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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organiza

► The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning 2009, and ending 20 C Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS D Employer identification number Please R Check if applicable Address change 36-2169155 Doing Business As tabel or Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite print or Name change type (312) 670-6782 541 N FAIRBANKS COURT 1300 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc-CHICAGO, IL 60611-3319 G Gross receipts \$ 12,139,598. H(a) Is this a group return for F Name and address of principal officer. BYRON GARRETT Application Yes X No N FAIRBANKS CT, STE 1300 CHICAGO, IL 60611 H(b) Are all affiliates included? Tax-exempt status X 501(c) (3) < (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website ► WWW.PTA.ORG H(c) Group exemption number X | Corporation L Year of formation 1897 M State of legal domicile ΙL Form of organization Trust Other > Association Summary Part I Briefly describe the organization's mission or most significant activities SEE SCHEDULE O, ATTACHMENT Governance 2 If the organization discontinued its operations or disposed of more than 25% of its net assets. 24 Number of voting members of the governing body (Part VI, line 1a) 3 Activities 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 94 Total number of employees (Part V, line 2a) 5 n Total number of volunteers (estimate if necessary) 6 184,417. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,505,445. 2,042,881. Program service revenue (Part VIII, line 2g) 9,821,290 9,594,431. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 336,441 248,125. 10 656,920 253,653. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,320,096 12,139,090. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,392,250 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,824,803. 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) 6,689,837 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 6,926,513. 13,082,087. Total expenses. Add lines 13-17 (restrequal Part X Jobiumn (A), line 25) 12,751,316. 238,009 -612,226. 19 Revenue less expenses Subtract line 18 from line 12. Beginning of Year End of Year MAY 18 2010 Total assets (Part X, line 16) က် 17,435,398 16,785,693. 20 21 Total liabilities (Part X, line 26) 2,225,310 2,743,392. Net assets or fund balances. Subtred (Inc.) From like 20 15,210,088. 14,042,301. Part II Signature Block Under penalties of perjury, I declare and belief, it is true, correct, and go language schedules and statements, and to the best of my knowledge is based on all information of which preparer has any knowledge Sign Here Signature of officer EO, Chief Executive Type or print name and title Check if Preparer's identifying number (see instructions) P00022148 Paid selfemployed > Preparer's Firm's name (or yours CBIZ MHM, 34-1853929 EIN Use Only 312-602-6800 ONE SOUTH WACKER DRIVE, SUITE 1800 CHICAGO, IL 60606 May the IRS discuss this return with the preparer shown above? (see instructions) . Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

	Priofly describe the organization's mission	
1	Briefly describe the organization's mission SEE SCHEDULE O, ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	
		-
4b	O (Code:) (Expenses \$1,443,490. Including grants of \$) (Revenue \$) PROGRAMS: DEVELOPS AND IMPLEMENTS EFFECTIVE AND INFORMATIVE	
	PROGRAMS DEVOTED TO THE PRIORITIES OF THE ORGANIZATION AS OUTLINED	
	IN THE STRATEGIC PLAN. THIS CONTINUES TO BE ACCOMPLISHED THROUGH	•
	SUCH PROGRAMS AND INITIATIVES SUCH AS REFLECTIONS, HEARST AWARDS,	
	HEALTHY LIFESTYLES, NATIONAL STANDARDS FOR FAMILY-SCHOOL	
	PARTNERSHIPS, TAKE YOUR FAMILY TO SCHOOL WEEK, TEACHER	
	APPRECIATION WEEK, THREE FOR ME AND PARENTAL CONTROL ON VIDEO GAME	<u> </u>
	CONSOLES AND RISKS ASSOCIATED WITH ONLINE VIDEO GAME PLAY.	
4 c	: (Code:) (Expenses \$ 1,374,230. including grants of \$) (Revenue \$) LEGISLATIVE/ADVOCACY: ADVOCATES FOR POLICIES THAT BENEFIT CHILDREN	
	AND FAMILIES VIA THE DISSEMINATION OF INFORMATION, PARTICIPATION	
	IN PROGRAMS AND TRAINING AND MONITORING OF LEGISLATION. DEVELOPS	
	RESOURCES WHICH PROVIDE BACKGROUND ON PTA ISSUES; EMPHASIZES THE	
	IMPORTANCE OF ADVOCATING; AND EXPLAINS THE ADVOCACY PROCESS.	
	CONDUCTS THE PTA NATIONAL LEGISTLATIVE CONFERENCE AND TRAINED PTA	
	REPRESENTATIVES FROM EVERY STATE.	
4 c	Other program services. (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 2,372,148 including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ► 10,278,609.	
	Form 99	0 (2009)

Port IV Checklist of Required Schedules Step organization described in section 501(p(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	•	ن ،	· · · ·			
Since organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," ves. local process ves.			26 0160155		,	Page 3
1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 is the organization required to complete Schedule B, Schedule of Contributions? 3 Did the organization required to complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization subject to the section 6033(e) notice and report if II "Yes," complete Schedule C, Part I. 5 Sections 501(c)(3) Organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts "If "Yes," complete Schedule C, Part III. 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 7 Did the organization maintain orditections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit ropair, or doth negotiation services? If "Yes," complete Schedule D, Part VI. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 9 Did the organization report an amount for investments—other-securities in Part X, line 10? If Part X, or organization senser to any of the following questions "Yes," complete Schedule D, Part VI. 9 Did the organization report an amount for other issesses in Part X, line 10? If Yes," complete Schedule D, Part VII. 9 Did the organization report an amount for other issesses in Part X	-					-9
complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign extivities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II. 7 Did the organization receive notical aconservation easement, including easements to preserve open space, the environment, historical advances of the stributory of the organization maintain any donor investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain any donor stributor stributoric stributories of "If "Yes," complete Schedule D, Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII. 10 Did the organization in Apart X, line 10 and 1 a related organization, hold assets in term, permanent, or quase-redownemis? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for investments-program related in Part X, line 10 II "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for organization specia	-				Yes	No
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Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 N . Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . It is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IVI, IVX, or X as applicable . Did the organization report an amount for line in the organization report an amount for investments—other-securities in Part X, line 10° If "Yes," complete Schedule D, Part VII. 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 VII. Did the organization report an amount for other liabilities 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 VII. Did the organization separate consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X. Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII. A Was the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggreg		7	· · · · · · · · · · · · · · · · · · ·			
Somplete Schedule D, Part III. Did the organization report an amount in Part X, line 21; 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 N. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, 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 VII. 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 VIII. 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III. A was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII. Is the organization as school described in section 17(0)(1/1)(A)(II)" If "Yes," complete Schedule E. 13 Is the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part I . Did the organization mematian an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II . Did the organization rep			· · · · · · · · · · · · · · · · · · ·	7		X
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14a Did the organization maintain an office, employees, or agents outside of the United States?		13		13	-	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14a				X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			· · · · · · · · · · · · · · · · · · ·			
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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		18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
If "Yes," complete Schedule G, Part III			Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
		19				
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H			If "Yes," complete Schedule G, Part III	19		Х
		20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 9	90 (2009) 36-2169155		ı	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
~~	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23	X	
24 -	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l		
		24a		x
	24b through 24d and complete Schedule K. If "No," go to question 25	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256	ŀ	x
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		•	x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		x
••	If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
_	Schedule L, Part N	200		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	20-		x
20	Part V	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
22	Part I	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u> </u>
34	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		<u> </u>	
33	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		- ^ `
30	······································	36		x
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	- ^` -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		l _x
20	Part VI	37		<u> -^</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O		990	L
				(2003)

Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of [
	US Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 94			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			*
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		\$	
	and Financial Accounts.			<i>₹</i> ·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	 .		Х
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		٤	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	amounts due or received from them)	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
<u>u</u>	100, Onto the amount of tax-exempt interest received of accided duling the year 120			

Statements Regarding Other IRS Filings and Tax Compliance

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sect</u>	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
,	mao codo.;		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	.05		
• •	form?	11	Х	
111	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	Х	
12a	5	124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420		Х
42	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?			Х
14	Does the organization have a written document retention and destruction policy?	14		
15	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?			Х
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			Х
	with a taxable entity during the year?	16a		^
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
8004	the organization's exempt status with respect to such arrangements?	16b		
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \[\subseteq \text{\frac{1}{2}} \sin \text{\frac{1}{2}} \sin \text{\frac{1}{2}} \sin \			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only))	
	available for public inspection. Indicate how you make these available. Check all that apply			
	X Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MS. JEANICE AIKENS 541 N FAIRBANKS COURT, SUITE 1300 CHICAGO, II	ne 🧠	c 1 -	
	organization MS. JEANICE AIKENS 541 N FAIRBANKS COURT, SUITE 1300 CHICAGO, II	. 60	611	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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. Use Schedule J-2 if additional space is needed
- 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. 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, and 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHARLES SAYLORS]				ľ					
NATIONAL PRESIDENT	1.00	Х						6,000.		
BETSY LANDERS							ŀ			
NATIONAL PRESIDENT - ELECT	1.00	X		<u> </u>						
TERESA WILLIAMS										
SECRETARY/TREASURER	1.00	X								
GINA ARMOR										
BOARD MEMBER	1.00	X					ì			
LAURA BAY							İ			
BOARD MEMBER	1.00	Х				}				
PHIL CLARK										
BOARD MEMBER	1.00	Х					ŀ			
STELLA EDWARDS										
BOARD MEMBER	1.00	X								
MELISSA JOHNSON										
BOARD MEMBER	1.00	Х				ŀ				
JEAN KRIEGER										
BOARD MEMBER	1.00	X								
TIBBY MILNE		 			 					
BOARD MEMBER	1.00	Х								
AURELIO MONTEMAYOR									_	
BOARD MEMBER	1.00	X								
MARY JO NEIL								. =		
BOARD MEMBER	1.00	X								
CARLA NINO										
BOARD MEMBER	1.00	X								
HELANE ROBSON			\vdash							
BOARD MEMBER	1.00	X								
DAVID SQUIRES				-	 		 			
BOARD MEMBER	1.00	x								
AL TAMAGNI		 		-			-			
BOARD MEMBER	1.00	X								

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(A) Name and title	(B)	Boss	tion (()		that app	aha)	(D) Reportable	(E) Reportable	Es	(F) timated	•
Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imated iount o other pensation om the anizatio I relate nizatio	f ion on ed
VITO BORELLO												
BOARD MEMBER	1.00	Х	Ш									
ALBERTO CARVALHO												
BOARD MEMBER	1.00	Х	Ш		<u>_</u>							
FRANK GALLAGHER	1											
BOARD MEMBER	1.00	Х	Ш									
KAREN MCLEAN DADE			1									
BOARD MEMBER	1.00	X	L		_							
SONNY SAVOIE												
BOARD MEMBER	1.00	Х										
GENERAL BENNIE WILLIAMS	1	1,,		i								
BOARD MEMBER DANI CARVER	1.00	Х	 		<u> </u>							
BOARD MEMBER	1.00	Х										
NICHOLAUS NELSON-GOEDERT	1.00		\vdash	_	<u> </u>		_					
BOARD MEMBER	1.00	Х										
BYRON V GARRETT	1.00		\vdash	_	-		-					
CEO	37.50			Х				210,859.			21,	387
JEANICE AIKENS	37.30		1			-		210,0031				
CFO	37.50			х				100,634.			21,	762.
EVELYN TAYLOR			H									
CHIEF OF STAFF	37.50					x		132,781.			7,	328.
LINDA WHITTINGTON			Ħ									
DEPUTY EXECUTIVE DIRECTOR	37.50					Х		129,981.			7,	195.
MISHAELA DURAN			H									
GOVERNMENT AFFAIRS DIRECTOR	37.50		1 1			Х		111,284.			15,	989.
1b Total						• • • •		691,539.			73,	661.
Total number of individuals (including but not reportable compensation from the organization)			liste	d at	bov	e) who	o re	ceived more than	\$100,000 in			
Toportable compensation from the organization		• • •		_	-					-	Yes	No
2 Did the appropriate let any former off.			.	_4_							163	140
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the the organization and related organizations												
individual										4	X	
5 Did any person listed on line 1a receiv												
services rendered to the organization? If "Yes,"										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensat	ed ir	ndep	end	dent	cont	rac	tors that received	d more than \$10	00,000	of	

compensation from the organization.

	(A) Name and business address	(B) Description of services	(C) Compensation
A	TTACHMENT 3		
	· · · · · · · · · · · · · · · · · · ·		
2	Total number of independent contractors (including but not limited to more than \$100,000 in compensation from the organization ▶ 5	those listed above) who received	,

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Par	t VIII	Statement of Revenue			36-2169155		Page
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
and other similar amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations	2,042,881	, s	,	,	7
3 8	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		2,042,881			
à			Business Code	\$ *		^	1
Program Service Revenue	2a	MEMBERSHIP DUES		8,544,667	8,544,667.		
8	b	MEMBER BENEFITS		435,277.	435,277.		
vice	c	CONVENTION		400,385.	400,385		
Ser	d	SUBSCRIPTIONS	_	179,472.	179,472		
E	e	LEGISLATIVE CONFERENCES		18,200	18,200		
ğ	f	All other program service revenue		16,430	16,430	_	
Pro	g	Total. Add lines 2a-2f		9,594,431.	ه	^ }	~ , \$
	3	Investment income (including dividends, interesting amounts)	▶	248,633 0			248,633
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶	57,780			57,780
		(ı) Real	(ii) Personal	% * 1 *			f
	6a	Gross Rents		- 4 + + + + + + + + + + + + + + + + + +			4 \$
	b	Less: rental expenses		*			\$ 1% 2n 3
	С	Rental income or (loss)		<u> </u>			<u></u>
	d	Net rental income or (loss)		0.			
	72	Gross amount from sales of (i) Securities	(II) Other	* * *	*		× 4
	, a	assets other than inventory			* ,		1 **
	b	Less: cost or other basis		´	* 3 ×	«t	₩, *
		and sales expenses	508	* 4	^	· •	* *
	С	Gain or (loss)	-508				
	d	Net gain or (loss)	▶	-508			<u> </u>
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				*	
<u>~</u>		See Part IV, line 18 a			ļ		
þe	b	Less: direct expenses b					-
ਰ∣	c	Net income or (loss) from fundraising events .	<u></u> ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
		Less direct expenses b					
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a		0			
		Less: cost of goods sold b Net income or (loss) from sales of inventory		0			.
Ī		Miscellaneous Revenue	Business Code			***	
Ī	11a	ADVERTISING	541800	184,417		184,417	
	h	MISCELLANEOUS		11,456			11,456
	c			· · · · · · · · · · · · · · · · · · ·			
	d	All other revenue				·	
	e	Total. Add lines 11a-11d		195,873			
	12	Total Revenue. See instructions	T I	12,139,090.	9,594,431	184,417	317,869

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet	te column (A) but are			and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		ŀ		
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.		i	
5	Compensation of current officers, directors,				
	trustees, and key employees	685,539.	552,597.	132,942.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	4,043,956.	3,259,736.	784,220.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	109,242.	88,057.	21,185.	
9	Other employee benefits	649,251.	523,346.	125,905.	
10	Payroll taxes	336,815.	271,499.	65,316.	
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	34,700.	27,971.	6,729.	
С	Accounting	30,398.	24,503.	5,895.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	817,722.	659,146.	158,576.	
12	Advertising and promotion	524,444.	422,742.	101,702.	
13	Office expenses	1,829,558.	1,474,763.	354,795.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	819,115.	660,269.	158,846.	
17	Travel	1,568,892.	1,264,646.	304,246.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	613,739.	494,720.	119,019.	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	232,121.	187,107.	45,014.	
23	Insurance	23,572.	19,001.	4,571.	
24	Other expenses. Itemize expenses not		T		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	AWARDS	55,635.	44,846.	10,789.	
-	MISCELLANEOUS	139,599.	112,604.	26,995.	
	RESEARCH & DEVELOPMENT	93,661.	75,498.	18,163.	
	RECRUITMENT	16,848.	13,581.	3,267.	
	UNEMPLOYMENT COMPENSATION	50,877.	41,011.	9,866.	
f	All other expenses	75,632.	60,966.	14,666.	
	Total functional expenses. Add lines 1 through 24f	12,751,316.	10,278,609.	2,472,707.	
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	649,416.	1	2,121,740.
	2	Savings and temporary cash investments	2,936,099.	_2	4,169,345.
	3	Pledges and grants receivable, net	1,175,000.	3	0.
	4	Accounts receivable, net	1,457,217.	4	1,612,659.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	i	1	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
•		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	12,770.	8	5,840.
•	9	Prepaid expenses and deferred charges	205,172.	9	471,422.
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment. cost or 10a 2,620,580.			
		other basis. Complete Part VI of Schedule D		i	
	b	Less: accumulated depreciation	977,190.		854,844.
	11	Investments - publicly traded securities	10,022,534.	11	7,549,843.
	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)		16	16,785,693.
	17	Accounts payable and accrued expenses	1,077,577.	17	721,649.
	18	Grants payable		18	
	19	Deferred revenue	19,393.	19	874,338.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	1,147,405.
	26	Total liabilities. Add lines 17 through 25	2,225,310.	26	2,743,392.
	İ	Organizations that follow SFAS 117, check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	13,328,797.	27	12,357,592.
Ва	28	Temporarily restricted net assets	1,364,800.	28	1,168,218.
Fund Balances	29	Permanently restricted net assets	516,491.	29	516,491.
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
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	<u>-</u>
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	15,210,088.	33	14,042,301.
	34	Total liabilities and net assets/fund balances	17,435,398.	34	16,785,693.

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Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ļ		i
	Schedule O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			ĺ
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
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.	3 b		
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NAT	ION	AL CONGR	ESS OF PARE	ENTS & TEACHERS	i				l	36-21	.69155
Par		Reason fo	or Public Chari	ity Status (All organ	ızations m	ust comp	lete this	part.) Se	e instruc	ctions	
The o	orga	nization is no	ot a private found	dation because it is: (F	or lines 1	through 11,	check or	ly one bo	x)		
1 [Ť	A church, co	onvention of chu	rches, or association	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2				on 170(b)(1)(A)(ii). (At				• • •			
3				hospital service organ		•	ction 170	(b)(1)(A)	(iii).		
4	\neg	•	•	zation operated in co						170(b)(1)	(A)(iii). Enter the
, r			ame, city, and sta	•	.,		pilai doo				(1.1/()) 2
5 [\neg			or the benefit of a col	lege or un	versity ow	ned or o	perated I	ov a gove	ernmental	unit described in
٠ [-	(b)(1)(A)(iv). (C			wording on		po. a.oa .	o, a gon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a 4000/1004
6	\neg			vernment or governme	ental unit de	scribad in e	section 1	70/5\/4\/	Δ۱/ν۱		
7			_	Illy receives a substan						or from t	he general public
٠ ١		-		(1)(A)(vi). (Complete F	-	по обррог	i iioiii a ş	9010111111	ontar ann	01 110111 (no general poone
8	\neg			d in section 170(b)(1) (•	mnieta Par	E II A				
, h	X		-	lly receives: (1) more		-	-	m contrib	uitione n	namharch	in face and arnee
3		_		ited to its exempt fun							
		· ·		ment income and un		•		•			
			_	n after June 30, 1975.						JII (ax)	nom businesses
10 [•	-			, , ,			•		
14	\dashv	_	_	and operated exclusive and operated exclusi	-	-					to corn, out the
. , L		-	_	ublicly supported orga	-		•				•
			•	at describes the type of					-	•	
		a Typ		Type II c		e III - Func		•			pe III - Other
٦	\neg			rype ii ertify that the organiz			-	-			•
e			_	• -				-			·
		•		ion managers and oth	ei illali oli	e or more	publicly :	supportet	ı organiza	alions de	scribed in section
			section 509(a)(•	f t	h- IDC 4h-		T 1 7	II	a Tima III	
f		_		d a written determina	tion from t	ne iks tha	it it is a	rype i, i	ype II, o	г туре ш	supporting
_		•	n, check this box								
g		-		the organization acce	pted any g	itt or contri	bution fro	om any oi	tne		
		following pe			201						V N.
		•	-	or indirectly controls		_	etner wit	n persor	is describ	pea in (ii)	
			-	erning body of the supp	_	inization?					11g(i)
				person described in (i) a							11g(ii)
			-	of a person described		•					11g(iii)
h		•		ation about the suppo	·				······································		
(i) N		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	organization		ou notify		s the tion in col.	(vii) Amount of support
	o.go			above or IRC section	governing			of your		zed in the	зарроге
				(see instructions))				oort?	-	S.?	
					Yes	No	Yes	No	Yes	No	
					:						
								_			
	· -										
Total											

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

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you check	ganizations D ked the box or	escribed in S	Sections 170(Boof Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	* * *	^		٠	* ,	
	publicly supported organization) included	-	, · · · · · · · · · · · · · · · · · · ·	<i>~</i>	*		
	on line 1 that exceeds 2% of the amount	8.		> *	, ,	,	
	shown on line 11, column (f)		@- 90% > *	*			
6_	Public support. Subtract line 5 from line 4.		% » '	άş	*	4 8	
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11	Total support. Add lines 7 through 10	* 4 3	3		3	* %	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2009 (In						
15	Public support percentage from 2008						<u>%</u>
16a	331/3% support test - 2009. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2008. If the o	_					. —
	check this box and stop here. The orga		• •				
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me					-	•
	Part IV how the organization meets t			_	•	•	••
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization						
4 -	supported organization						▶ 📖
18	Private foundation. If the organization						
	instructions	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u></u>	Chadula A /Form 9	▶∐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	ılendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")	11,426,900.	10,939,620	11,545,685.	11,592,532	10,587,548.	56,092,285
2	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	510,989	851,081	679,698.	767,362	1,049,764	3,858,894.
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						
6	Total. Add lines 1 through 5	11,937,889.	11,790,701	12,225,383.	12,359,894	11,637,312.	59,951,179.
	Amounts included on lines 1, 2, and 3		·				
	received from disqualified persons					1	
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						
	\$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)				i		59,951,179.
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	11,937,889	11,790,701	12,225,383.	12,359,894	11,637,312	59,951,179.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	321,143	475,407	557,655.	468,614	306,412	2,129,231
b	Unrelated business taxable income (less					Î	
	section 511 taxes) from businesses					į	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	321,143	475,407	557,655	468,614	306,412.	2,129,231.
11	Net income from unrelated business				i		
	activities not included in line 10b, whether or not the business is regularly				ļ		
	carried on		216,518	294,119.	330,015	184,417	1,025,069.
12	Other income. Do not include gain or				ŀ		
	loss from the sale of capital assets				1		
	(Explain in Part IV.)	135,550	26,693	101,025.	328,543.	11,456	603,267.
13	Total support. (Add lines 9, 10c, 11,			i			
	and 12)	12,394,582	12,509,319	13,178,182.	13,487,066	12,139,597	63,708,746.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.			<u> </u>	 	<u> </u>	▶
	tion C. Computation of Public Sup				····	· - · - · · · · · · · · · · · · · · · · · 	
15	Public support percentage for 2009 (line 8,					15	94.10%
16	Public support percentage from 2008 Sche				<u> </u>	16	94.25%
	tion D. Computation of Investmen						2 24
17	Investment income percentage for 2009 (lin			3, column (f))		17	3.34%
18	Investment income percentage from 2008 S					18	3.31%
19a	33 1/3% support tests - 2009. If the or						
_	17 is not more than 33 1/3%, check th		_			=	
þ	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3%, check						
JSA	Private foundation. If the organization	aid not check a	a box on line 1	4, 19a, or 19b,		x and see instru	

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART III, SECTION B, LINE 12:

LOSS ON SALE OF ASSETS OF \$508 HAS NOT BEEN INCLUDED IN OTHER INCOME.

SCHEDULE C

(Form 990 or 990-EZ)

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. ► See separate instructions

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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.

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Na	ime of organization			Employer identi	fication number
		PARENTS & TEACHERS		36-21	
Pa	rt I-A Complete if the	organization is exempt under	r section 501(c) or	r is a section 527 orgar	nization.
1	Provide a description of the	ne organization's direct and indirec	t political campaign	activities in Part IV	-
2	Political expenditures			▶ \$	
3	Volunteer hours				
		organization is exempt under			
1		excise tax incurred by the organizat			
2		excise tax incurred by organization			
3		d a section 4955 tax, did it file Forr			
4a b	If "Yes," describe in Part IV				Yes No
		organization is exempt unde	r section 501(c).	except section 501(c)(3	<u>)</u>
1		expended by the filing organizatio			<i>r</i> -
•					
2		ing organization's funds contributed			
		nties			
3		penditures Add lines 1 and 2. Er			
					·
4		file Form 1120-POL for this year? .			
5		es and employer identification num			
		anization listed, enter the amount			
		eived that were promptly and direct cal action committee (PAC). If addition			
		T	· · · · · · · · · · · · · · · · · · ·	1	I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E 1264 1 000

Schedule C (Form 990 or 990-EZ) 2009

Sch	edule C (Form 990 or 990-EZ) 2009	36-22	169155	Page 2
Pa	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elect	tion
		belongs to an affiliated group. checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	73,220.	<u> </u>
b		a legislative body (direct lobbying)	615,006.	* 1
С		688,226.		
d		12,063,090.		
e	Total exempt purpose expenditures (add	12,751,316.		
f	Lobbying nontaxable amount Enter the columns		787,566.	<u> </u>
	If the amount on line 1e, column (a) or (b) is: Not over \$500.000	The lobbying nontaxable amount is: 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	\$175,000 plus 10% of the excess over \$1,000,000.		
	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.		
g	Grassroots nontaxable amount (enter 25	% of line 1f)	196,892.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expend	itures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	558,645.	809,276.	804,104.	787,566.	2,959,591.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,439,387.
c Total lobbying expenditures	343,992.	574,443.	581,393.	688,226.	2,188,054.
d Grassroots nontaxable amount	139,661.	202,319.	201,026.	196,892.	739,898.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,109,847.
f Grassroots lobbying expenditures		54,610.	8,257.	73,220.	136,087.

Schedule C (Form 990 or 990-EZ) 2009

Yes

No

	•	(a					_
	1)		(b)		
		Yes	No		Amou	int	
	Ouring the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or eferendum, through the use of.			_		_	
a \	/olunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	· · · · · · · · · · · · · · · · · · ·						
C N	Media advertisements?						
d N e F	Mailings to members, legislators, or the public?						
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						-
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities? If "Yes," describe in Part IV						
	otal. Add lines 1c through 1i						
	old the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	"Yes," enter the amount of any tax incurred under section 4912						
	"Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501('c\/5\	ors	octio			
Tare	501(c)(6).	(C)(O)	, 01 3	COLIO			
						Yes	No
1 \	Vere substantially all (90% or more) dues received nondeductible by members?				1		
2 [Old the organization make only in-house lobbying expenditures of \$2,000 or less? Old the organization agree to carryover lobbying and political expenditures from the prior year?				2		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(
ı ait	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,						
	"Yes."						
1 [Dues, assessments and similar amounts from members			1			
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of p xpenses for which the section 527(f) tax was paid).	olitic	al				
	Current year			2a			
	Carryover from last year			2b			
C 1	otal		• • • }	2c 3			
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	nd political expenditure next year?			4			
5 T	axable amount of lobbying and political expenditures (see instructions)			5			
Part	V Supplemental Information						
Comp	ete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C,	line 5	5, and	d Part	II-B, lin	e 1ı	
Also, o	complete this part for any additional information.						
	ete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, complete this part for any additional information.						

Schedule C (F	orm 990 or 990-EZ) 2009	36-2169155	Page 4
Part IV	Supplemental Information (continued)		
	·		
	·		
		·	
			_
-			
	••		
	· 		
-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

36-2169155

Employer identification number

ГAИ	IONAL CONGRESS OF PARENTS & TEACHERS	36-2169155
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2		
	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
_	purpose conferring impermissible private benefit?	Yes No
Pa		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	Held at the End of the Year
а		2a
b	5	2 b
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	- I I I I
	violations, and enforcement of the conservation easements it holds?	L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes
_	the organization's accounting for conservation easements	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a		ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide, in Part XIV, the text of the footnote to its financial statements that describes these item	rch in furtherance of public service, is.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research	ch in furtherance of public service,
	provide the following amounts relating to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> \$

Fai	t III Organizations Maintaini	ng Collections	oi Art, mistorica	i i reasure	s, or Ot	ner Similar P	isseis (continuea)	
3	Using the organization's acquisition collection items (check all that app		other records, ch	eck any of t	he follow	ving that are a	sıgnıficar	nt use of its	
		ıy)	. —						
а	Public exhibition		d	Loan or ex	change	programs			
b	Scholarly research		e	Other			_		
С	Preservation for future ge	enerations							
4	Provide a description of the organi	zation's collections	and explain hov	v they furthe	r the org	anization's exe	empt pur	pose in	
	Part XIV.		•	•	_		• •	•	
5	During the year, did the organization	an solicit or receiv	e donations of ar	t historical t	reasure	s or other simil	ar		
Ū	assets to be sold to raise funds rati						_) N.
								Yes	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, truste								_
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in	Part XIV and con	plete the following	ng table:					•
						A	mount		
С	Beginning balance				10	-			
	Additions during the year								
	Distributions during the year								
					-				
	Ending balance						———	154	
	Did the organization include an am), Part X, line 21?				٠٠٠٠ ل	Yes	No
	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Con	nplete if organiz	ation answered	"Yes" to Fo	orm 990), Part IV, line	10.		
		(a) Current Year	(b) Pnor year	(c) Two ye	ears back	(d) Three year	ırs back	(e) Four years t	oack
1 a	Beginning of year balance	605,494	595,989						
b	Contributions								
С	Net investment earnings, gains,			1		1			
	and losses	5 240	17 005						
н	Grants or scholarships	5,342.	17,005	•					
	·								
е	Other expenditures for facilities .								
_	and programs	4,274.	7,500	_					
f	Administrative expenses								
g	End of year balance	606,562	605,494						
2	Provide the estimated percentage	of the year end ba	lance held as:			•			
а	Board designated or quasi-endown	nent •	%						
b	Permanent endowment ▶ 85.0								
С	Term endowment ► 15.0000								
	Are there endowment funds not in		the organization	that are hel	d and a	dministered for	the		
		trie possession of	the organization	i tilat ale liei	u anu at	arimistered for	li i C	[Vaa]	—
	organization by.								No
	(i) unrelated organizations						• • • •	3a(i)	<u>X</u> _
_	(ii) related organizations							3a(ii) X	
þ	If "Yes" to 3a(ii), are the related org		•					3b X	
4	Describe in Part XIV the intended u	ises of the organiz	ation's endowme	ent funds				_	
Par	t VI Investments - Land, Buil	dings, and Equi	pment. See Fo	rm 990, Pa	rt X, line	e 10.			
	Description of investment		or other basis restment)	(b) Cost or othe basis (other)	r (c) Accumulated depreciation	(0	l) Book value	
1a	Land			•					
b	Buildings		616,738.			139,712.		477,0	26.
<u>. </u>	Leasehold improvements		,003,842.		- -	1,626,024		377,8	
d	Equipment		, 555, 532		- -	1,020,024		311,0.	
	• •								
e	Other			*					
<u>I ota</u>	I. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part X, c	olumn (B), lır	ne 10(c).)	<u>.</u> . ▶		854,8	44.

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	erivatives		
Closely-he	ld equity interests		
	·		
			<u>,</u>
	n (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost of end-of-year market value
Total (Calum	n (h) must sevel form 200. Red V sel (R) line 42.)		
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part		
TaitiA	Other Assets. Gee 1 offin 990,1 art	(a) Description	(b) Book value
	·	(a) Description	(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15).		
Part X	Other Liabilities. See Form 990, Pa	art X, line 25.	
1.	(a) Description of liability	(b) Amount	
Federal inc			
DEFERRE	D LEASE INCENTIVE	993,359.	
PENSION	COST LIABILITY	154,046.	j
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,147,405.	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part >	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	urn	
1	Total revenue, gains, and other support per audited financial statements	L	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	i	
	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	🗀	2e
3	Subtract line 2e from line 1	<u>L</u>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)	_	
	Add lines 4a and 4b	· • ⊢	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	n
1	Total expenses and losses per audited financial statements	L	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
	Subtract line 2e from line 1	•	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	• –	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.	5
Part 2			
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa , Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Al t to provide any additional information.	art IV, so co	, lines 1b Implete
·- 			
		_	

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

SCHEDULE J (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL CONGRESS OF PARENTS & TEACHERS

Part I Questions Regarding Compensation

Employer identification number 36-2169155

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the haves on line to a shocked, did the agreement of fellows a written makey second or navigable			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Form 990 of other organizations Compensation survey or study X Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
_	organization or a related organization:	4a		Х
a b	Receive a severance payment or change-of-control payment?	4a		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of lines at o, not the persons and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of.		:	
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		CWCDACGE (B)	(B) Breakdown of W.2 and/or 1000-MISC compensation	Composition				
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Lotal of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
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DINON V GARRELL								
	<u>e</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CONGRESS OF PARENTS & TEACHERS

Employer identification number 36-2169155

ATTACHMENT 1

FROM 990, PART I, LINE 1:

TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN THE HOME, SCHOOL,

COMMUNITY AND PLACE OF WORSHIP. TO RAISE THE STANDARD OF HOME LIFE. TO

SECURE ADEQUATE LAWS FOR THE CARE AND PROTECTION OF CHILDREN AND YOUTH.

TO FOSTER A CLOSER RELATIONSHIP BETWEEN HOME AND SCHOOL.

FROM 990, PART III, LINE 1:

TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN THE HOME, SCHOOL,

COMMUNITY AND PLACE OF WORSHIP. TO RAISE THE STANDARD OF HOME LIFE. TO

SECURE ADEQUATE LAWS FOR THE CARE AND PROTECTION OF CHILDREN AND YOUTH.

TO FOSTER A CLOSER RELATIONSHIP BETWEEN HOME AND SCHOOL.

FROM 990, PART III, LINE 4A:

FIELD OPERATIONS/TRAINING/MEMBERSHIP: PROVIDES INFORMATION AND TRAINING
TO ASSIST PTA LEADERS AND POTENTIAL LEADERS IN DEVELOPING THE SKILLS AND
KNOWLEDGE NEEDED TO BE SUCCESSFUL IN THEIR COMMUNITIES. "PTA MORE" WAS
ESTABLISHED TO ENCOURAGE MORE MALE INVOLVEMENT AND ENGAGEMENT THROUGH
COLLABORATIONS WITH EXISTING FATHERHOOD AND FAMILY ORGANIZATIONS.
EXTENSION LIAISON POSITIONS EXPANDED TO BECOME NATIONAL SERVICE
REPRESENTATIVES WHICH WORK COLLABORATIVELY WITH STATE LEADERS IN ASSIGNED

Employer identification number

36-2169155

ATTACHMENT 1 (CONT'D)

SERVICE AREAS TO INCREASE THE STATES' RETENTION, SUSTAINABILITY AND DEVELOPMENT OF MEMBERSHIP, AS WELL AS AID IN THE VISIBILITY AND OVERALL ORGANIZATIONAL EFFECTIVENESS OF STATE AND LOCAL PTAS. THEY ALSO WORK CLOSELY WITH ALL NATIONAL PTA DEPARTMENTS TO SUPPORT THE SERVICES, PROJECTS AND PROGRAMS THAT ARE PRODUCED IN SUPPORT OF THOSE PTAS. DEVELOPS AND DELIVERS A CONSISTENT PTA IMAGE AND MESSAGE IN ALL PRINT AND ELECTRONIC COMMUNICATIONS TO POSITION THE ORGANIZATION AS THE NATION'S LEADING AUTHORITY ON PARENT INVOLVEMENT. THROUGH THE ONGOING PUBLICATION OF OUR CHILDREN, PTA PARENT, PARTNERS IN LEADERSHIP, LOCAL LEADERS NEWS AND OTHER COMMUNICATION VEHICLES (INCLUDING THE ESTABLISHMENT OF A PRESENCE IN SOCIAL MEDIA OUTLETS SUCH AS FACEBOOK, TWITTER, FOTKI, YOUTUBE, AND THE INTRODUCTION OF PTA RADIO), ALL PTA CONSITUENTS AND THE GENERAL PUBLIC REMAIN INFORMED ABOUT ALL ISSUES RELATING TO THE HEALTH, WELLNESS AND EDUCATION OF AMERICA'S YOUTH.

FROM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONVENTION: FACILITATES THE COMING TOGETHER OF PTA LEADERSHIP AND MEMBERSHIP AT THE ANNUAL MEETING AND CONVENTION. IDEAS AND INFORMATION ARE SHARED FACE TO FACE WITH PTA MEMBERSHIP THROUGH WORKSHOPS, SKILL BUILDING SESSIONS AND NETWORKING. THIS EVENT AFFECTS ALL MEMBERS DIRECTLY AND IMMEDIATELY IMPACTS EVERY PARENT, TEACHER, STUDENT AND LEADER WHO TAKES PART IN THE EVENT.

OFFICERS/MEETINGS: FACILITATES THE GATHERING OF PTA LEADERSHIP, INCLUDING

Employer identification number

36-2169155

ATTACHMENT 1 (CONT'D)

ALL BOARD AND COMMITTEE MEETINGS IN SUPPORT OF THE BUSINESS, WORK AND MISSION OF THE ORGANIZATION. THE ACTIVITIES IN THIS CATEGORY AFFECT ALL BOARD AND COMMITTEE MEMBERS AND INDIRECTLY AFFECT ALL PTA MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11A:

THE FORM 990 IS REVIEWED BY THE BOARD AND QUESTIONS ARE ADDRESSED WITH THE PREPARER, CBIZ MHM, LLC, AS NEEDED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY MAKING THEM AVAILABLE ON THE WEBSITE AND BY REQUISITION.

FORM 990, PART III, LINE 4D - OTHER PRO	OGRAM SERVICES	ATTACH	MENT 2
DESCRIPTION	GRANTS	EXPENSES	REVENUE
CONVENTION:		1229749.	
OFFICERS/MEETINGS:		1142399.	
TOTALS		2372148.	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND CONTRACTORS	=	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEALTH CARE SERVICES CORP P.O. BOX 1186 CHICAGO II 60690	HEALTHCARE PAYMENTS	652,626.

ATTACHMENT 3

G/WDC 541 FAIRBANKS, LLC RENT 623,087.

Schedule O (Form 990) 2009

P.O. BOX 1186 CHICAGO, IL 60690 FT. LAUDERDALE, FL 33316

Name of the organization Employer identification number NATIONAL CONGRESS OF PARENTS & TEACHERS 36-2169155 ATTACHMENT 3 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND CONTRACTORS DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION 1037 PAYSPHERE CIRCLE CHICAGO, IL 60674 290,407. PALMER PRINTING PRINTING 739 SOUTH CLARK STREET CHICAGO, IL 60605 M-C. CAPITAL ASSOCIATE, LLC DC RENT 222,295. P.O. BOX 23229 NEWARK, NJ 07189 HILTON FORT LAUDERDALE MARINA MEETING EXPENSE 199,501. 1881 SE 17TH STREET

TOTAL COMPENSATION

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

|--|--|

OMB No 1545-0047

Employer identification number

36-2169155.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ★ Attach to Form 990. NATIONAL CONGRESS OF PARENTS & TEACHERS

ε (e) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Ð 3 3 (a) Part I

	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
						·
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	the organization ans ar.)	wered "Yes" on Fo	orm 990, Part I	V, line 34 becaus	e it

Ilad One of more related tax-exempt organizations during the tax year.)	· · ·				
(a)	(q)	(၁)	(p)	(e)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state or foreign country) Exempt Code section (if section 501(c)(3))	Public charity status (if section 501(c)(3))	Direct controlling entity
THE ENDOWMENT FUND OF THE PTA 36-6067371 541 N FAIRBANKS, SUITE 1300 CHICAGO, IL 60611	ENDOWMENTS	IL	3	된	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

36-2169155

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportonate allocators?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
		,		512-514)				Yes No		Yes No
Part IV Ine 34 because it had one or more related organ	elated Organizati	ons Taxa		a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Partications treated as a corporation or trust during the tax year.)	Complete if the continuation or trus	e organization st during the t	n answered "Ye ax year.)	s" on Fo	ırm 990, Part	
(a) Name, address, and EIN of related organization	f related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	Share of total moome	ешох	(g) Share of end-of-year assets	(h) Percentage ownership
			:						Schedule R (Form 990) 2009	990) 2009

SA

	36.)
	nizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)
	Part IV, line
36-2169155	Form 990,
3(d "Yes" on
	on answere
	organizati
	plete if the
	ions (Com
	Organizat
	ith Related
2009	ansactions W
Schedule R (Form 990,	Part V Tra

		>	-14
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tay year did the organization engage in any of the following transactions with one or more related organizations listed in Date II 1V2	C/VI 11 othor 01 of 10		
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×
Gift. arant. or capital contribution to other organization(s)		1b	×
Gift. arant. or capital contribution from other organization(s)		10	×
loans or loan quarantees to or for other organization(s)		10	×
oans or loan quarantees by other organization(s)		1e	×
Sale of assets to other organization(s)		16	×
Purchase of assets from other organization(s)		10	×
Exchange of assets		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×
lease of facilities equinment or other assets to other organization(s)		=	×
Lease of facilities, equipment, or other assets from other organization(s)		1	×
Performance of services or membership or fundraising solicitations for other organization(s)		=	×
Performance of services or membership or fundraising solicitations by other organization(s)		=	×
Sharing of facilities, equipment, mailing lists, or other assets.		- T	×
Sharing of paid employees		1ut	×
Reimbursement paid to other organization for expenses		10 ×	
Reimbursement paid by other organization for expenses		1p	×
		X	1
Other transfer of cash or property to other organization(s)		10	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and tra	ansaction thresholds.	
(a)	(b)	(c)	
Name of other organization	type (a-r)	Amount involved	
THE ENDOWMENT FUND OF THE PTA	ď	9,548	
THE ENDOWMENT FUND OF THE PTA	٥	36, 653	3.
		Schedule R (Form 990) 2009	2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

סי פוספי ופילפיות אי וופן אי ויפון אי ויפון אי ויפון אי ויפון אי ויפון איים איים איים איים איים איים איים איי	Acidaion foi ceitain ii	ואפאווופווו לשווו	ed all lea				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(9) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1055)	Yes No
				•			
							-
					:	Schedule R (Form 990) 2009	990) 2009