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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2019**Open to Public Inspection**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Texas Council of Teachers of Mathematics Number and street (or P O box if mail is not delivered to street address) Room/suite 2833 Broken Bough Trail City or town, state or province, country, and ZIP or foreign postal code Abilene, TX 79606
D Employer identification number 31-1638493	
E Telephone number 325-669-1603	
F Group Exemption Number ▶	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 41,316	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in the Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	3,250
	2	Program service revenue including government fees and contracts	0
	3	Membership dues and assessments	38,066
	4	Investment income	0
	5a	Gross amount from sale of assets other than inventory	0
	b	Less cost or other basis and sales expenses	0
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
c	Less direct expenses from gaming and fundraising events	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	0
	b	Less cost of goods sold	0
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0
	8	Other revenue (describe in Schedule O)	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	41,316
	10	Grants and similar amounts paid (list in Schedule O)	10,556
	11	Benefits paid to or for members	0
Net Assets	12	Salaries, other compensation, and employee benefits	0
	13	Professional fees and other payments to independent contractors	0
	14	Occupancy, rent, utilities, and maintenance	0
	15	Printing, publications, postage, and shipping	4,134
	16	Other expenses (describe in Schedule O)	17,913
	17	Total expenses. Add lines 10 through 16	32,603
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	8,713
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	83,844
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	92,557

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	83,844	22 92,557
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	83,844	25 92,557
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,844	27 92,557

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

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

What is the organization's primary exempt purpose?

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

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	Provided 8 \$1000 scholarships to student teachers in mathematics education		
	(Grants \$ 8,000) If this amount includes foreign grants, check here	28a	0
29	Provided 4 grants for four teachers or schools to support mathematics education in Texas varying from \$200-800		
	(Grants \$ 2,556) If this amount includes foreign grants, check here	29a	0
30	Publication of Texas Mathematics Teacher twice during the year provided digitally to members		
	(Grants \$ 4,134) If this amount includes foreign grants, check here	30a	4,134
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	4,134

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

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		✓
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of Kathleen Hart-Abel Telephone no. 832-814-3449 Located at 14678 Lyric Rd, Conroe, TX ZIP + 4 77302		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 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 completed instead of Form 990-EZ 44a		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		✓
c Did the organization receive any payments for indoor tanning services during the year? 44c		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **▶** ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<i>Kathy G. Hale</i> Signature of officer	5-7-2020 Date
	Kathy Hale-president Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☒ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Texas Council of Teachers of Mathematics

Employer identification number

31-1638493

Form 990-EZ, Part I, Line 10-\$1000 for Briana Allen, 1342 Norman St , Denton, TX 76201, to University of North Texas, 1155 Union Circle
#31127, Denton, TX 76203 , \$1000 for Candace Andel, 1306 CR 118, Edna, TX 77957, to University of Houston Victoria, 3007 N Ben Wilson St.,
Victoria, TX 77901, \$1000 for Briana Esparza, 4921 Dilsorth Ct, Fort Worth, TX 76116 to University of North Texas, 1155 Union Circle,
Denton, TX 76203, \$1000 for Marleane Glover, 3135 Seminole Peak Lane, Katy, TX 77494 to University of Houston-Victoria , 3007 N. Ben
Wilson St., Victoria, TX 77901, \$1000 for Alexandra Pierce, 212 FM 422, Seymour, TX 79380, to Midwestern State University, 3410 Taft Blvd,
Witchita Falls, TX 76308, \$1000 for Samantha Rocha, 1701 Ennis Joslin Rd, Apt 530, Corpus Christi, TX 78412 to Texas A&M Corpus Christi,
6300 Ocean Dr Corpus Christi, TX 78412, \$1000 for McKennah Edmunds, 146 Park Way, Montgomery, TX 77356 to Texas A&M University,
PO Box 30018, College Station, TX 77842, \$1000 for Olivia Rodriguez, 6721 Sahara Dr., Corpus Christi, TX 78412 to Texas A&M Corpus Chrsiti
6300 Ocean Dr., Corpus Christi, TX 78412
\$210 grant for KaSai Un to Texas A&M Commerce, 9316 Greenville Ave, Dallas, TX 75243, \$800 grant to Deborah Van Aken, 1851 Oak Lake Cir.
Pearland, TX 77581, \$755 grant to Brent Baker, 1302 Lantana Ct , Gonzales, TX 78629, \$800 grant to Amanda Moore, PO Box 453, Canton, TX
75013

Form 990-EZ, Part I, Line 16-Officer travel expenses \$10,680, Affiliate Dues to National Council of Teachers of Mathematics \$360, Food for
annual business meeting with membership \$5,542, Officer expenses \$216, Email service \$1115