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Form 990-EZ

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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

D Employer identification number
31-1638493

Number and street (or P O box, if mail is not delivered to street address)Room/suite
10015 Derecho Dr

E Telephone number
(512) 789-6397

City or town, state or province, country, and ZIP or foreign postal code
Austin, TX 787371015

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: tctmonline.org

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 57,878

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <div><input checked="" type="checkbox"/></div>									
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	144	
	2	Program service revenue including government fees and contracts					2	0	
	3	Membership dues and assessments					3	56,631	
	4	Investment income					4	0	
	5a	Gross amount from sale of assets other than inventory			5a	0	5c	0	
	b	Less cost or other basis and sales expenses			5b	0			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events					6d	0	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	0			
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	0			
	c	Less direct expenses from gaming and fundraising events			6c	0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d	0	
	7a	Gross sales of inventory, less returns and allowances			7a	0	7c	0	
b	Less cost of goods sold			7b	0				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
8	Other revenue (describe in Schedule O)					8	1,103		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	57,878		
Expenses	10	Grants and similar amounts paid (list in Schedule O)					10	20,328	
	11	Benefits paid to or for members					11	0	
	12	Salaries, other compensation, and employee benefits					12	4,440	
	13	Professional fees and other payments to independent contractors					13	0	
	14	Occupancy, rent, utilities, and maintenance					14	0	
	15	Printing, publications, postage, and shipping					15	13,402	
	16	Other expenses (describe in Schedule O)					16	29,459	
	17	Total expenses. Add lines 10 through 16					17	67,629	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-9,751	
	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)					19	141,053	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20					21	131,302	

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	141,053	22	131,302
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	141,053	25	131,302
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	141,053	27	131,302

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
To promote mathematics education in Texas

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Provided 6 \$2000 college scholarships to student teachers in mathematics education (6 students) (Grants \$ 12,000) If this amount includes foreign grants, check here

28a

0

29 Published and mailed the Spring/Summer 2013 and Fall/Winter 2013 Texas Mathematics Teacher journal to approximately 5,500 members (5,500 members) (Grants \$ 0) If this amount includes foreign grants, check here

29a

17,381

30 Provided 7 grants for 6 teachers and 1 organization to support mathematics education in Texas (50 teachers) (Grants \$ 8,128) If this amount includes foreign grants, check here

30a

0

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

17,381

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mary Alice Hatchett President	2	0	0	0
Martha Godwin Treasurer	2	0	0	0
Cynthia L Schneider Govt Relations Rep	2	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	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)?	35a	No
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	35b	
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	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Martha Godwin Telephone no (903) 276-1007 Located at PO Box 82 Queen City, TX ZIP + 4 75572		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Cynthia Schneider Govt Rel Rep & Journal Editor				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization TEXAS COUNCIL OF TEACHERS OF MATHEMATICS	Employer identification number 31-1638493
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8	Refund received from the Texas Education Agency for double payment of travel reimbursement for Everly Broadway in 2012 in the amount of \$392 00, Rebate received from membership renewals collected by the National Council of Teachers of Mathematics (NCTM) in the amount of \$211 00, Funds received for two advertisements in the Texas Mathematics Teacher in the amount of \$500 00
Form 990-EZ, Part I, Line 10	Alma Chavez achavez@pasadenaisd org Pasadena ISD Street 15842 Heritage Falls Drive City Friendswood State TX Zip 77546 Phone 1 713-907-3938 - cell Phone 2 713-740-0842 - office TCTM Grant 1088 64 Resources (33 books to be used with elementary mathematics specialists on campuses) Darla Heath dheath@tamuc edu Texas A&M Commerce Street PO BOX 963 B City Commerce, State TX Zip 75429 Phone 1 254-493-2678 - cell Phone 2 903-886-5813 - office TCTM Grant 1200 Graduate school tuition and CAMT Beth Wiggins wigginsb@snookisd com Snook ISD Street 202 Meir Ln City College Station, State TX Zip 77845 Phone 1 979-324-6470 - cell Phone 2 979-272-8307 - office TCTM Grant 1197 Elementary mathematics resources for campus lending library AMTE-TX c/o Trena Wilkerson Trena_Wilkerson@baylor edu AMTE-TX Street 2812 Comannche Trail City Waco, State TX Zip 76712 Phone 1 254-710-6162 - office Phone 2 254-717-4628 - cell TCTM Grant 1200 support for 1-day conference for AMTE-TX members (preservice professors) Dawn Rogers dawn rogers@kellerisd net Keller ISD Street 1467 Applew ood Drive City Keller, State TX Zip 76248 Phone 1 8173207928 - cell Phone 2 8177443776 - office TCTM Grant 1200 attend NCTM Annual Conference in Denver Elizabeth L Brackman-Paniagua ebrack@neisd net Northeast ISD Street PO Box 12 City Afton, State TX Zip 79220 Phone 1 806-773-3379 - cell Phone 2 806-689-2015 - home TCTM Grant 1197 2 iPods and 1 iPod Touch Sandra R Rameriz ramirez@pattonsprings net Patton Springs ISD Street 7335 Cortland Creek City San Antonio, State TX Zip 78233 Phone 1 210-382-6573 - cell Phone 2 210-946-1440 - home TCTM Grant 1045 attend CAMT 2013 Amy Mae Story Amy_Story@baylor edu Baylor University State TX TCTM Scholarship 2000 College scholarship Kelsey Shae Janis ksjanis@mail umhb edu Baylor University State TX TCTM Scholarship 2000 College scholarship Audra Nell Cozart audra cozart@go tarleton edu Tarleton State University State TX TCTM Scholarship 2000 College scholarship Morgan Elyse Boudreaux mboudreaux23@yahoo com University of Mary Hardin -Baylor State TX TCTM Scholarship 2000 College scholarship Mayra Patino Mayra patino@go tarleton edu Tarleton State University State TX TCTM Scholarship 2000 College scholarship Katrina Lynn O'Bryan Katrina obryan@go tarleton edu Tarleton State University State TX TCTM Scholarship 2000 College scholarship William (Bill) Luke william luke@us army mil Street 409 Cottonw ood Dr City Copperas Cove State TX Zip 76522 NCTM Gift Certificate 100 mathematics education materials Cynthia Valdez cvaldez@springisd org Spring ISD 11919 N Brenton Knoll Ct Tomball State TX Zip 77375 NCTM Gift Certificate 100 mathematics education materials
Form 990-EZ, Part I, Line 16	National Council of Teacher of Mathematics affiliation dues in the amount of \$270, National Council of Supervisor of Mathematics affiliation dues in the amount of \$85, Board expenses in the amount of \$3,403, Reception at annual business meeting for all members in the amount of \$4,936, Board travel to two board meetings and various conferences in the amount of \$20,765

TY 2013 Reasonable Cause Explanation

Name: TEXAS COUNCIL OF TEACHERS OF MATHEMATICS

EIN: 31-1638493

Software ID: 13000241

Software Version: v1.00

Explanation: An extension for filing was filed and approved.