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## DLN: 93493060002097

# OMB No 1545-0047

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

A F	or the	e zors ca		g 06-01-2015 , and ending 05-31-20				
		applicable	C Name of organization NATIONAL COUNCIL OF TEACHERS			D Empl	loyer id	lentification number
_		change change	OF MATHEMATICS			52-6	0570	04
	itial re	-	Doing business as					
Fi	nal /termii	ınatod	Number and street (or P O box if m	all is not delivered to street address) Room/si	uite	E Telep	hone nu	mber
_		d return	1906 ASSOCIATION DRIVE			(703	620	-9840
ПАр	plication	on pending	City or town, state or province, coun RESTON, VA 201911502	ntry, and ZIP or foreign postal code		<b>G</b> Gross	receint	s \$ 23,713,474
			<b>F</b> Name and address of princip	pal officer	Ц(э)	Is this a grou		
			KENNETH L KREHBIEL			rs this a grou subordinates	•	milor
			1906 ASSOCIATION DRIVE RESTON, VA 201911502			No		·
<b>I</b> Ta	x-exei	mpt status	<b>√</b> 501(c)(3)	insert no ) 4947(a)(1) or 527		Are all suboro included?	umates	Yes No
J W	ebsit	te:▶ WW	VW NCTM ORG			If "No," attac Group exemp		t (see instructions)
<b>K</b> For	n of o	organization	▼ Corporation	tion Other ►		r of formation 1		M State of legal domicile IL
Pa	rt I	Sum	ımarv					
Activities & Governance	T e	The Natio equitable		or most significant activities ematics is the public voice of mathema lest quality for each and every studen			_	
9	2	Check th	nis box 🕨 🥅 if the organization di	scontinued its operations or disposed	of more t	han 25% of i	ts net	assets
ত *			,					ı
ě			•	ng body (Part VI, line 1a)			3	14
<u> </u>			·	of the governing body (Part VI, line 1b)			4	12
Act			, ,	ralendar year 2015 (Part V, line 2a)			6	78
			,	ecessary)			7a	448,503
				m Form 990-T, line 34			7b	-7,515
				· · · · · · · · · · · · · · · · · · ·		Prior Year	1 1	Current Year
	8	Contri	ibutions and grants (Part VIII Ju	no 1h)		167	777	240,541
		8 Contributions and grants (Part VIII, line 1h)					7,773	240,341
ēnu			- '	•		12,295		11,376,254
ēnuōvē		Progra Inves	am service revenue (Part VIII, li tment income (Part VIII, column	ne 2g)		12,295 684	,723	11,376,254 122,952
Ravenua	9 10 11	Progra Inves Other	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		12,295	,723	11,376,254
Ravenue	9 10	Progra Inves Other	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		12,295 684	,723	11,376,254 122,952
Revenue	9 10 11	Progra Inves Other Total 12)	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	ne	12,295 684 2,450 15,598	,723	11,376,254 122,952 1,992,283
Revenue	9 10 11 12 13 14	Progra Inves Other Total 12) Grants	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I	ne 2g)	ne	12,295 684 2,450 15,598	,723 ,298 ,696 ,490	11,376,254 122,952 1,992,283 13,732,030
	9 10 11 12	Progra Inves Other Total 12) Grants	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe	ne 2g)	ne	12,295 684 2,450 15,598	i,723 i,723 i,298 i,696 i,490 i,627 0	11,376,254 122,952 1,992,283 13,732,030
	9 10 11 12 13 14	Progra Inves Other Total 12) Grants Benefi Salari 5-10	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed)	ne 2g)		12,295 684 2,450 15,598	i,723 i,723 i,298 i,696 i,490 i,627 0	11,376,254 122,952 1,992,283 13,732,030 111,644
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed)	ne 2g)		12,295 684 2,450 15,598	i,723 i,298 i,696 i,490 i,627 0	11,376,254 122,952 1,992,283 13,732,030 111,644 0 7,553,134
Expenses Revenue	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D) expenses (Part IX, column (A),	ne 2g)		12,295 684 2,450 15,598	0 0 0 1,218 0 0	11,376,254 122,952 1,992,283 13,732,030 111,644 0 7,553,134
	9 10 11 12 13 14 15 16a b 17	Progra Inves Other Total 12) Grants Benefi Salari 5-10 Profes Total fo	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D), l expenses (Part IX, column (A), l expenses Add lines 13–17 (must	ne 2g)		12,295 684 2,450 15,598 93 7,305	i,723 ,298 ,696 i,490 i,627 0 i,218 0	11,376,254 122,952 1,992,283 13,732,030 111,644 0 7,553,134 0 8,832,566 16,497,344
Expenses	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grants Benefi Salari 5-10 Profes Total fo	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D), l expenses (Part IX, column (A), l expenses Add lines 13–17 (must	ne 2g)		12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414	i,723 ,298 ,696 i,490 i,627 0 i,218 0 i,690 i,535	11,376,254 122,952 1,992,283 13,732,030 111,644 0 7,553,134 0 8,832,566 16,497,344 -2,765,314
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven	am service revenue (Part VIII, listment income (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musicue less expenses Subtract line	ne 2g)		12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414	i,723 ,298 ,696 i,490 i,627 0 i,218 0 i,535 ,045 t Year	11,376,254
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven	am service revenue (Part VIII, listment income (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musure less expenses Subtract lines assets (Part X, line 16)	ne 2g)		12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414 hing of Current	i,723 ,298 ,696 ,490 i,627 0 i,218 0 i,690 i,535 i,045 t <b>Year</b>	11,376,254
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven  Total Total	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D) expenses (Part IX, column (A), l expenses Add lines 13–17 (must nue less expenses Subtract line assets (Part X, line 16) liabilities (Part X, line 26)	ne 2g)		12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414 ning of Current 25,553 5,711	i,723 ,298 ,696 ,490 i,627 0 i,218 0 i,690 i,535 ,045 t Year i,853	11,376,254
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fo Other Total Reven  Total Total Net as	the service revenue (Part VIII, Interest income (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (must include less expenses Subtract line assets (Part X, line 16)	ne 2g)	Beginn	12,295 684 2,450 15,598 93 7,305  8,613 16,012 -414 hing of Current 25,553 5,711 19,841	i,723 ,298 ,696 i,490 i,627 0 i,218 0 i,690 i,535 ,045 <b>t Year</b> i,853 ,951	11,376,254
La Fund Balances  Expenses  Lind Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total ft Other Total Reven  Total Net as Sign nalties of edge and has any ki	am service revenue (Part VIII, list the thickness of the compensation, employed) assets of fund balances Subtract liabilities (Part X, line 16)	ne 2g)	Begini	12,295 684 2,450 15,598 93 7,305  8,613 16,012 -414 ning of Current 25,553 5,711 19,841 edules and st	i,723 ,298 ,696 ,490 i,627 0 i,218 0 i,690 i,535 ,045 t Year i,853 ,951	11,376,254
La Fund Balances  Expenses  Lind Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven  Total Sign nalties of edge and has any ki	am service revenue (Part VIII, Interest income (Part VIII, Column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer) ssional fundraising fees (Part IX, andraising expenses (Part IX, column (A), I expenses (Part IX, column (A), I expenses Add lines 13–17 (must include less expenses Subtract line assets (Part X, line 16)	ne 2g)	Begini	12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414 ning of Current 25,553 5,711 19,841 edules and ster) is based of	i,723 ,298 ,696 ,490 i,627 0 i,218 0 i,690 i,535 ,045 t Year i,853 ,951	11,376,254
Net Assets of Expenses bedand belances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven  Total Net as  Sign nalties of edge and has any ki	am service revenue (Part VIII, International Income (Part VIII), column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its, column (D), Its paid to or for form (A), Its paid to or form (A), Its	ne 2g)	Beginn .	12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414 ning of Current 25,553 5,711 19,841 edules and ster) is based of	i,723 i,298 i,696 i,490 i,627 0 i,218 0 i,690 i,535 i,045 t Year i,853 i,951 i,902	11,376,254
Herbard Met Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 111 22	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven  Total Total Net as  Sign nalties of edge and nas any ki	am service revenue (Part VIII, Interest income (Part VIII, Column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer) ssional fundraising fees (Part IX, andraising expenses (Part IX, column (A), I expenses (Part IX, column (A), I expenses Add lines 13–17 (must include less expenses Subtract line assets (Part X, line 16)	ne 2g)	Begini	12,295 684 2,450 15,598 93 7,305 8,613 16,012 -414 ning of Current 25,553 5,711 19,841 edules and ster) is based o	i,723 ,298 ,696 ,490 i,627 0 i,218 0 i,535 ,045 t Year i,853 ,951 ,902	11,376,254
A Find Balances  Expenses  Expenses  Land Balances  Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 111 22	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profe: Total fu Other Total Reven  Total Net as Sign nalties of edge and nas any k  KEN Type	am service revenue (Part VIII, Interest income (Part VIII, Column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer) ssional fundraising fees (Part IX, andraising expenses (Part IX, column (A), I expenses (Part IX, column (A), I expenses Add lines 13–17 (must include less expenses Subtract line assets (Part X, line 26)	ne 2g)	Beginn .	12,295 684 2,450 15,598 93 7,305  8,613 16,012 -414 ning of Current 25,553 5,711 19,841 edules and ster) is based of Date	i,723 ,723 ,7298 ,696 ,490 i,627 0 i,218 0 i,535 ,045 t Year i,853 ,951 ,902	11,376,254

WASHINGTON, DC 20036

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	, , , ,	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			<del>-</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I.	25a		No

25b

26

27

28a

28b

**28**c

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32

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35a

35b

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38

Yes

Form 990 (2015)

Yes

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Νo

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

29

30

31

36

37

vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		effect if seffedule o contains a response of flote to any line in this	arc	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	248			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did th	L ie organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	<b>1</b> c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	78			
<b>L</b>	,	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes	
ь	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	n in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount	, or other financial	4a		
		int)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAR	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	,	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			שכ		
·	11 16	s, to line 3a of 3b, did the organization mer of m 6000-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	atsu •••	cn contributions or gifts	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		Νo
h		es provided to the payor?			7b		
		is, and the organization notify the donor of the value of the goods of services prices proper the goods of services proper and the control of the value of the goods of services proper the control of the control of the value of the goods of services proper the control of the c					
Č		orm 8282?	•	· · · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d				
e	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
					7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the or	rganız -	zation file Form 8899 as	<b>7</b> g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a			
		1098-C?			7h		
8	-	oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess bus	ines	s holdings at any time			
		the year?	•	· · · · ·	8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Section	on <b>501(c)(7) organizations.</b> Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 . . . _	<b>10</b> a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	<b>10</b> b				
11		on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın İre	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Jectio	m souto,(25) quainteu nonprofit ficaltif filoufatice Isouels.					
а		organization licensed to issue qualified health plans in more than one state? No	ote. S	See the instructions for	4.		
h		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states			13a		
U		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	<b>13</b> c				
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)			Page
	Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			w, 
Se	ction A. Governing Body and Management		T	T
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent    1b  12	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? . . . . . . . . . 13 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes f b Other officers or key employees of the organization  $\ldots$   $\ldots$   $\ldots$ 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

### Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	VA

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- interest policy, and financial statements available to the public during the tax year

  20 State the name, address, and telephone number of the person who possesses the organization's books and records
  - ► State the name, address, and telephone number of the person who possesses the organization's books and records

    ► the council 1906 association drive reston, VA 201911502 (703) 620-9840

Part VII

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2,1033 11130)	organization and related organizations
See Additional Data Table										
						L				
1b Sub-Total	ets to Part VII. S	 ection A		•		<b>&gt;</b>				
d Total (add lines 1b and 1c)	•		· ·	<u>.</u>		•		1,612,453	0	298,640
Total number of individuals ( \$100,000 of reportable com						d abov	e) wl	no received more th	an	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Freeman Audio Visual Solutions Inc	CONFERENCE AV	569,610
PO Box 650519 Dallas, TX 752650519		
Manifest LLC	JOURNAL DESIGN AND LAYOUT	390,242
4110 N Scottsdale Rd Scottsdale, AZ 85251		
Lane Press Inc	PRINTING/DESIGNING	363,035
PO Box 130 Burlington, VT 05402		
Freeman Companies	CONFERENCE AV	322,976
PO Box 650036 Dallas, TX 752650036		
THE TOWNSEND GROUP	CONFERENCE SERVICES	310,325
2025 M Street NW SUITE 800		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 17

Yes

No

Form 99								Page <b>9</b>
Part V	Ш	Statement o						_
		Check If Sched	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ें रे	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	es <b>1b</b>					
Ē.G	С	Fundraising eve	ents <b>1c</b>					
sifts Iar /	d	Related organiz	ations 1d					
im:	е	Government grants	s (contributions) <b>1e</b>					
tion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	240,541				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contra	h	1a-1f \$  Total. Add lines	s 1a-1f		240,541			
<u>ت</u> =	-"	Total. Add lines						
표	2a	CONVENTION/EXH	IBITS	Business Code 900099	5,940,891	5,940,891		
Program Service Revenue	ь	MEMBERSHIP DUE	S	900099	4,938,387	4,938,387		
e E	С	Advertising	_	541800	496,976		430,991	65,985
ž.	d							
S E	е							
ogra	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		11,376,254			
	3		ome (including dividen ar amounts)		411,817			411,817
	4		stment of tax-exempt bond	-				
	5	Royalties			120,719			120,719
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	9,242,670					
	ь	Less cost or other basis and	9,531,535					
	c	sales expenses Gain or (loss)	-288,865					
	d		s)		-288,865			-288,865
enne	8a	Gross income f events (not inc	luding					
Other Revenue	_	See Part IV, lin	а					
Ö	b c		penses <b>b</b> (loss) from fundraising	events ►				
			rom gaming activities					
	b c		penses <b>b</b> (loss) from gaming acti	vities				
				· •				
	10a	Gross sales of returns and allo						
			а	2,312,573				
	Ь		oods sold <b>b</b> (loss) from sales of inv	449,909 entory <b>&gt;</b>	1,862,664	1,845,152	17,512	
		Miscellaneous		Business Code	_,	-,,	,	
	11a	OTHER INCOM	1E	900099	8,900			8,900
	ь							
	c	A.II						
	d e	All other revenue Total. Add lines		•				
	12		See Instructions .		8,900			
			Jee maductions .	· · · · •	13,732,030	12,724,430	448,503	318,556

## Part IX Statement of Functional Expenses

Section	501(c)(3)	) and $501(c)(4)$ o	rganizations must coi	mnlete all columns	All other organizations	must complete column (A)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	16,500	16,500		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	95,144	95,144		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	889,715	452,925	436,790	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,752,530	2,914,822	1,837,708	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	618,302	358,666	259,636	
9	Other employee benefits	918,447	532,775	385,672	
10	Payroll taxes				
		374,140	217,032	157,108	
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	12,970		12,970	
C	Accounting	57,670		57,670	
d	Lobbying	33,000	33,000		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	152,018		152,018	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,307,634	1,172,291	135,343	
12	Advertising and promotion	178,104	178,104		
13	Office expenses	1,529,819	1,331,193	192,674	5,952
14	Information technology				
15	Royalties	110,342	110,342		
16	Occupancy	96,968	96,968		
17	Travel	1,137,201	775,628	361,573	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,324,461	2,297,003	3,278	24,180
20	Interest				
21	Payments to affiliates	120.050	257.420	102.012	
22	Depreciation, depletion, and amortization	439,950	257,138	182,812	14.604
23 24	Insurance	71,402	208	56,503	14,691
	10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS	458,937	428,643		30,294
b	MEMBERSHIP RETENTION	270,495	270,495		
c	BANK CHARGES	259,010	223,304	35,616	90
d	TEMPORARY HELP	105,494	92,132	13,362	
е	All other expenses	287,091	213,704	73,387	
25	Total functional expenses. Add lines 1 through 24e	16,497,344	12,068,017	4,354,120	75,207
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet							
		Check if Schedule O contains a response or note to any li	ne in this	Part X					
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash-non-interest-bearing			1,715,451	1	931,671		
	2	Savings and temporary cash investments			51,320	2	119,851		
	3	Pledges and grants receivable, net			59,887	3	82,696		
	4	Accounts receivable, net			630,143	4	546,770		
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplete	Part II of		5			
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(B) section 5	, and 01(c)(9)					
	_	Natara and large grouply make				6			
¥	7	Notes and loans receivable, net			000,400	7	630,564		
	8	Inventories for sale or use			868,406 167,653	8	192,125		
	-	Prepaid expenses and deferred charges	i		107,033	9	192, 123		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,634,757					
	b	Less accumulated depreciation	10b	7,128,129	2,883,864	10c	2,506,628		
	11	Investments—publicly traded securities		19,177,129	11	16,957,673			
	12	Investments—other securities See Part IV, line 11 .			12				
	13	Investments—program-related See Part IV, line 11 .				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		25,553,853	16	21,967,978		
	17	Accounts payable and accrued expenses			1,375,255	17	1,251,091		
	18	Grants payable		18					
	19	Deferred revenue	3,825,121	19	3,256,815				
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability Complete Part IV	wor custodial account liability Complete Part IV of Schedule D						
abilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di							
<u>.</u>		persons Complete Part II of Schedule L				22			
Ë	23	Secured mortgages and notes payable to unrelated third	parties			23			
	24	Unsecured notes and loans payable to unrelated third pa	arties .			24			
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related	i third parties,					
					511,575	25	555,032		
	26	Total liabilities. Add lines 17 through 25			5,711,951	26	5,062,938		
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ▶ 🔽	and complete					
an	27	Unrestricted net assets			18,526,123	27	15,637,004		
Ba	28	Temporarily restricted net assets			731,139	28	678,491		
рц	29	Permanently restricted net assets			584,640	29	589,545		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	heck here	e ► □ and					
ţ	30	Capital stock or trust principal, or current funds				30			
sse	31	Paid-in or capital surplus, or land, building or equipment	fund .			31			
Ä	32	Retained earnings, endowment, accumulated income, or				32			
Net	33	Total net assets or fund balances			19,841,902	33	16,905,040		
_	34	Total liabilities and net assets/fund balances			25,553,853	34	21,967,978		
		·				- 1	Form <b>990</b> (2015)		

rt XI	Reconcilliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	_
Total	revenue (must equal Part VIII, column (A.) line 12.)	

Total revenue (must equal Part VIII, column (A), line 12) . . . . . .

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total expenses (must equal Part IX, column (A), line 25) . . . .

Revenue less expenses Subtract line 2 from line 1 . . . .

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . . . .

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

10

Page 12

13,732,030

16,497,344

-2,765,314

19,841,902

-171,548

16,905,040

Yes

Yes

Yes

2a

2b

2c

3a

3b

▽

No

Νo

Nο

Form 990 (2015)

## Additional Data

Software ID: Software Version:

**EIN:** 52-6057004 Name: NATIONAL COUNCIL OF TEACHERS

OF MATHEMATICS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 215.119 including grants of \$ ) (Revenue \$

OTHER PROGRAMS AND SPECIAL PROJECTS



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tor	5					•	•
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Diane Briars Past-President	37 50	×		×				153,753	0	0
Linda M Gojak Past-President (THRU APRIL 2016)	18 80	×		×				18,958	0	0
Matthew Larson President	18 80	х		×				44,108	0	0
Jennifer Bay-Williams Director	2 00	х						356	0	0
John SanGiovanni Director	2 00	х						3,250	0	0
Rose Mary Zbiek Director	2 00	x						8,379	0	0
Olive Chapman	2 00							_	_	_

2 00

2 00

2 00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

Nadine Bezuk

Denise Spangler

Marilyn Strutchens

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

42,228

compensated Employees, and Inde	penaent co.	illiac	,	•				1	1	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	,	organization and related organizations
Kevin Dykema DIRECTOR	2 00	x	_   					0	0	c
Gına Kılday DIRECTOR	2 00	x						0	0	C
Kay Wohlhuter DIRECTOR	2 00	x						0	0	
Paul Kelley DIRECTOR	2 00	x						0	0	C
Cathy Martin DIRECTOR	2 00	x						0	0	(
Trena L Wilkerson Director	2 00	x						0	0	(

2 00

2 00

2 00

37 50

. . . . . . . . . . . . . . . . . . .

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297,567

Florence Glanfield

Ruth Harbin Miles

Director

Director

Jane Porath Director

Robert Doucette

**Executive Director** 

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

44,810

20,318

38,101

28,451

Compensated Employees, and Inde							-, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and rust		a Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Brian S van den Berg Assoc Exec Director Finance and Administration	37 50			×				154,563	0	46,040
David M Shayka Assoc Exec Director Business Oper & COO	37 50				x			188,027	0	48,435
Kenneth L Krehbiel Assoc Exec Director Communications	37 50					х		173,239	0	30,257

37 50

37 50

37 50

37 50

. . . . . . . . . . . . . . . . . .

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Χ

Χ

146,386

149,476

124,540

149,851

Richard H Aldridge

David F Barnes

Melissa D Ferrari

Joanne L Hodges

Sr Director of Publications

Director of Information Systems & Services

..... Assoc Exec Director Research, Learn, & Prof Develo

Assoc Exec Director Membership, Marketing, & Mbr C

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

DLN: 93493060002097 OMB No 1545-0047

**Employer identification number** 

52-6057004

**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.

Open to Public

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

Inspection

Treasury Internal Revenue Service Name of the organization

NATIONAL COUNCIL OF TEACHERS

(Form 990 or

990EZ)

Department of the

OF MATHEMATICS

Part I

2 3 www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

9	✓	receipts from activitie from gross investmen	es related to it t income and	ts exempt functions—s	subject to certa xable income (I	in exceptions less section 5	tributions, membership , and (2) no more than ( 11 tax) from businesse	331/3% of its support						
10		An organization organi	zed and opera	ated exclusively to tes	t for public safe	ety Śee <b>secti</b>	on 509(a)(4).							
11 a	<u></u>	one or more publicly s the box in lines 11a th	upported orga rough 11d tha	inizations described in at describes the type (	section 509(a of supporting oi	i)(1) or sectio rganization an	inctions of, or to carry on 509(a)(2) See <b>sectio</b> nd complete lines 11e, 1 organization(s), typical	<b>n 509(a)(3).</b> Check 1f, and 11g						
	I	supported organization organization You mus	n(s) the power t complete Pa	to regularly appoint o	r elect a majór <b>B.</b>	ity of the dire	ctors or trustees of the	supporting						
b	Γ		pporting organ	nization vested in the s			ported organization(s), b r manage the supported							
c							h, and functionally integ <b>D. and E.</b>	grated with, its						
d	Γ	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.												
e	Г	integrated, or Type III	Í non-function	ally integrated suppor	tıng organizatı	on	t is a Type I, Type II, T	ype III functionally						
f	Ente	r the number of support					· · · · · · ·							
g		Provide the following in	nformation ab	out the supported orga	anızatıon(s)									
(i) Name of supported		(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga listed in your docume	inization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)						
					Yes	No								
Tota	ı													
For F	aperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015						

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
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						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

(Complete only if y	ou checked the l	box on line 9 o	f Part I or if the	organization	failed to qualify	under Part
II. If the organizat	ion fails to qualify	under the tes	ts listed below,	please comple	ete Part II.)	

Se	ection A. Public Support	il lalis to quality	y under the tes	is listed below,	please complet	LE Pail	11.)	
	Calendar year	<b>(-)</b> 2011	<b>(b)</b> 2012	(-)2012	(4)2014	(-)2	\1 -	(6)Total
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,832,018	5,297,989	5,732,959	5,391,534		,178,928	27,433,428
2	grants ") Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,139,004	8,558,042	8,385,496	9,488,947	8	,319,449	42,890,938
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the							
	organization without charge	13,971,022	13,856,031	14,118,455	14,880,481	13	,498,377	70,324,366
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,	13,371,022	13,030,031	14,110,433	14,000,401	1.	,490,377	70,324,300
	and 3 received from disqualified persons							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							0
	year							
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c				-			0
•	from line 6)							70,324,366
Se	ction B. Total Support				•		•	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	115	<b>(f)</b> Total
•	iscal year beginning in) ▶							
9 10a	A mounts from line 6 Gross income from interest,	13,971,022	13,856,031	14,118,455	14,880,481	13	,498,377	70,324,366
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	808,113	680,034	630,797	577,303		532,536	3,228,783
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	808,113	680,034	630,797	577,303		532,536	3,228,783
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		3,450	3,375	3,120		8,900	18,845
13	Total support. (Add lines 9, 10c, 11, and 12)	14,779,135	14,539,515	14,752,627	15,460,904	14	,039,813	73,571,994
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a								
Se	check this box and stop here ection C. Computation of Pul	olic Support P	ercentage					<b>•</b>
15	Public support percentage for 201			13, column (f))		15		95 590 %
16	Public support percentage from 20					16		95 230 %
	ction D. Computation of Inv			ge			I	
17	Investment income percentage for				n (f))	17		4 390 %

Investment income percentage from 2014 Schedule A, Part III, line 17 4 690 %

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support tests—2014. 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 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	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 <b>Part VI</b> 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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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			
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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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 <b>Part VI</b> .	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		
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 II of Schedule L (Form 990)	8		
9a	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 <b>Part VI</b> .	9a		
b	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 <b>Part VI</b> .	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 <b>Part VI</b> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

Return Reference	Explanation
Schedule A, Part III, Line 12,	INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

Explanation of Other Income

### DLN: 93493060002097

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

Department of the Treasury Internal Revenue

## **Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of the organization NATIONAL COUNCIL OF TEACHERS  Employer identific								
	MATHEMATICS				52-6057004			
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c	) or is a	section 527	organizatio	n.	
1	Provide a description of the or	ganization's direct and indirect politic	al campaign activ	vities in Pai	t IV			
2	Political expenditures	\$						
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		<b>&gt;</b>	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	<b>&gt;</b>	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?				No	
4a	Was a correction made?					Yes	No	
ь	If "Yes," describe in Part IV					1	,	
Par	t I-C Complete if the or	ganization is exempt under :	section <b>501</b> (c	), except	section 50	1(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exempt	t function a	ctivities <b>&gt;</b>	\$		
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to oth	ner organizations	for section	527 <b>►</b>	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	-POL, line	17b ►	\$		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?				Yes	No	
5	organization made payments if amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	n the filing o a separat	organızatıon's f e political orga	unds Also ente nization, such a	er the	
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0-	(e) A mount of contributions and promp directly delive separate porganization enter -	received tly and rered to a olitical If none,	
2								
3								
4								
5								

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

250,000

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A	Check	<b>&gt;</b>	Г	- If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
				expenses, and share of excess lobbying expenditures)

	Limits on Lobl (The term "expenditures")	(a) Filing organization's totals	(b) Affiliated group totals			
.a	Total lobbying expenditures to influence public lobbying)					
b	Total lobbying expenditures to influence a legi	47,597				
c	Total lobbying expenditures (add lines 1a and	47,597				
d	Other exempt purpose expenditures		17,293,386			
e	Total exempt purpose expenditures (add lines	1c and 1d)	17,340,983			
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				

	4-Year Averaging Period Under section 501(h)		
	reporting section 4911 tax for this year?  Yes	□ No	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720		
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
	Subtract line 1 f from line 1 c. If zero or less, enter -0-		

j 	If there is an amount other than zero on either line reporting section 4911 tax for this year?	e 1h or line 1ı, did the	_	Form 4720  Yes No	<u> </u>	
	4-Year Av (Some organizations that made a s columns below. See th	` '	ection do not	have to com	•	e five
	Lobbying Expe	nditures During 4	I-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount	972,416	970,752	986,751	1,000,000	3,929,919
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,894,879
_с	Total lobbying expenditures	60,142	44,166	33,151	47,597	185,056
d	Grassroots nontaxable amount	243,104	242,688	246,688	250,000	982,480
e	Grassroots ceiling amount					1,473,720

Return Reference

	filed Form 5768 (election under section 501(h)).	,			<b>/</b> b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			(b)
ctiv	ıty	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493060002097

Open to Public Inspection

Name of t	he	org
Internal Rever	nue	Ser
Treasury		
Department of	the	3

(Form 990)

Na	nai Revenue Service    To the of the Organization				Emp	loyer ident	ification	numbe	r
	FIONAL COUNCIL OF TEACHERS MATHEMATICS				52-6	5057004			
Pa	rt I Organizations Maintaining Dono	r Advised Funds	or O	ther Simila	r Funds		ints.		
	Complete if the organization answer			Part IV, line 6					
	Tabel assessed aboves	(a) Donor advised	funds		(b)	Funds and	other ac	counts	
	Total number at end of year								
	Aggregate value of contributions to (during year)								
	Aggregate value of grants from (during year)								
	Aggregate value at end of year								
	Did the organization inform all donors and donor funds are the organization's property, subject to	_				sed	Г	Yes	┌ No
•	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?						Г	Yes	┌ No
a	rt III Conservation Easements. Comple	ete if the organizat	tion a	nswered "Yes	s" on Forr	n 990, Pa	rt IV, lıı	ne 7.	
	Purpose(s) of conservation easements held by the	he organization (chec	k all tl	nat apply)					
	Preservation of land for public use (e g , recreducation)	reation or	Г	Preservation	of an histo	rcally impo	ortant lar	ıd area	
	Protection of natural habitat		$\Gamma$	Preservation	of a certifie	d historic :	structure	<u> </u>	
	Preservation of open space								
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified cons	ervatio	on contribution	ın the forn	n of a conse	ervation		
						Held at	t the End	of the	Year
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easeme	ents			2b				
c	Number of conservation easements on a certified	d historic structure in	nclude	dın (a)	2c				
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/1	7/06,	and not on a	2d				
	Number of conservation easements modified, tra	nsferred, released, e	xtıngu	shed, or termin	nated by th	e organizat	tıon durır	ng the	
	tax year <b>▶</b>								
	Number of states where property subject to cons	ervation easement is	s locat	ed <b>▶</b>					
	Does the organization have a written policy regard violations, and enforcement of the conservation of		nitorin	g, inspection, h	nandling of		┌ Yes	□ No	)
,	Staff and volunteer hours devoted to monitoring, year	inspecting, handling	of viol	ations, and enf	orcing con	servation e	:asement	s durın	g the
	<b>&gt;</b>								
	A mount of expenses incurred in monitoring, insp	ecting, handling of vi-	olatior	s, and enforcir	ng conserv	ation easer	ments du	ring the	year
	<b>▶</b> \$								
	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy	y the re	equirements of	section 17		Yes	_ No	<b>)</b>
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text							s	

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

  - (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

SCHE	uule D	(FOIIII 990) 2013						Page ∠
Part		Organizations Maintaining (continued)	Collections of	Art, Histor	ical <sup>-</sup>	Treasures, or	Other Similar A	ssets
3		the organization's acquisition, accution items (check all that apply)	ession, and other re	cords, check	any o	f the following that	are a significant us	e of its
а		Public exhibition		d [	- Loa	an or exchange pro	grams	
b		Scholarly research		e _	- Oth	her		
c	=	Preservation for future generations						
4		de a description of the organizations	's collections and ex	nlain how the	v furtl	her the organizatio	n's evemnt nurnose	. in
•	Part >		s conceilons and ex	cpiani now the	, idici	ner the organizatio	ms exempt purpose	
5		g the year, did the organization soli is to be sold to raise funds rather th	an to be maintained					s No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990,	Part	: IV, line 9, or re	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	rmediary for c	ontrib	butions or other as	sets not	s No
b	If"	Yes," explain the arrangement in P	art XIII and comple	te the followir	ng tab	le	Am	ount
c	Beg	ginning balance	•		-	10	:	
d	A d	ditions during the year				10	1	
e	Dis	tributions during the year				16	2	
f		ding balance				11		
<b>2</b> a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21, for e	scrow	or custodial acco	unt liability? <b>Ye</b>	s No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if	the explanati	on ha	s been provided in	Part XIII	
Pai	rt V	Endowment Funds. Comple	te if the organiza	tion answer				
			(a)Current year	(b)Prior yea		<b>b</b> (c)Two years back		(e)Four years back
1a b	-	nning of year balance	773,550 4,905		4,307 7,237	653,379 26,360	577,860 25,860	578,207 35,717
_	•		,				,	,
c	Net ir Iosse	nvestment earnings, gains, and is	-6,370	3	0,645	67,496	83,436	-22,576
d	Grant	cs or scholarships						
e		rexpenditures for facilities	23,805	1	8,639	32,928	33,777	13,488
f	A dmı	nistrative expenses						
g	End o	of year balance	748,280	77	3,550	714,307	653,379	577,860
2	Provi	de the estimated percentage of the	current year end ba	lance (line 1g	, colu	mn (a)) held as		
а	Board	l designated or quasi-endowment 🕨						
b	Perma	anent endowment ▶ 78 790 %						
c		orarily restricted endowment  ercentages on lines 2a, 2b, and 2c	21 210 % should equal 100%					
3a	A re th	nere endowment funds not in the pos	ssession of the orga	nızatıon that	are he	eld and administer	ed for the	
	_	ization by					[a	Yes No
	• •	related organizations			•			a(i) No n(ii) No
b		es" on 3a(ii), are the related organiz		uired on Sche	 dule R			3b   10
4		ribe in Part XIII the intended uses o					<u> </u>	
Par	t VI	Land, Buildings, and Equip		F 000		n	- 000 - · ·	
		Complete if the organization and Description of property	answered 'Yes' to		Part I	IV, line 11a.See	Form 990, Part >	(, line 10. (d)Book value
		bescription of property		Cost or		oasis   Cost or other ba		(a)book value
1a	Land			(IIIVe	.sunent	(other)	109	129,109
	Buildin					5,061,	<u> </u>	<u> </u>
		nold improvements				5,531,	5,225,55	
الد	·					4.440	2 000 5	74 444.354

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

2,506,628

(a) Description of security or category (including name of security)	/	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of that of year market valu
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.  Complete if the organization answered	d 'Yes' on Form 990	, Part IV, line 11c. <sub>Se</sub>	ee Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
			Cost of end-of-year market valu
			<b>I</b>
Total (Column (h) must equal Form 990 Part Y col (R) line 13.)	•		
Part IX Other Assets. Complete if the organizati		Form 990, Part IV, line	
	on answered 'Yes' on i	Form 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizati	on answered 'Yes' on i	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (c) Described in the or	on answered 'Yes' on I	Form 990, Part IV, line	
(a) Description (b) must equal Form 990, Part X, col (B) line	on answered 'Yes' on I		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the or	on answered 'Yes' on large tription  15)  Janization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the or	on answered 'Yes' on I		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability	on answered 'Yes' on large tription  15)  Janization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on large tription  15)  Janization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	on answered 'Yes' on heription  15 )	2	(b) Book value

Schedule D (Form 990) 2015

2

Part V, Line 4

13,858,373

C	Recoveries of prior year grants			ZC				
d	Other (Describe in Part XIII )			2d				
e	Add lines <b>2a</b> through <b>2d</b>						2e	-171,548
3	Subtract line <b>2e</b> from line <b>1</b> .						3	14,029,921
4	Amounts included on Form 990	), Part VIII, line 12, but no	ot on line <b>1</b>					
а	Investment expenses not inclu	ıded on Form 990, Part VII	II, line 7b .	4a		152,018		
b	Other (Describe in Part XIII )			4b		-449,909		
c	Add lines 4a and 4b						4c	-297,891
5	Total revenue Add lines 3 and	4c.(This must equal Form 9	990, Part I, line	e 12 )			5	13,732,030
Par		cpenses per Audited ization answered 'Yes' o					s per	Return.
1	Total expenses and losses per	audited financial statemer	nts				1	16,795,235
2	Amounts included on line 1 but	c not on Form 990, Part IX,	, line 25					
а	Donated services and use of fa	icilities		2a				
b	Prior year adjustments			2b				
c	Otherlosses			2c				
d	Other (Describe in Part XIII )			. 2d		449,909		
e	Add lines 2a through 2d						2e	449,909
3	Subtract line $\bf 2e$ from line $\bf 1$ .						3	16,345,326
4	Amounts included on Form 990	), Part IX, line 25, but not o	on line <b>1:</b>					
а	Investment expenses not inclu	ıded on Form 990, Part VII	II, line 7b .	. 4a		152,018		
b	Other (Describe in Part XIII )			. 4b				
c	Add lines <b>4a</b> and <b>4b</b>						4c	152,018
5	Total expenses Add lines 3 an	ıd <b>4c.</b> (Thıs must equal Forr	m 990, Part I, l	ıne 18	)		5	16,497,344
Par	XIII Supplemental Info	ormation						
Part	ride the descriptions required for l V , line 4 , Part X , line 2 , Part XI , mation							de any additional
	Return Reference		Explanation					

2a

2b

THE COUNCIL'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR IMPROVING

MATHEMATICS EDUCATION THROUGH GRANTS AND AWARDS PROGRAMS THE ENDOWMENT IS DONOR-RESTRICTED TO BE HELD IN PERPETUITY TO GENERATE RETURNS TO HELP FUND

-171,548

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

THE COUNCIL'S PROGRAMS

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIIII Supplementa	I Information <i>(continued)</i>	
Return Reference	Explanation	
Part XII, Line 2d - Other Adjustments	Cost of Goods Sold 449,909	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury

Internal Revenue Service Name of the organization

NATIONAL COUNCIL OF TEACHERS

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

52-6057004

2015

DLN: 93493060002097

Open to Public Inspection

OFMATHEMATICS						52-605/004	
Part I General Information	n on Grants an	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or a	ssistance?			or the grants or assis	stance, and	✓ Yes No
Part II Grants and Other Assistation that received more than		_		plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	1						
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>							
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

REQUIRED TO SHARE THE RESULTS THROUGH A FINAL REPORT BEFORE ALL FUNDS ARE PAID OUT

## **Additional Data**

Prospective Teachers

Software ID: Software Version:

**EIN:** 52-6057004

Name: NATIONAL COUNCIL OF TEACHERS

OF MATHEMATICS

Form 990, Schedule I, Part III, Gran	its and Other As	ssistance to Dome	stic Individuals.		
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Emerging Teacher-Leaders in Elementary School Mathematics Grants (PreK-5)	1	6,000			
Engaging Students in Learning Mathematics Grants(6-8)	1	1,402			
Enhancing Student Learning	2	5,805			
Equity in Mathematics Grants	1	8,000			
Future Leaders Initial NCTM Annual Conference Attendance Awards	5	7,986			
Improving Students Understanding of Geometry Grants (PreK-8)	1	3,850			
K-8 Pre Services	1	2,900			
Mathematics Graduate Course Work Scholarships (6-8)	1	2,000			
Mathematics Graduate Course Work Scholarships (9-12)	1	2,000			
Mathematics Study Grants	1	6,000			
Pre K-6 Math Award	1	6,630			
Pre-K-6 Classroom Research Grants	1	6,000			
Prospective Secondary	2	20,000			
Prospective Teacher NCTM Conference Attendance Awards	3	4,181			

3,000

(a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance FMV, appraisal, other)

Teacher Professional Development Grants	3	6,390		

3,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Using Music to Teach Mathematics Grants

(PreK-2)

Schedule J (Form 990)

**Compensation Information** 

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493060002097 OMB No 1545-0047

Open to Public

Treas	Department of the Treasury Internal Revenue Service  ► Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Internal Revenue Service		gov/form990.	Open to Public Inspection				
N a NAT	me of the organiz TONAL COUNCIL OF MATHEMATICS				Employer identificat	ion nui	nber	
		ons Regarding Compensation			52-6057004			
Pa	rt I Questi	ons Regarding Compensation					Yes	T
<b>1</b> a	Check the ann	opiate box(es) if the organization provid	led an	y of the following to or for a person l	isted on Form		res	No
La		Section A, line 1a Complete Part III to						
	First-clas	s or charter travel		Housing allowance or residence fo	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretion	nary spending account		Personal services (e g , maid, chai	uffeur, chef)		ļ	
b		xes in line 1a are checked, did the orga or provision of all of the expenses desc				1b		
2		ation require substantiation prior to reir ees, officers, including the CEO/Execut						
	directors, trust	ees, onicers, including the CEO/Execut	ive Di	rector, regarding the items checked	illi illie Tar	2	Yes	
,	Toducata which	if any of the following the filing organization	-t.o.	used to establish the compensation	of +b o			
3		ıf any, of the following the filing organız SEO/Executive Director  Check all that						
	used by a relate	ed organization to establish compensati	ion of	the CEO/Executive Director, but ex	plain in Part III			
	Compensa	ation committee	~	Written employment contract		ļ	ļ	ļ
	Independe	ent compensation consultant	<b>✓</b>	Compensation survey or study		ļ	ļ	ļ
	Form 990	of other organizations	<b>✓</b>	Approval by the board or compens	ation committee	ļ	ļ	
4	During the year or a related org	r, did any person listed on Form 990, Pa anization	rt VII	, Section A, line 1a with respect to	the filing organizatior	1		
а	Receive a seve	rance payment or change-of-control pa	yment	7		4a		Νo
b	Participate in, o	or receive payment from, a supplementa	l nonc	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-base	ed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provi	ide the	e applicable amounts for each item i	n Part III			
	Only 501(a)(3)	, 501(c)(4), and 501(c)(29) organizatio	<b></b>	et complete lines E O				
5	For persons list	ted on Form 990, Part VII, Section A, li contingent on the revenues of		•	any			
а	The organizatio	n?				5a		No
b	Any related org					5b		No
		e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A, li contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organizatio	n?				<b>6</b> a		No
b	Any related org	ianization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, li lescribed in lines 5 and 6? If "Yes," des			on-fixed	7		No
8	•	nts reported on Form 990, Part VII, pai nitial contract exception described in R		•		8		No
						_ •		NO

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Diane BriarsPast-President	(i)	153,753	0	0	0	0	153,753	0
	(ii)	0	0	0	0	0	0	0
2 Robert Doucette Executive Director	(i)	296,877	0	690	32,669	11,955	342,191	0
	(ii)	0	0	0	0	0	0	0
3 Brian S van den Berg Assoc Exec Director Finance	(i)	154,219	0	344	19,646	36,254	210,463	0
and Admı	(ii)	0	0	0	0	0	0	0
4 David M Shayka Assoc Exec Director Business	(i)	187,317	0	710	23,772	34,546	246,345	0
Oper &	(ii)	0	0	0	0	0	0	0
5 Kenneth L Krehbiel Assoc Exec Director	(i)	171,511	0	1,728	20,698	11,885	205,822	0
Communications	(ii)	0	0	0	0	0	0	0
<b>6</b> Richard H Aldridge Director of Information	(i)	145,875	0	511	18,587	35,980	200,953	0
Systems & Se	(ii)	0	0	0	0	0	0	0
7 David E Barnes Assoc Exec Director Research,	(i)	148,475	0	1,001	17,805	3,092	170,373	0
Learn,	(ii)	0	0	0	0	0	0	0
8 Melissa D Ferrari Assoc Exec Director	(i)	124,336	0	204	15,526	31,758	171,824	0
Membership, Mark	(ii)	0	0	0	0	0	0	0
9 Joanne L Hodges Sr Director of Publications	(i)	148,956	0	895	17,897	12,818	180,566	0
	(ii)	0	0	0	0	0	0	0

Schedule 3 (Form 990) 2013	rage <b>3</b>					
art III Supplemental Information						
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					
,	LINDA GOJAK'S COMPENSATION WAS PAID BY JOHN CARROLL UNIVERSITY THE NATIONAL COUNCIL OF TEACHERS OF MATHEMATICS REIMBURSED THE COLLEGE FOR THIS AMOUNT DURING THE FISCAL YEAR, WHICH INCLUDED SOME FRINGE BENEFITS MATTHEW LARSON'S					

Schodula 1 (Form 990) 2015

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 52-6057004

Name: NATIONAL COUNCIL OF TEACHERS

OF MATHEMATICS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1 Diane BriarsPast-President	(1)	153,753	0	0	0	0	153,753	(
	(11)	0	0	0	0	-	_ _ 0	(
1Robert Doucette Executive Director	(1)	296,877	0	690	32,669	11,955	342,191	
	(11)	0	0	0	0			(
<b>2</b> Brian S van den Berg Assoc Exec Director Finance	(1)	154,219	0	344	19,646	36,254	210,463	1
and Admi	(11)	0	0	0	0			(
<b>3</b> David M Shayka Assoc Exec Director Business	(1)	187,317	0	710	23,772	34,546	246,345	
Oper &	(11)	0	0	0	0	-		(
<b>4</b> Kenneth L Krehbiel Assoc Exec Director	(1)	171,511	0	1,728	20,698	11,885	205,822	
Communications	(11)	0	0	0	0	- - 0	 	(
<b>5</b> Richard H Aldridge Director of Information	(1)	145,875	0	511	18,587	35,980	200,953	(
Systems & Se	(11)	0	0	0	0	- 0	_ _ 0	(
<b>6</b> David E Barnes Assoc Exec Director Research,	(1)	148,475	0	1,001	17,805	3,092	170,373	1
Learn,	(11)	0	0	0	0			(
7Melissa D Ferran Assoc Exec Director	(1)	124,336	0	204	15,526	31,758	171,824	1
Membership, Mark	(11)	0	0	0	0		- 0	(
8Joanne L Hodges Sr Director of Publications	(1)	148,956	0	895	17,897	12,818	180,566	
	(11)	0	0	0	0			

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Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

DLN: 93493060002097 OMB No 1545-0047

2015

Department of the	<b>▶</b> I	nformation a			990 or Form 99 990 or 990-EZ	90-EZ. :) and its instru	ctions	is at		One	n to P	ublic
Treasury Internal Revenue Se					ov /form 990.	•					spect	
Name of the or NATIONAL COUNC	IL OF TEACHERS						Er	nploye	r identi	ficatio	n numbe	r
OF MATHEMATICS		ancaction	C (anation	F01/a)/2) a		V(4) and E01/a		2-605		(براهم		
	ess Benefit Tr plete if the organiz		•					_			40b	
	ne of disqualified p			ationship bet	ween disquali	ified person and	$\overline{}$	<b>c)</b> Des	cription		<b>(d)</b> Cor	rected?
				01	ganızatıon			tran	saction		Yes	No
							+					
	amount of tax incu	irred by orga	nızatıon ma	inagers or dis	qualified pers	sons during the	year	under	section			
4958 .								•	<b>&gt;</b> \$			
<b>3</b> Enterthe a	amount of tax, If a	ny, on line 2,	above, reii	mbursea by t	ne organizatio	on	• '	• •	<b>&gt;</b> \$			
Со	ans to and/or mplete if the orga janization reporte	nızatıon ansv	wered "Yes	on Form 99		line 38a, or Fo	rm 99	0, Par	t IV , lın	e 26, d	or if the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization	е	(e)O riginal principal amount	<b>(f)</b> Balance due		In ult?	(h A ppro by boa	ved rd or	(i)Wr agreer	
			То	From			Yes	No	commi	No ttee?	Yes	No
				110111					1.03	110	105	110
Total	1	<b>▶</b> \$						ı				
	ants or Assist											
	mplete if the or								1,,	<u> </u>	-	
(a) Name of perso		Relationshi erested perso organizat	on and the	(c) A mount	of assistance	e (d) Type o	orassi	stance	e (e)	Purpos	se of ass	istance
						_						
				1		1						

Return Reference

Business Transactions 1						
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) DIANE BRIARS	PAST-PRESIDENT	·	DIANE IS A SOLE PROPRIETOR WHOSE BUSINESS RECEIVED PAYMENTS FROM NCTM DURING FY 2016		No	
Provide additional information		s on Schedule L (see ins	tructions)			

**Explanation** 

As Filed Data -

Form 990 or 990-EZ 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.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493060002097

OF MATHEMATICS

Employer identification number 52-6057004

990 Schedule O, Supplemental Information

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Department of the

Internal Revenue

Name of the organization

NATIONAL COUNCIL OF TEACHERS

Treasurv

Service

Return Explanation Reference Form 990, Part VI, NCTM HAS TWO MAJOR MEMBERSHIP CATEGORIES INDIVIDUAL MEMBERS INCLUDE TEACHERS, ADMINISTRATORS, Section A, line 6 SPECIALISTS, COACHES, TEACHER-EDUCATORS, AND STUDENTS INSTITUTIONAL MEMBERS INCLUDE SCHOOLS. SCHOOL DISTRICTS, UNIVERSITIES, STATE OR LOCAL EDUCATION AGENCIES, LIBRARIES, AND RESOURCE CENTERS Form 990, Part VI, EVERY INDIVIDUAL MEMBER IS ELIGIBLE TO VOTE FOR THE BOARD MEMBERS AT AN ELECTION WHERE 1/3 OF THE Section A, line 7a BOARD MEMBERS ARE ELECTED ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation					
Form 990. Part VI. Section B. line	THE FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. PRIOR TO FINAL IRS					

SUBMISSION Form 990. Part VI. Section B. line THE NCTM CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL 12c BA

SIS. WITH A SIGNED CONFLICT DISCLOSURE STATEMENT REQUIRED EACH YEAR

990 Schedule O, Supplemental Information

GENERAL PUBLIC UPON REQUEST

Form 990. Part VI.	THE BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING THE SALARY OF THE EXECUTIVE DIRECTOR ON AN
TOTTI 330, Fait VI,	THE BOAND IS NEST ON SIDELE FOR NEW INFO AND AFFINOVING THE SALARY OF THE EXECUTIVE DINECTOR ON AN
Section B, line 15	ANNUAL BASIS THIS PROCESS WILL BE INDEPENDENT OF THE INFLUENCE OF THE EXECUTIVE, AND MAY INVOLVE
	INPUT FROM SOURCES BOTH INTERNAL AND EXTERNAL TO THE COUNCIL INCLUDING REGIONAL SALARY SURVEYS

Explanation

NCTM PROVIDES COPIES OF THE ORGANIZATIONAL BY LAWS, CONFLICT OF INTEREST POLICY, AND FORM 990 TO THE

Return

Reference

Form 990. Part VI.

Section C. line 19

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XI, LINE 2C	THE AUDIT REVIEW PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.
, ,	THE EXECUTIVE COMMITTEE SHALL ACT FOR THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESS ION AND SHALL REPORT ALL SUCH ACTIONS AT THE NEXT MEETING OF THE BOARD IT SHALL ALSO ACT IN AN ADVISORY CAPACITY TO THE PRESIDENT