ne organization engage in lobbying activi ilete Schedule C, Part II	ties or have a section 5	601(h) election in	effect during t	he tax year? If	'Yes,' 47	103	X
•	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes ' complete	Schedule F		48		X
	ne organization a school as described in some organization make any transfers to an					49a		X
	s,' was the related organization a section	•	, rolatou olgaliiza			49 b		
50 Comp	olete this table for the organization's five	highest compensated e	emplovees (other	than officers.	directors, truste	es and key	,	
emplo	oyees) who each received more than \$10	00,000 of compensation	from the organiz	ation If there	is none, enter	'None '		
•	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compe (Forms W 2/1099-h	MISC) contribu ben	lealth benefits, itions to employee efit plans, and ed compensation	(e) Estimate other con		
None				delett	ea dompensation			
		†						
•		-1,						
			 					
		 						
		100 000				1		
e lotal	number of other employees baid over 3	100.000						
	number of other employees paid over \$ plete this table for the organization's five		independent cont	 ractors who ea	ach received mo	ore than \$10	00,000	of
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
51 Comp	plete this table for the organization's five	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·	ractors who ea	ach received mo		00,000 pensatio	
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
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51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
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51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None'	· · · · · · · · · · · · · · · · · · ·		ach received mo			
None	plete this table for the organization's five pensation from the organization. If there	highest compensated is none, enter 'None ' di more than \$100,000			ach received mo			
None e Total	plete this table for the organization's five pensation from the organization. If there ware and address of each independent contractor paid	highest compensated is none, enter 'None ' more than \$100,000	B100,000	(b) Type of service		(c) Com	pensatio	
None e Total 52 Did tt charit	plete this table for the organization's five pensation from the organization. If there have and address of each independent contractor paid in the pendent contractor paid in the pendent contractor paid in the pendent contractor have organization complete Schedule A? Notable trusts must attach a completed Schedule Sch	highest compensated is none, enter 'None ' of more than \$100,000	\$100,00Q (3) organizations	(b) Type of service) nonexempt	(c) Com	pensatio	
None e Total 52 Did tt charit	plete this table for the organization's five pensation from the organization. If there ware and address of each independent contractor paid and address of each independent contractor paid and address of each independent contractor paid in the organization complete Schedule A? Note that the organization complete Schedule A?	highest compensated is none, enter 'None ' of more than \$100,000	\$100,00Q (3) organizations	(b) Type of service) nonexempt	(c) Com	pensatio	n
None e Total 52 Did tt charif	plete this table for the organization's five pensation from the organization of there ware and address of each independent contractor paid in the organization of the organization complete Schedule A? Notable trusts must attach a completed Schedule of the organization of preparer (other than office and complete Declaration of preparer (other than other than office and complete Declaration of preparer (other than other	highest compensated is none, enter 'None ' of more than \$100,000	\$100,00Q (3) organizations	and 4947(a)(1) nonexempt my knowledge and be	(c) Com	pensatio	n
e Total 52 Did ti chari Under penalite true, correct, a	number of other independent contractor he organization complete Schedule A? Nable trusts must attach a complete Schedule As signature of officer	highest compensated is none, enter 'None ' is more than \$100,000 The seach receiving over \$10te: All section 501(c)(nedule A), including accompanying scheer) is based on all information of the seach receiving over \$10te: All section 501(c)(nedule A), including accompanying scheer) is based on all information of the seach receiving over \$10te: All section 501(c)(nedule A), including accompanying scheer)	\$100,000 (3) organizations dules and statements, of which preparer has a	(b) Type of service) nonexempt my knowledge and be	(c) Com	pensatio	n
e Total 52 Did ti chari Under penalite true, correct, a	number of other independent contractor he organization complete Schedule A? National trusts must attach a completed Schedule Declaration of preparer (other typen officer	highest compensated is none, enter 'None ' of more than \$100,000	\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1) nonexempt my knowledge and be	(c) Com	pensatio	n
e Total 52 Did ti chari Under penalite true, correct, a	number of other independent contractor he organization complete Schedule A? National trusts must attach a complete Schedule Science of preparer (other transformed of preparer (other transformed of preparer (other transformed of preparer). Signature of officer Type or print name and title	highest compensated is none, enter 'None' of more than \$100,000 The seach receiving over \$100.000 o	\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1	nonexempt my knowledge and be	(c) Com	pensatio	n
For the state of t	number of other independent contractor has of prepared trusts must attach a complete Schedule A? Nable trusts must attach a co	highest compensated is none, enter 'None 's more than \$100,000 see each receiving over \$100 tes. All section \$501(c) (nedule A including accompanying scheen) is based on all information of the section \$500 tes. The section \$500 tes.	\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1 and to the best of ring knowledge	nonexempt my knowledge and be 8/8/16	(c) Com	pensatio	n
Faid	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a completed Schedule Are soft perjury, I declare that I have examined this return and complete Declaration of preparer (other then officer Type or print name and title Print/Type preparer's name A J DONAHUE PC CPA	highest compensated is none, enter 'None 's more than \$100,000 s each receiving over \$100 te. All section 501(c) (nedule A including accompanying scheen) is based on all information of the section 501 te. All parameters signature A J DANAHUE P(\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1	nonexempt my knowledge and be 8/8/16	(c) Com	pensatio	n
For the state of t	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a completed Schedule A? Natable trusts must attach a completed Schedule A? Signature of officer Signature of officer Type or print name and title Print/Type preparer's name A J DONAHUE PC CPA Firm's name A. J. Donahue,	highest compensated is none, enter 'None 's more than \$100,000 s each receiving over \$100.000 s each receiving over \$100.0000 s eac	\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1 and to the best of ring knowledge	nonexempt my knowledge and be Check I if self-employed I	(c) Com X Yestellef, it is	s [n
8 Total Sign Here Paid Preparer	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a completed Scient of perjury, I declare that I have examined this return and complete Declare from of preparer (other tipen officer Signature of officer Moss Toss Signature of officer Type or print name and title Print/Type preparer's name A. J. Donahue, Firm's name A. J. Donahue, Firm's address A. J. Donahue, Signature of officer Type or print name A. J. Donahue, Signature of officer Type organization Type organization Signature of officer Type organization A. J. Donahue, Signature of officer Type organization Type organization Signature of officer Type organization Type organization Signature of officer Type organization Type organization Signature of officer Type organization Type	highest compensated is none, enter 'None 's more than \$100,000 s each receiving over \$10te: All section 501(c)(nedule A), including accompanying scheer) is based on all information of A J DONAHUE P(P) Preparer's signature A J DONAHUE P(P) Preserve Suite 1200	\$100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1 and to the best of ring knowledge	nonexempt my knowledge and be S/8// Check if Firm's EIN Firm's EIN Check Ch	(c) Com X Yestelef, it is 2 2 2 2 2 2 2 2 2	s [No
e Total 52 Did ti chari Under penalite true, correct, a	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a completed Schedule A? Natable trusts must attach a completed Schedule A? Signature of officer Signature of officer Type or print name and title Print/Type preparer's name A J DONAHUE PC CPA Firm's name A. J. Donahue,	rs each receiving over stote: All section 501(c) (nedule A propagation is based on all information of the Suite 1200 198	5100,000 (3) organizations dules and statements, of which preparer has a	and 4947(a)(1 and to the best of ring knowledge	nonexempt my knowledge and be Check If self-employed Firm's EIN	(c) Com X Yestelef, it is 2 2 2 2 2 2 2 2 2	s [No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Name o	f the	organizatıon	Texas	Council for	the Social Stud	ies						ion number
				Treasurer Dr							327296	
Parl	I	Reason	for Publ	ic Charity Statu	s (All organizations	must c	comple	te this	part.)	See ir	nstructi	ions.
The c	rgar	nization is i	not a priva	te foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)			
1	\Box	A church,	convention	of churches or ass	ociation of churches desc	cribed in	section	170(b)((1)(A)(i).			
2	П	A school d	lescribed in	section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)						
3					ice organization describe		tion 170	(b)(1)(A)(iii).			
4	П				d in conjunction with a h)(b)(1)(A)(iii) Er	nter the hospital's
	Ч	name, city		•	,	·						
5		An organiz 170(b)(1)(A	zation oper A)(iv). (Co	ated for the benefit mplete Part II)	of a college or university		•	-	_	nmental	unit des	scribed in section
6 7		An organiz	zation that	ocal government or normally receives a AXvi). (Complete P	governmental unit descri substantial part of its su art II)	bed in s ipport fro	ection 1 om a go	70(b)(1) vernmei	(A)(v). ntal und	or from	the ger	neral public described
8		A commun	nity trust de	escribed in section	170(b)(1)(A)(vi). (Comple	te Part I	1)					
9	X	from activi	ities related t income a	t to its exempt fund	(1) more than 33-1/3% of tions — subject to certain ess taxable income (less complete Part III)	i except	ions, an	d (2) no	more t	han 33-	1/3% of	its support from gross
10	\prod	An organiz	zation orga	nized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).		
11		more publi	ıclv suppor	ted organizations d	exclusively for the benefices in section 509(a ation and complete lines	ı)(1) or s	section 5	609(a)(2	ctions o	of, or ca section s	rry out tl 5 09(a)(3)	he purposes of one or). Check the box that
		a Type		b Type II	<u>—</u>	l – Fund			ied		d 🗌	Type III - Other
е		By checkir other than section 50	foundation	, I certify that the or n managers and oth	ganization is not controller than one or more pub	led direc	tly or in	directly organiza	by one tions de	or more escribed	disqual in section	ified persons on 509(a)(1) or
f		If the orga	nızatıon re box	ceived a written de	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting	organization,
g		Since Aug	ust 17, 200	06, has the organiza	ition accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	
												Yes No
		(i) A pe	erson who	directly or indirectly	controls, either alone or upported organization?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11g (i)
				er of a person desc								11 g (ii)
			•	•	n described in (i) or (ii) a	hove?						11 g (iii)
h		• •			the supported organization							9 (/
		(i) Name of si organiza	upported	(ii) EiN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) organiz column (your go	Is the zation in in listed in overning ment?	the organ	rou notify nization in n (i) of upport?	organız colur	s the lation in mn (i) ed in the	(vii) Amount of support
						Yes	No	Yes	No	Yes	No	
		,				1						
<u>(A)</u>												
<u>(B)</u>		- · · · · - · - · - · - · · - · · - · · - · · - ·										
(C)												
(D)												
(E)												
						 	! ,	· ·	,			

Page 2

Schedule A (Form 990 or 990-EZ) 2011 Texas Council for the Social Studies 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						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						· · · · · · · · · · · · · · · · · · ·
Sec	tion B. Total Support	 		-	T		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see in	structions)	-		12	<u></u>
	First five years. If the Form 990 organization, check this box and	stop here		ond, third, fourth,	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	<u> </u>
14	Public support percentage for 20	•		ine 11, column (f))	14	<u>%</u>
15	., ,					15	<u></u> %
16	a 33-1/3% support test — 2011. If and stop here. The organization	the organization qualifies as a pi	did not check the ublicly supported (box on line 13, a organization	nd the line 14 is 3	3-1/3% or more, (check this box
l	33-1/3% support test – 2010. If and stop here. The organization	the organization qualifies as a pi	did not check a bublicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts	 and-circumstance 	es' test, check this	s box and stop he	re. Explaın ın Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts d-circumstances	-and-circumstance test The organiz	es' test, check this zation qualifies as	s box and stop he a publicly suppor	re. Explain in Par ted organization	t IV how the
	Private foundation. If the organ	ization did not ch	neck a box on line	13, 16a, 16b, 17a			
BAA	L				Sc	chedule A (Form 9	90 or 990·EZ) 2011

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)

Sect	ion A. Public Support						
	lar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees		_	ļ		ļ	
	received (Do not include	23,660.	20,178.	19,928.	20,631.	13,954.	98,351.
2	any 'unusùal grants '). Gross receipts from admis-	23,000.	20,170.	15,520.	20,031.	13,334.	30/301.
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose	150,105.	72,858.	73,205.	90,604.	55,616.	442,388.
3	Gross receipts from activities		72,030.	13,203.	30,004.	33,010.	112/3001
	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or				<u> </u>		
	facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	173,765.	93,036.	93,133.	111,235.	69,570.	540,739.
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						540,739.
	tion B. Total Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest,	173,765.	93,036.	93,133.	111,235.	69,570.	540,739.
	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable	11,701.	-1,916.	506.	6,218.	4,906.	21,415.
	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	11,701.	-1,916.	506.	6,218.	4,906.	21,415.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	185,466.	91,120.	93,639.	117,453.	74,476.	562,154.
14	First five years. If the Form 990 organization, check this box and	is for the organiza		nd, third, fourth, c		<u> </u>	
Sec	tion C. Computation of Pu		ercentage				
15	Public support percentage for 20	11 (line 8, column	(f) divided by lin	ne 13, column (f))		15	96.19 %
16	Public support percentage from					16	95.71 %
Sec	tion D. Computation of Inv						
17	Investment income percentage f	•		-	mn (f))	17	3.81 %
18	Investment income percentage f					18	4.29 %
19 a	33-1/3% support tests — 2011. It is not more than 33-1/3%, check	the organization of this box and store	did not check the	box on line 14, a	and line 15 is mor	e than 33-1/3%, ar	nd line 17 ► X
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	f the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more than 33	3-1/3%, and
20	Private foundation. If the organi		-	-	=	•	▶

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Texas Council for the Social Studies	Employer identification number
attn: Treasurer Dr. Ned Moss	23-7327296
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
FURTHER_EDUCATION_IN_SOCIAL_STUDIES_IN_TEXAS	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	entracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	ctly_or
indirectly, on a personal benefit contract?	No
	
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2011 , ,	Schedule O - Supplemental Information	Page 2
Client TCSS	Texas Council for the Social Studies attn: Treasurer Dr. Ned Moss	23-7327296
8/06/12		04 51PM
Form 990-EZ, Part I, Line Net Gain (Loss) from Nor	5c ninventory Sales	
Publicly Traded Secu	urities	
Gross Sales Price: Cost or Other Basis:	10,397. 9,461.	
	Total Gain (Loss) Publicly Traded Securities \$	936.
	Total Net Gain (Loss) From Noninventory Sales \$	936.
Form 990-EZ, Part I, Line Other Revenue	8	
ADVERTISING	Total \$\frac{\$}{2}	300. 300.
Form 990-EZ, Part I, Line Other Expenses ACCOUNTING AWARDS CONFERENCES CURRICULUM & LIASON FINANCIAL ADVISOR & GIFTS MEMBERSHIP OFFICE MISC OUTSIDE SERVICE NCSS ACTIVITY NCSS COMMITTEE & NCS OFFICER & COMMITTEE OTHER WEBMASTER	\$ BANK FEES ES SS DELEGATE	2,081. 226. 26,234. 699. 1,392. 78. 6,111. 4,500. 2,500. 6,520. 2,065. -442. 3,180. 55,144.
SCHOLARSHIPS AWARDEN BECOMING SOCIAL STU	Description Grants E TO HIGH SCHOOL SENIORS INTERESTED IN DIES TEACHERS. GRANTS TO SOCIAL STUDY ES OR FOR FURTHER STUDY. AWARDS TO	Program Service xpenses 1,250.

2011	Supporting Detail	Page 1
Client TCSS	Texas Council for the Social Studies attn: Treasurer Dr. Ned Moss	23-7327296
8/06/12		04 51PM
Other Income Producing Act Membership dues and asses	ivities sments	
DUES (EST @ 20% DUES &	CONF)	Total \$ 13,904. 13,904.
Program Service Accomplish Grants	nments	
AMY SERCK ANH LEE		\$ 500. 250.
STORM VANCE MAGDALENA BUSTILLOS		250. 250.
		Total \$ 1,250.