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Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	~			nd ending			,	
	B X	Check	If applicable cs change		[) Employ	yer identification i	number
	Ħ		texas Council for the Social Studies			23-	7327296	
	H	Initial i	attn: Treasurer Tina Melcher		E		one number	
	Ħ		una/formulated 1702 Hartford Rd		İ	(28	1) 437-3	580
	П	Ameno	Austin, TX 78703					
	_=		ation pending			F Group Exemption Number		
	G		unting Method X Cash Accrual Other (specify) ►	F			the organizati	
	1		site: http://txcss.org/		sch Schedule			
	J —	Tax-ex	xempt status (check only one) $ \boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no) $\boxed{}$ 4947(a)(1)	990, 990)-EZ, or 990-F	'F) 		
	K		of organization Corporation Trust Association X Other					
	L	Add lasse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$2 ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Fori	200,000 or m m 990-F7	nore, or if		\$ 1	42,821.
	Pá	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balan		the instr		<u> </u>	
	_ ~-		Check if the organization used Schedule O to respond to any question in this P			001,01,		' X
		1	Contributions, gifts, grants, and similar amounts received		•	1		
		2	Program service revenue including government fees and contracts			2	1	22,432.
		3	Membership dues and assessments			3		
		4	Investment income			4		1,613.
		5a	Gross amount from sale of assets other than inventory	5 a	18,77	76. 🐺	¥	
2017		b	L. T. C.	5 b	17,26	60.		
		С	case of the control o	Schedu	le O	5	ic	1,516.
ಅ		6	Gaming and fundraising events	_ 1				
	Ë			6 a				
9	Ě	b	,	of contributi	ons			
AUG	Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 ь			,	
9		С	Less direct expenses from gaming and fundraising events	6 c			1	
SCANNED		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				id	
X		7 a	Gross sales of inventory, less returns and allowances	7 a				
S		b	Less cost of goods sold	7.b	* ***			
		С	. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) $ \overline{\mathbb{R}} ($	EOEN/		7	' c	
		8	Other revenue (describe in Schedule O)	The same of the sa	۱,)	,8	3	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9) 1	L25,561.
		10	Grants and similar amounts paid (list in Schedule O)	G Ø % 20	917	10		3,706.
		11	Benefits paid to or for members			11		
	E X	12	Salaries, other compensation, and employee benefits		1:	12		····
	PENSES	13	Professional fees and other payments to independent contractors		######################################	_ 		
	N S	14	Occupancy, rent, utilities, and maintenance			14		
	E S	15	Printing, publications, postage, and shipping	o Cabodu	10.0	15		38,026.
		16	Cities expenses (decented in contention by	e Schedu	ie O	16		88,536.
		17	Total expenses. Add lines 10 through 16			► 17		130,268.
	А	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3	-4,707.
	A S S E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu figure reported on prior year's return)	ust agree wit	th end-of-	year 19) 1	L31,708.
	Š	20	Other changes in net assets or fund balances (explain in Schedule O)			20		
		21	Net assets or fund balances at end of year Combine lines 18 through 20			► 21		<u>127,001.</u>
	RA.	Δ Foi	r Panerwork Reduction Act Notice, see the separate instructions.				Form 99	0-EZ (2016)

Part II Balance Sheets (see the Instructions for Part II) Check the organization used Schedule O to respond to any question in this Part II Check sans the organization used Schedule O to respond to any question in this Part II Check if the organization used Schedule O 131,708, IZ 127,001. 28 127,001. 28 127,001. 28 131,708, IZ 127,001. 29 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 127,001. 20 20 20 20 20 20 20 2	Forn	990-EZ (2016) Texas Council fo	or the Social Stud	ies	23	-732	.7296 Page 2
22 Cash, savings, and investments 131,708, 122 127,001.	Par	t II Balance Sheets (see the insti	ructions for Part II)				П
23 Land and buildings 24 Color 24 Color 25 Total assets 24 Color 25 Total assets 25 Total patients 25 Color 26 Color 27 Net assets or fund balances (ine 27 of Lourn (8) must agree with line 2) 131, 708, 25 127, 001. 27 PART III Statement of Program service Accomplishments (see the instructions for Part III) Check if the organization's program service accomplishments (see the instructions for Part III) Check if the organization's program service accomplishments for each of its three birgest program services accomplishments for each of its three birgest program services accomplishments for each of its three birgest program services accomplishments for each of its three birgest program services. See Excellet 9 Color C		•	date o to respond to any qui		A) Beginning of year	ar	(B) End of year
24 1.21, 20.2.		. 3			131,708	•	127,001.
131, 708, 25 127,001, 26 127,001, 26 127,001, 26 20 20 20 20 20 20 20		3					
28 Total liabilities (describe in Schedule O) 29 Net assets or fund balances (tine 27 of column (B) must agree with line 21) 29 Net assets or fund balances (tine 27 of column (B) must agree with line 21) 21 Total (Statement of Program Service Accomplishments (see the instructions for Part III) 21 Check (the originate along used Schedule O to respond to any question in this Part III (Required for section 50 city) 29 STATE MANDATED GUIDELINES, CLASSROOM STRATEGIES & PRACTICES TO FURTHER SOCIAL STUDIES 28 ANNUAL CONFERENCE AND OTHER MEETINGS FOR TRACHERS TO LEARN NNW STRATE SOCIAL STUDIES (Craims \$ 2 1.00 copies of the services) and the services provided, the number of persons for others of concernment of the services provided, the number of persons for others of the services provided to the services of the services		•		<u> </u>	131.708		127,001.
Part III Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of Program Service Accomplishments (see the instructions for Part III) Statement of the Operation of Sec. Schedule O. Describe the organization's program service accomplishments for pack of its three largest program services, as presented by sequenced by s	26	,					
Check if the organization used Schedule O to respond to any question in this Part III What it is broganization's program service accomplishments for each of its three largest program services, as programs and concise making the services provided, the number of persons become and concise making the services provided, the number of persons become and concise making the services provided, the number of persons become and concise making the services provided, the number of persons become and concise making the services provided, the number of persons become and the provided that the services provided the number of persons become and the provided that the program services, as part of others. STATE MANDATED GUIDELI MRS. CLASSROM STRATEGIES & PRACTICES TO FRIENDED TO THE SOCIAL STUDIES TEXAN PUBLISHED AND DISTRIBUTED EVERY 4 MONTHS TO DISSENIBATE INFORMATION BENEFICIAL TO SOCIAL STUDIES TEACHERS. If this amount includes foreign grants, check here 29 1, 200 COPIES OF THE SOCIAL STUDIES TEXAN PUBLISHED AND DISTRIBUTED EVERY 4 MONTHS TO DISSENIBATE INFORMATION BENEFICIAL TO SOCIAL STUDY DEVELOPMENTS. 30 MAINTAIN WEB PAGE TO INFORM MEMBERS OF LATEST SOCIAL STUDY DEVELOPMENTS. 31 Other program services (describe in Schedule O) See Schedulle O (Grants \$ 3, 706.) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) See Schedulle O (Grants \$ 3, 706.) If this amount includes foreign grants, check here 40 Name and the observation of the program service sepresses (add lines 288 through 311 on this part IV (Grants \$ 3, 706.) If this amount includes foreign grants, check here 40 Name and the observation of the program service sepresses (add lines 288 through 310 on any question in this Part IV (Grants \$ 3, 706.) If the program is the part IV (Grants \$ 5, 0.) O.					131,708	. 27	
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Page 3

	y question in this Part V		Ž
33 Did the organization engage in any significant activity not previously reported to the IRS?	<u></u>		Yes No
If 'Yes,' provide a detailed description of each activity in Schedule O		33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	e amended documents if they reflect	34	V
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from	business activities	34	X
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide ar		35 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part	tion 6033(e) notice, III	35 c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant			- ``
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	1 (36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.	27 6	
b Did the organization file Form 1120-POL for this year?38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	r employee ar were	37 b	X
any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	7 / 1 %	P
39 Section 501(c)(7) organizations Enter	N/A		
a Initiation fees and capital contributions included on line 9	39a N/A		
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A] , *1	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	•		
section 4911 • 0 . , section 4912 • 0 . , section 495			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pr	ny section 4958 excess or year that has not been	EZ'	
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	•	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organi managers or disqualified persons during the year under sections 4912, 4955, and 4958.	zation 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbu	rsed		
by the organization	► <u> </u>		
e All organizations At any time during the tax year, was the organization a party to a prohibit shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	40 e	** X
41 List the states with which a copy of this return is filed None			
42 a The organization's books are in care of ► Tina Melcher & A J Donahue, PC Located at ► 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If 'Yes,' enter the name of the foreign country ►	Telephone no ► 281-4. ZIP + 4 ► 78703 er authority over a financial account)?	37-3. 42b	Yes No
books are in care of Tina Melcher & A J Donahue, PC Located at T702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other	ZIP + 4 78703 er authority over a financial account)?	42 b	Yes No
books are in care of Tina Melcher & A J Donahue, PC Located at 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A c At any time during the calendar year, did the organization maintain an office outside the Urilif 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	ZIP + 4 78703 er authority over a financial account)? accounts (FBAR) ated States? Check here	42 b	Yes No X X X N/ N/ Yes No
books are in care of Tina Melcher & A J Donahue, PC Located at 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A c At any time during the calendar year, did the organization maintain an office outside the Ur If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C	ZIP + 4 78703 er authority over a financial account)? accounts (FBAR) ated States? Check here	42 b 42 c	Yes No X X N/ Yes No X X
books are in care of Tina Melcher & A J Donahue, PC Located at T702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial & c At any time during the calendar year, did the organization maintain an office outside the Uri If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ	ZIP + 4 78703 er authority over a financial account)? Accounts (FBAR) Lited States? Check here - 43	42 b 42 c	Yes No X X N/ Yes No X X
books are in care of Tina Melcher & A J Donahue, PC Located at 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac At any time during the calendar year, did the organization maintain an office outside the Urrif 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cand enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	ZIP + 4 78703 er authority over a financial account)? Accounts (FBAR) Lited States? Check here - 43	42 b 42 c	Yes No X X X N/ Yes No X X X X
books are in care of Tina Melcher & A J Donahue, PC Located at T702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial & c At any time during the calendar year, did the organization maintain an office outside the Uri If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ	ZIP + 4 78703 er authority over a financial account)? Accounts (FBAR) Lited States? Check here - 43	42 b 42 c 44 a 44 b 44 c	Yes No X X N/ Yes No X X
books are in care of Tina Melcher & A J Donahue, PC Located at 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial at a c At any time during the calendar year, did the organization maintain an office outside the Urilif 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	ZIP + 4 78703 er authority over a financial account)? Accounts (FBAR) Lited States? Check here - 43	42 b 42 c 44 a 44 b 44 c	Yes No X X X N/ Yes No X X X X
books are in care of Tina Melcher & A J Donahue, PC Located at 1702 Hartford Rd Austin Tx b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A c At any time during the calendar year, did the organization maintain an office outside the Ur lif 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	ZIP + 4 78703 er authority over a financial account)? Accounts (FBAR) inted States? Check here - 43 completed instead st be completed	42 b 42 c 44 a 44 b 44 c	Yes No X X N/N/ Yes No X X X X

Form 990-	EZ (2016) Texas Council for t	he Social Stud	ies	23-732	27296	P	age 4
44 5 1	•					Yes	No
	he organization engage, directly or indired idates for public office? If 'Yes,' complete		gn activities on behalf	of or in opposition to	46		X
Part VI	Section 501(c)(3) organizations					L	
<u> </u>	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b ai	nd 52, and complete	e the table	s	
	Check if the organization used Schedul	e O to respond to any	question in this Part V	1			П
47 D.d.				111		Yes	No
	he organization engage in lobbying activities plete Schedule C, Part II	or nave a section 501(n)	i election in eπect during	the tax year? If fes,	47		X
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sch	edule E	48		X
49 a Did t	he organization make any transfers to an	exempt non-charitable	e related organization?		49 a		X
	es,' was the related organization a section	~			49 b		
50 Complemple	plete this table for the organization's five high oyees) who each received more than \$100,00	nest compensated emplo 30 of compensation from	yees (other than officers the organization off ther	s, directors, trustees and k e is none, enter 'None '	ey		
	(a) Name and title of each employee	(b) Average hours per week devoled to position	(c) Reportable compensatio (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
None							
				 			
					 		
					<u> </u>		
				 	ļ		
f Total	I number of other employees paid over \$1	00,000	<u> </u>	<u> </u>	L		
51 Comp	plete this table for the organization's five high	nest compensated indepe	endent contractors who	_ each received more than \$	\$100,000 of		
	pensation from the organization. If there is		T		T 7.0		
	(a) Name and business address of each independent of	ontractor	(b) Typ	e of service	(c) Comp	ensatio	
None_							
					 		
					<u> </u>		
d Total	I number of other independent contractors	s each receiving over \$	5100,000	•			
	he organization complete Schedule A? N o pleted Schedule A	ote: All section 501(c)(3) organizations must	attach a	► X Yes	. 「	No
Under penaltie	es of periury. I declare that I have examined this return.	including accompanying sche	dules and statements, and to	the best of my knowledge and be		<u> </u>	
true, correct,	and complete Declaration of preparer (other than office	r) is based on all information of	of which preparer has any kno	wledge			
Sign Here	Signature of officer Mcd. Moss 7	Repsurer,	2016	Date Date	7		
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN		
	A J DONAHUE PC CPA	A J DONAHUE PO	7- 17	Check L if	P0125926	3	
Paid Preparer	Firm's name A. J. Donahue,	P. C. P.) OI W	Sen employed	. 0123320	<u> </u>	
Use Only	Firm's address > 3730 Kirby Driv	e Suite 1200		Firm's EIN	76-0203	943	
	Houston, TX 770	Phone no (7)					
May the IF	RS discuss this return with the preparer sh	nown above? See instr	uctions		► X Yes		No
					Form 99	0-EZ	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public∉ * Inspection

Name o	f the	organization	Texas	Counc	cil for	the Sc	cial Stu	dies		-	Employer identi	fication number	
						ina Mel					23-73272	96	
Part	()	Reason	for Pub	lic Cha	rity State	us (All or	ganizations	s must c	omple	te this	part.) See ınstru	ictions.	
The c	rga	nızatıon is i	not a priva	ate found	lation beca	use it is (For lines 1 thr	ough 12,	check o	nly one	box)		
1		A church, c	onvention (of church	es, or asso	ciation of ch	nurches describ	ed in sect	ion 170(b)(1)(A) (i).		
2		A school de	escribed in	section 1	70(b)(1)(A)	(ii). (Attach	Schedule E (Fo	orm 990 or	990-EZ))			
3		A hospital	or a coop	erative h	iospital ser	vice organ	ızatıon descrit	oed in sec	tion 170	(b)(1)(A)(iii).		
4		A medical	research (organiza	tion operat	ted in conju	inction with a	hospital c	lescribe	d in sec	tion 170(b)(1)(A)(iii)	Enter the hospital	l's
		name, city	, and state	e e									
5		An organiz section 17	ation opei 0(b)(1)(A)	rated for (iv). (Co	the benefi mplete Pa	it of a colle rt II)	ge or univers	ity owned	or opera	ated by	a governmental unit	described in	
6		A federal,	state, or id	ocal gove	ernment or	r governme	ntal unit desc	ribed in s e	ection 1	70(b)(1)	(A)(v).		
7		An organiza	ation that n 170(b)(1) (ormally r A)(vi). (eceives a s Complete f	substantial p Part II)	art of its suppo	ort from a (governm	ental uni	t or from the general p	oublic described	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9		An agriculti	ural researd	ch organi	zation desc	ribed in sec	tion 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a land-grant co	llege	
	L										and state of the colleg		
	university												
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
11													
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
а		Type I. A si	upporting o	rganızatı wer to re	on operated gularly app	1 supervise	d or controlled	by its sup	ported o	rganizati	on(s), typically by givi he supporting organiza	na the supported	
b		Type II. A	supporting	g organiz upporting	ation supe	on vested in	ontrolled in co the same pers	onnection ons that co	with its ontrol or	support manage	ed organization(s), the supported organiz	oy having control o vation(s) You	r
С		Type III fun	ctionally in	itegrated instructi	. A supportii ons) You	ng organizat must com i	ion operated in olete Part IV,	connection	n with, ar A, D, an	nd function	onally integrated with, i	ts supported	
d		Type III nor functionally	n-functionary integrates	ally integreed. The o	rated. A sup organizatio plete Part	pporting org	anization oper must satisfy	ated in cor a distribut	nection tion requ	with its s uiremen	supported organization t and an attentivene	i(s) that is not ss requirement (se	e
е		Check this	box if the	organiz	ation recei	ived a writte		tion from t	he IRS		a Type I, Type II, T		
f	Er	nter the nun	nber of sup	pported	organizatio	ons		_					
							d organization						
(ı) Na	ame of supporte	ed organizatio	on	(11)	EIN	(III) Type of org (described on above (see ins	lines 1-10	(iv) l organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions		
									Yes	No			
(A)							}						
(~)									}				
<u>(B)</u>													
(C)										 			
(D)													
(E)							~* « « « « « « « « « « « « « « « « « « «	**************************************		¥^ 88			
Total													

Par	t II Support Schedule for (Complete only if you checked organization fails to qualify	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un	d 170(b)(1)(A)(v) der Part III If the	⁄i)
Sec	tion A. Public Support				'/		
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	T	т	1		r 	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	•
	tion C. Computation of Pu						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	14	<u>%</u>
	Public support percentage from					15	
16a	33-1/3% support test—2016. If the and stop here. The organization	the organization d qualifies as a pu	lid not check the l blicly supported o	box on line 13, an organization	id line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box ablicly supported o	k on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The org	es' test, check this anization qualifies	s box and stop he s as a publicly sur	re. Explain in Part opported organization	VI how n ►
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the tracks are the tracks and the tracks are the tracks are the tracks.	meets the 'facts-	and-circumstance	es' test, check this	box and stop he	re. Explain in Part	5 is 10% VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

sec	tion A. Public Support								
Calend	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
'	Gifts, grants, contributions, and membership fees received (Do not include	1							
	received (Do not include any 'unusual grants').	10 066	24 015	19,091.	22 452		06 121		
2	Gross receipts from admissions.	18,966.	24,915.	13,031.	23,452.		86,424.		
	merchandise sold or services performed, or facilities	1							
	furnished in any activity that is		li de la companya de						
	related to the organization's				1				
3	tax-exempt purpose Gross receipts from activities	75,867.	104,410.	75,564.	95,881.	122,432.	474,154.		
J	that are not an unrelated trade or business under section 513		l				0.		
4	Tax revenues levied for the organization's benefit and either paid to or expended on								
5	its behalf The value of services or						0.		
	facilities furnished by a governmental unit to the organization without charge		,				0.		
6	Total. Add lines 1 through 5	94,833.	129,325.	94,655.	119,333.	122,432.	560,578.		
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
ь	Amounts included on lines 2	U.	<u>U</u> .	<u> </u>	<u>U.</u>		<u> </u>		
	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13								
	for the year	0.	0.	0.	0.	0.	0.		
-	Add lines 7a and 7b	0,	0.	0.	0.	0.	0.		
	Public support. (Subtract line 7c from line 6)				<u> </u>		560,578.		
	tion B. Total Support	, 							
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
-	Amounts from line 6	94,833.	129,325.	94,655.	119,333.	122,432.	560,578.		
IUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,966.	6,769.	5,457.	5,152.	3,129.	24,473.		
b	Unrelated business taxable income (less section 511	3,900.	0,709.	3,437.	5,152.	3,129.	24,475.		
	taxes) from businesses acquired after June 30, 1975						0.		
С	Add lines 10a and 10b	3,966.	6,769.	5,457.	5,152.	3,129.	24,473.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						0		
12	regularly carried on Other income Do not include						0.		
	gain or loss from the sale of capital assets (Explain in Part VI)						0.		
13	Total support. (Add lines 9,			100	104 105	105 561			
1.4	10c, 11, and 12)	98,799.	136,094.	100,112.	124,485.	125,561.	585,051.		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3,	<u>'</u> ▶ []		
	tion C. Computation of Pu			12 (2)		145	05.00 %		
	Public support percentage for 20		•	ie 13, column (f))		15	95.82 %		
	Public support percentage from					16	95.08 %		
	tion D. Computation of Inv						0.		
17									
	Investment income percentage f					18	4.92 %		
	33-1/3% support tests—2016. If is not more than 33-1/3%, check	this box and stor	here. The organ	iization qualifies a	is a publicly supp	orted organization	► [X]		
	33-1/3% support tests—2015. If I line 18 is not more than 33-1/3%	6, check this box a	ind stop here. Th	e organization qua	alifies as a public	ly supported organ	ization		
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, cl	neck this box and	see instructions			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
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	ìÀ	.i
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 Part VI when and how the organization made the determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b 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? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	EDID the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	<i>. (</i>)	
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 the organization's organizing document?	<i>≸</i>	<i>^.</i>	** *
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6	1. 1 1. 3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	. X .	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	. /	
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	à Æ:	1.23

Pa	rt IV Supporting Organizations (continued)			
11	Mas the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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?	11a	**,	
1	b 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.	11c		
Sec	ction B. Type I Supporting Organizations			
_			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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
			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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		*
Sec	ction D. All Type III Supporting Organizations			
		8	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		A S
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
	c 🔲 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
2	Activities Test Answer (a) and (b) below.	i	Yes	No
	a 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 Part VI identify those supported organizations and explain 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		
ı	b 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 Part VI 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	*1	
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 each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	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		
	Schedule A (Form 9	AA A	^^ =	2100

)	temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions)	grate	ed Type	e III supp	orting	orga	anızatıon		
Ā				Sche	dule A	(Fo	rm 990 or	990-EZ)	2016

2

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter greater of line 2 or line 3

BAA

Income tax imposed in prior year

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	27290 rage
Sec	ction D - Distributions	Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
_ 7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6		~ * * * * * * * * * * * * * * * * * * *	
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a	*** *** *** ***		: 1
b	* * *	4.1 5.	
c From 2013			***
d From 2014		7. ************************************	. &
e From 2015			
f Total of lines 3a through e		\$ 1300 Y .	
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount		, \$	
i Carryover from 2011 not applied (see instructions)	* * * * * * * * * * * * * * * * * * * *	11 M 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *
j Remainder Subtract lines 3g, 3h, and 3i from 3f			188
Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			,
8 Breakdown of line 7	>	· * * * * * * * * * * * * * * * * * * *	
a taraba a			
b Excess from 2013			13
c Excess from 2014			
d Excess from 2015	A. 3 M VIV. 8	Av. Carrier	\$ * · ·
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Texas Council for the Social Studies Employer identification number attn: Treasurer Tina Melcher 23-7327296

Form 990-EZ, Part I, Line 5c **Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis: 18,776.

17,260.

Total Gain (Loss) Publicly Traded Securities § 1,516. Total Net Gain (Loss) From Noninventory Sales \$ 1,516.

Form 990-EZ, Part I, Line 16 Other Expenses

ACCOUNTING	\$	128.
BANK CHARGES & INVESTMENT FEES	·	893.
CONFERENCE EXPESNE		72,079.
CURRICULUM & LIAISON		515.
MEMBERSHIP		6,505.
NCSS COMMITTEE & NCSS DELEGATE		3,239.
NEW CSS SEED		100.
OFFICER & COMMITTEE EXPENSE		5,069.
UNLOCATED		8.
Total	\$	88,536.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FURTHER EDUCATION IN SOCIAL STUDIES IN TEXAS

Form 990-EZ, Part III, Line 31 **Statement of Program Service Accomplishments**

	Grants	Program Service Expenses	
SCHOLARSHIPS AWARDED TO HIGH SCHOOL SENIORS INTERESTED IN BECOMING SOCIAL STUDIES TEACHERS. GRANTS TO SOCIAL STUDY TEACHERS FOR SUPPLIES OR FOR FURTHER STUDY. AWARDS TO SOCIAL STUDIES "TEACHERS OF THE YEAR" Includes Foreign Grants: No	3,706.		
Total	\$ 3,706.	\$ 0.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts			
(a) Did the organization, during the year, receive any fund	s, directly o	or	
indirectly, to pay premiums on a personal benefit contract?		No	
(b) Did the organization, during the year, pay premiums, di	rectly or		
indirectly, on a personal benefit contract?		No	