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Form **990-EZ**

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 foundations)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		he 2014 calendar year, or tax year beginning 4/01 , 2014, and ending 12/31		2014
B	Check	if applicable. C	Employer is	dentification number
H	Addres Name	s change Texas Council for the Social Studies	23-73	27296
H	Initial r	attn. Treasurer Dr. Ned Moss	Telephone r	
H		referenceded [3911 West Valley Dr	281-4	37-3580
Ħ		Missouri City, TX //459	Group Ex	remntion
		ation pending	Number	
G	Acco			organization is not
i				Schedule B
J	Tax-ex	empt status (check only one) — X 501(c)(3)	U, 99U-E2	Z, or 990-PF).
		of organization; Corporation Trust Association Other		
_	asset	() () () () () () () () () ()	≻ \$	145,264.
Pa	<u>ırt l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions f	
		Check if the organization used Schedule O to respond to any question in this Part I	T	
	1	Contributions, gifts, grants, and similar amounts received	. 1	200.
	2	Program service revenue including government fees and contracts	2	110,639.
	3	Membership dues and assessments	3	<u> 18,891.</u>
	4	Investment income	4	<u>3,476.</u>
	ı	Gross amount from sale of assets other than inventory 5a 10,058	-	
		Less: cost or other basis and sales expenses 5b 9,995		
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	63.
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ε	b	Gross income from fundraising events (not including \$ of contributions	7	
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
		Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold	7	
	С	Gross profit or (loss) from sales of inventory-(Subtract line 7b from line 7a). Other revenue (describe in Schedule d) See Schedule 0	7 c	
	8	Other revenue (describe in Schedule d) See Schedule 0	. 8	2,000.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9	135,269.
	10	Grants and similar amounts paid (list in Schedule R). 1 9. 2013	. 10	4,041.
	11	Benefits paid to or for members	11	
E X	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors	. 12	
EXPENSES	13		13	
N S	14	Occupancy, rent, utilities, and maintenance	. 14	
S	15	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O)	15	26,987.
	16		16	127,843.
	17	Total expenses. Add lines 10 through 16	► 17	<u>158,871.</u>
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-23,602.
ASSET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye		
ŤĘ	20	figure reported on prior year's return)	. 19	<u> 177,804.</u>
Ś	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
BA.	21 1 Eq.	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> 21 </u>	154,202.
DH	M FOI	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2014)



TEEA0812L 05/28/14

Form 990-EZ (2014)

BAA

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	 		. X
33			Yes	No
JJ	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34		24		7,
25	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
30	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х
ı	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		
(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	25.		
	Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
36	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions . ▶ 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
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		
,	o If 'Yes,' complete Schedule L, Part II and enter the total	30 a		Х
	amount involved			*
	Section 501(c)(7) organizations. Enter:			1
	a Initiation fees and capital contributions included on line 9	-1		1
	b Gross receipts, included on line 9, for public use of club facilities	ł		1
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 .			1
	section 4911 \(\) 0 ; section 4912 \(\) 0 ; section 4955 \(\) 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	1		
	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	<u> </u>	X
,	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ļ		l
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	İ		
	by the organization			
,	a 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
	List the states with which a copy of this return is filed None		L	
42:	a The organization's			
	books are in care of Dr. Ned Moss & A J Donahue, PC Telephone no. 281-4	<u>37-3</u>	<u>580</u>	-
	Located at ► 3911 West Valley Dr. Missouri City Tx ZIP + 4 ► 77459	- – – r	N	 -
ļ	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)?	101	Yes	No
	If 'Yes,' enter the name of the foreign country:	42 b		Х
	Tes, enter the hame of the foreign country.			
]	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	c At any time during the calendar year, did the organization maintain an office outside 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			17 / 3
	and enter the amount of tax-exempt interest received or accrued during the tax year	•	_	N/A N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	3.		
	of Form 990-EZ	44 a		X
ı	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	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$
	d If 'Ves' to line Ms. has the organization filed a Form 700 to report these normants?	-		- - -
ΛE	If 'No,' provide an explanation in Schedule Q	44 d	igsqcut	
		45 a		Х
	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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to activate for jubic office? If Yes, complete Schedule C, Part 1. Part VI. Section 501(cx)30 organizations only All section 501(cx)30 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. Check if the organization used Schedule O to respond to any question in this Part VI. The organization as echool as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part II. All is the organization as achieved as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as achieved any section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization as achieved as achieved any section 170(b)(1)(A)(0)? If Yes, complete Schedule C, Part III. By System organization organization is the highest compensated employees (cher than offices, directors, interferous, interferous, and sections, complete Schedule C, Part III. By System organization or the remployees part over \$100,000 By System or other and population organization in the remployees organization organization. If there is none, enfor Yeone. By System or other amount of the section of the properties of the complete Schedule A? Note, All section 501(c)(3) organizations must attach a complete Schedule A? Note, All section 501(c)(3) organizations must attach a complete Sche	Form 99	90-EZ (2014) Texas Council for t	he Social Stud	ies	23-732	7296		age 4
Part VI 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 Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI Ves No					of or in apposition to		Yes	No
All section 50 (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 0 to respond to any question in this Part VI. 47 Did the organization as described provided to the complete Schedule 0, Part II. 48 Is the organization as described in section 170(0)(1)(A)(0)? If Yes, 'complete Schedule E	ca	indidates for public office? If 'Yes,' complete	Schedule C, Part I					X
Check if the organization used Schedule O to respond to any question in this Part VI.	Part V	<u>′I √</u> Section 501(c)(3) organizations	only		. = 0			
47 Did the organization engage in lobbying activities or have a section 50 (h) election in effect during the tax yeer? If Yes, 43		for lines 50 and 51.				the table	:S	
47 Dut the organization engage in lobbying activities on have a section 501(ii) election in effect during the lax year? If Yes, complete Schedule C, Part B1		Check if the organization used Schedul	e O to respond to any	question in this Part VI	. <u> </u>			للنم
## Signature of other employees paid over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent cont	47 Di	d the organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'		Yes	No
49 a Dut the organization make any transfers to an exempt non-charatable related organization?	cc	mplete Schedule C, Part II			.,			
b If "Yes," was the related organization a section \$27 organization?		_						
50 Complete this table for the organization's five highest compensated employees (their than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. (b) Presentable compensation (c) Presentable (c) Presentabl			•	_		<u> </u>		X
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 house of Preportable compensation confidence of the present plans and differed compensation of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (a) Name and business address of each independent contractor. (b) Type of service (c) Compensation from the organization from the organiz								L
(a) Name and title of each employee (b) Average hours proposition of the complete compensation of the complete compensation of the compensation from the organization. If there is none, enter None. (c) Roomelete this table for the organization. If there is none, enter None. (d) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Type of service (f) Total number of other independent contractors each receiving over \$100,000 (g) Name and business address of each independent contractors. (h) Type of service (g) Compensation None (g) Type of service (g) Compensation (g) Type of service (g) Type of ser	ou co	nployees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	Бу		
None f Total number of other employees paid over \$100,000			(b) Average hours	(c) Reportable compensation	(d) Health benefits,	(e) Estimate	d amou	nt of
f Total number of other employees paid over \$100,000 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 contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 50 (c)(3) organizations must attach a completed Schedule A? Note. All section 50 (c)(3) organizations must attach a completed Schedule A? Note, all section 50 (c)(3) organizations must attach a local point of the property. I doctie teaty have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is subsciously accompanying schedules and statements, and to the best of my knowledge and belief, it is subsciously accompanying schedules and statements, and to the best of my knowledge and belief, it is subsciously accompanying schedules and statements, and to the best of my knowledge and belief, it is subsciously accompanying schedules and statements, and to the best of my knowledge. Sign Here Privity per proparer's name Privity per proparer's name A. J. Donahue. P.C. Firm's name A. J. Donahue. P.C. Firm's address 3730 Kirby Drive Suite 1200 Firm's Silv. 76-0203943 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instructions May the IRS discuss this return with the preparer shown above? See instr		(a) Name and title of each employee	per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred			
f Total number of other employees paid over \$100,000 1 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensation from the organization is not the organization in the organization in the organization completed schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note and indiministry of the organization of my knowledge and televit, it is successful and complete Schedule A? Note and indiministry of which prepare his any knowledge. Sign	None							
Signature of other state that place that preparer's pagnature Primi's pagner by Preparer's pagnature Preparer's pagnature Primi's name > A. J. Donahue P. C. Firm's name P. A.								
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Signature of other state that place that pragar contractors each receiving over \$100,000 Lorder penalties of peritur, I declare that pragar contractors the compensation of other states and title Primur special contractors and title Preparer's agrapature Primur's name > A. J. Donahue P. C. Firm's name > A. J. Donahue P. C.								
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 None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501 (c)(3) organizations must attach a completed Schedule A. Linder penalties of perior, I declare that/Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perior, I declare that/Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signalture of offiser J.P. M.C.C. MOSS TREASUREA Prior Prim's name A J Donnahue PC CPA Preparer's signature Type or print name and title Preparer's signature Firm's address A J. Donnahue, PC. Bate Prim's address A J. Donnahue, PC. Firm's address A J. Donnahue, PC. Houston, TX 77098 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions P X yes No	f To	otal number of other employees paid over \$1	00,000		<u> </u>	<u> </u>		
(a) Name and business address of each independent contractor None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that / have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declare that / have examined up is based on all information of which preparer has any knowledge. Sign Here Pind Type or print name and title Preparer's agnature A J Donahue P C CPA Firm's name P A. J. Donahue P C. Firm's name P A. J. Donahue P C. Firm's address P 3730 Kirby Drive Suite 1200 Firm's Elin P 76-0203943 Houston, TX 77098 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions P X Yes No	51 C	omplete this table for the organization's five high	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that / have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is support true, correct, and complete. Declarations of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Proper Proper Proper Propers and title Proper Proper Proper Propers and the Propers and the Proper Propers and the Propers and the Propers and the Propers and A. J. Donahue. P. C. Firm's name A. J. Donahue. P. C. Firm's address A. J. Donahue. P				(b) Type	of service	(c) Com	ensatio	
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 by preparer (other than office) is based on all information of which preparer has any knowledge. Signature of other Directory or print name and title Proper or print name and title Properer's signature A J DONAHUE PC CPA Firm's name A. J. Donahue P.C. Firm's address A. 3730 Kirby Drive Suite 1200 Firm's address A. 3730 Kirby Drive Suite 1200 Houston, TX 77098 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions PXYes No	None			(5) 1900		(0,00111)		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No							_	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No					···			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No				 				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J BONAHUE PC CPA A J BONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Firm's address A. J. Donahue, P.C. Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions PX Yes No								
Completed Schedule A. Under penaltics of perjury, I declare that 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 office) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA Prim's name A J. Donahue P.C. Firm's name A J. Donahue P.C. Firm's address A J. Donahue P.C. Firm's return with the preparer shown above? See instructions Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions				•			_	
Under penalties of perjury, I declare that 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 Print/Type or print name and title Print/Type preparer's name Preparer's signature A J DONAHUE PC CPA A J DONAHUE PC CPA Firm's name A. J. Donahue, P.C. Firm's address Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions					ttach a	► X Yes	. [No
Sign Here DR Net C Moss Test Date	Under per				e best of my knowledge and be			
Sign Here De Net C Moss Tess Date	ade, cone	ct, and complete, bectarationed preparer (other than brice	1	or which preparer has any know	8/14/15			
Here DR. Net C. Moss Tess TRASURER	Sign	Signature of officer			Date			
Print/Type or print name and title Print/Type preparer's name A J DONAHUE PC CPA A J DONAHUE PC CPA Firm's name A. J. Donahue P.C. Firm's address A. J. Donahue P.C. Firm's address Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions Polate Check if PTIN Check if Self-employed P01259263 Firm's EIN 76-0203943 Phone no (713) 789-4040 X Yes No	Here	DR. Ned C. Moss	S TESS TA	TEASURPR				
Paid Preparer Use Only Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions A J DONAHUE PC CPA A I BONAHUE PC CPA 8 13 1 5 14 5 15 15 15 15 15 15 15 15 15 15 15 15 1			/					
Preparer Use Only Houston, TX 77098 May the IRS discuss this return with the preparer shown above? See instructions A. J. Donahue, P.C. Firm's name ► A. J. Donahue, P.C. Firm's EIN ► 76-0203943 Phone no (713) 789-4040 Phone no (713) Phone no (71			سنعين هر	0.12	Check if			
Use Only Firm's address 3730 Kirby Drive Suite 1200 Firm's EIN ► 76-0203943 Houston, TX 77098 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions ∴ X Yes No	Paid			CPA 8 137	self-employed	0125926	3	
Houston, TX 77098 Phone no (713) 789-4040 May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No					Firm's FIN	76-0203	2012	
May the IRS discuss this return with the preparer shown above? See instructions	230 011							
	May the			uctions				

SCHEDULE A (Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Total

Employer identification number Name of the organization Texas Council for the Social Studies attn: Treasurer Dr. Ned Moss 23-7327296 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more check this	Section A. Public Support								
2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf	2011 (c) 2012 (d) 2013 (e)	nning in)							
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 support of the amount shown on line 11, column (f). 6 Public support, Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly contributions. 10 Other income Do not include on the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etic (see instructions). 12 Gross receipts from related activities, etic (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 16 33-1/3% support test — 2014, If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here.		Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)							
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 do the provided or granization) 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 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from securities loans, rents, royalites and income from securities loans, rents, royalites and income from on the business is regularly carried on 9 Net income from unrelated business are regularly carried on ont the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in part VI.). 11 Total support. Add lines 7 through 10 12 Gross recepts from related activities, etc (see instructions)		organization's benefit and either paid to or expended							
5 The portion of total contributions by each person (other than a governmental contributions by each person (other than a governmental control 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 Section B. Total Support Calendar year (or fiscal year beginning lin)		facilities furnished by a governmental unit to the							
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 5 Section B. Total Support Calendar year (or fiscal year beginning in) ** 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.		Total. Add lines 1 through 3							
Section B. Total Support Calendar year (or fiscal year beginning in) Calendar year (or fiscal year) Calendar year (or f		contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) To a comparison of the serior of the serior or not the 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 VI.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.		Public support. Subtract line 5 from line 4							
7 Amounts from line 4		tion B. Total Support							
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 VI.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.	2011 (c) 2012 (d) 2013 (e)	ndar year (or fiscal year nning in) ► (a) 2010 (b) 201							
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 VI.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.		Amounts from line 4							
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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.		dividends, payments received on securities loans, rents, royalties and income from							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10		business activities, whether or not the business is regularly							
12 Gross receipts from related activities, etc (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.		Other income. Do not include gain or loss from the sale of capital assets (Explain in							
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). Public support percentage from 2013 Schedule A, Part II, line 14 15 Public support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more check this		Total support. Add lines 7 through 10							
Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization. 17	s)	Gross receipts from related activities, etc (see instructions)							
Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2013 Schedule A, Part II, line 14. 16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization 18 a 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more check this	second, third, fourth, or fifth tax year as a section 501(First five years. If the Form 990 is for the organization's first, seconganization, check this box and stop here							
15 Public support percentage from 2013 Schedule A, Part II, line 14	tage	tion C. Computation of Public Support Percentage							
16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization									
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more check this									
b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization.	16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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.)

Section A. Public Support									
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Gifts, grants, contributions		Ĭ		1				
	and membership fees received. (Do not include	20 621	12 054	10 000	24 015	19,091.	97,557.		
2	any 'unusual grants.')	20,631.	13,954.	18,966.	24,915.		91,331.		
2	sions, merchandise sold or				}				
	services performed, or facilities				Î				
	furnished in any activity that is related to the organization's								
	tax-exempt purpose	90,604.	55, <u>616</u> .	75,867.	104,410.	75,564.	402,061.		
3	Gross receipts from activities that are not an unrelated trade								
	or business under section 513.		1	l.			0.		
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on		1						
	its behalf						0.		
5	The value of services or								
	facilities furnished by a governmental unit to the	j							
	organization without charge						0.		
	Total. Add lines 1 through 5	111,235.	69,570.	94,833.	129,325.	94,655.	499,618.		
7 a	Amounts included on lines 1, 2, and 3 received from								
	disqualified persons	0.1	0.	0.	0.	0.	0.		
b	Amounts included on lines 2								
	and 3 received from other than disqualified persons that		İ						
	exceed the greater of \$5,000 or		ľ	Ì					
	1% of the amount on line 13			. 1	0		0		
	for the year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
8	Public support (Subtract line	<u> </u>	<u> </u>	U.	U.	0.			
0	7c from line 6.)	.]					499,618.		
Sec	tion B. Total Support								
Calen	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9	Amounts from line 6	111,235.	69,570.	94,833.	129,325.	94,655.	499,618.		
10 a	Gross income from interest, dividends,	, , , , , , , , , , , , , , , , , , , ,							
	payments received on securities loans, rents, royalties and income from		Į	ļ					
	similar sources	6,218.	4,906.	3,966.	6,769.	3,513.	25,372.		
b	b Unrelated business taxable income (less section 511								
	taxes) from businesses								
	acquired after June 30, 1975						0.		
-	: Add lines 10a and 10b Net income from unrelated business	6,218.	4,906.	3,966.	6,769.	3,513.	25,372.		
	activities not included in line 10b,		1	ļ	ļ	ļ			
	whether or not the business is						•		
12	regularly carried on Other income. Do not include	 					0.		
	gain or loss from the sale of		1						
	capital assets (Explain in Part VI.).			ļ			0.		
13	Total support. (Add lines 9,				<u></u>		<u> </u>		
	10c, 11 and 12.)	117,453.	74,476.	98,799.	136,094.	98,168.	524,990.		
14	First five years. If the Form 990	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)) ~ □		
organization, check this box and stop here									
15	Public support percentage for 20	14 (line 8. column	(f) divided by line	e 13. column (f))		15	95.17 %		
16									
	tion D. Computation of Inv						23.70 -		
17	Investment income percentage f				mn (f)),	17	4.83 %		
18	Investment income percentage fi						4.30 %		
	33-1/3% support tests - 2014, If	f the organization of	did not check the	box on line 14. a	nd line 15 is more	than 33-1/3%, an	d line 17		
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	► X		
b	b 33-1/3% support tests — 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	line 18 is not more than 33-1/3%	o, check this box a	na stop here. The	organization qua	alifies as a publici	y supported organi	zation		
_ZU	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. II you directed 11d of 1 art I, complete decitions A and B, and complete			
Sec	tion A. All Supporting Organizations		Vaa	No
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		.,
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	****	
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
t	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	<u>.</u> ,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		**
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с	-	
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		·
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		-

Pai	t IV	Supporting Organizations (continued)			
L				Yes	No
		e organization accepted a gift or contribution from any of the following persons? on who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	X000-4		3
•	goveri	ning body of a supported organization?	11a		
I	A fam	ıly member of a person described ın (a) above?	11b		
	A 35%	controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion E	3. Type I Supporting Organizations			
	D. J. J.	directors to the place of a second control of		Yes	No
1	or elect Part V If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove for or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			, ,
	• •	d to such powers during the tax year	1		
2	that o	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such to carried out the purposes of the supported organization(s) that operated, supervised, or controlled the rting organization	2		. 3
Sec	tion C	. Type II Supporting Organizations			
				Yes	No
1	of eac	majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees h of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s)	1		***** 8
Sec	tion C). All Type III Supporting Organizations			
				Yes	No
1	organ vear.	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	 1		4
2	Were organ the or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ison of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at es during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played regard	3		***
Sec	tion E	. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
,		ne organization satisfied the Activities Test. Complete line 2 below.			
	\equiv	ne organization is the parent of each of its supported organizations. Complete line 3 below.			
	$\overline{}$	·			
•	: [] Th	ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
į	organ respo	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the red organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported izations and explain how these activities directly furthered their exempt purposes, how the organization was nerve to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		
I	the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement.	2b	w e •	3
3	Paren	t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
;	Did the each	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		-
	Did the suppo	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its rted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	• •	45

Sche	dule A (Form 990 or 990-EZ) 2014 Texas Council for the Social St	<u>udie</u>	s 23-73	27296	Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vembe Section	er 20, 1970. See instructi ons A through E.	ons. All	
Sec	tion A – Adjusted Net Income		(A) Prior Year		ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year		ent Year onal)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			<u> </u>
	Total (add lines 1a, 1b, and 1c)	1d			
(Discount claimed for blockage or other factors (explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_			
6	Multiply line 5 by .035	6_			
7		7			
8		8			
Sec	tion C — Distributable Amount			Curren	t Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
_3	The state of the s	3			
4		4			
5		5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

7 BAA

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

23-7327296 Page 7 Texas Council for the Social Studies Schedule A (Form 990 or 990-EZ) 2014 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, ın excess of income from activity..... Administrative expenses paid to accomplish exempt purposes of supported organizations. 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)..... Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details Distributable amount for 2014 from Section C, line 6..... Line 8 amount divided by Line 9 amount...... (iii) Distributable (ii) Underdistributions Excess Section E — Distribution Allocations (see instructions) Amount for 2014 **Distributions** Pre-2014 Distributable amount for 2014 from Section C, line 6..... Underdistributions, if any, for years prior to 2014 (reasonable 3 Excess distributions carryover, if any, to 2014: h: С d **e** From 2013. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount..... i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount..... c Remainder. Subtract lines 4a and 4b from 4..... Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).. 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . 7 Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7: а b

e Excess from 2014..... BAA

C

d Excess from 2013....

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer Identification number

Name of the organization Texas Council for the Social Studies 23-7327296 attn: Treasurer Dr. Ned Moss Form 990-EZ, Part I, Line 5c **Net Gain (Loss) from Noninventory Sales** Publicly Traded Securities Gross Sales Price: 10,058. 9,995. Cost or Other Basis: 63. Total Gain (Loss) Publicly Traded Securities \$ 63. Total Net Gain (Loss) From Noninventory Sales \$ Form 990-EZ, Part I, Line 8 Other Revenue ADVERTISING..... 2,000. Total Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES & INVESTMENT FEES 976. Conferences, Conventions, and Meetings 87,923. CURRICULUM & LIAISON.... 1,319. MEMBERSHIP... 7,396. NCSS COMMITTEE & NCSS DELEGATE 5,471. NCSS DONATIONS. 500. OFFICER & COMMITTEE EXPENSE. 12,514. 377. 4,800. TECHNOLOGY & MEDIA. 6,567. 127,843. Total \$ Form 990-EZ, Part III - Organization's Primary Exempt Purpose FURTHER EDUCATION IN SOCIAL STUDIES IN TEXAS Form 990-EZ, Part III, Line 31 **Statement of Program Service Accomplishments** Program Service Description <u>Grants</u> <u>Expenses</u> SCHOLARSHIPS AWARDED TO HIGH SCHOOL SENIORS INTERESTED IN BECOMING SOCIAL STUDIES TEACHERS. GRANTS TO SOCIAL STUDY TEACHERS FOR SUPPLIES OR FOR FURTHER STUDY. AWARDS TO SOCIAL STUDIES "TEACHERS OF THE YEAR" 4,041. Includes Foreign Grants: No 4,041. Total 💲

Name of the organization Texas Council for the Social Studies attn: Treasurer Dr. Ned Moss Employer identification number 23-7327296

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(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, directly or	
indirectly on a personal honefit contract?	No