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DLN: 93493321013195

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal		ning 07-01-2014 , and ending (06-30-2015			
B Che	eck if ap	pplicable	C Name of organization PARENTS AS TEACHERS NATION	IAL CENTER INC			D Employe	er identification number
Add	ress ch	nange					43-156	9124
☐ Nai	me char	nge	Doing business as					
┌ Init	ial retur	rn					E Telephone	a number
_ Fin			Number and street (or P O box 2228 BALL DRIVE	If mail is not delivered to street address	s) Room/suite	:		
_		mınated	2226 DALL DRIVE				(314)4	32-4330
Am	ended r	return	City or town, state or province, ST LOUIS, MO 63146	country, and ZIP or foreign postal code			C Cross ros	ounts & 21 476 426
☐ App	lication	n pending	31 20013, 110 03110				G Gloss led	eipts \$ 21,476,426
			F Name and address of	principal officer		H(a) Is the	s a group re	
			CONSTANCE GULLY			subo	rdinates?	┌ Yes 🗸 No
						H(b) Are a	II subordina	ates
						ınclu	ded?	
I Ta	x-exem	npt status	✓ 501(c)(3) 501(c)()	◀ (insert no)	527	If "N	o," attach a	list (see instructions)
J W	ebsite	e: ► WW	W PARENTSASTEACHERS	ORG		H(c) Grou	ıp exemptıo	n number ►
K Forr	n of org	ganızatıon	Corporation Trust Assoc	oation Other -	•	L Year of fo	mation 1987	M State of legal domicile
Pa	rt I	Sum	mary					110
			.	ssion or most significant activiti	95			
Activities & Governance	- - -	DEVELO	P OPTIMALLY DURING TH	SUPPORT AND ENCOURAGEM E CRUCIAL EARLY YEARS OF L n discontinued its operations or a	IFE			
Ğ			,					
20 જ	l			erning body (Part VI, line 1a) .			_	3 29
H H	l			ers of the governing body (Part V				4 29
ŧ	l			l ın calendar year 2014 (Part V,	-			5 123
∢	l			if necessary)				6 30
				m Part VIII, column (C), line 12			· ·	7a 0
	D I	Net unre	lated business taxable incor	ne from Form 990-T, line 34 .			r Year	7b Current Year
	l					FIIO	i i eai	Current rear
	R	Contri	hutions and grants (Part VII	I line 1h)			6 982 20	8 204 472
ē	8		- '	I, line 1h)			6,982,20 5.332.76	
venue	9	Progra	m service revenue (Part VII	I, line 2g)			5,332,76	5,796,133
Revenue		Progra Invest	m service revenue (Part VII ment income (Part VIII, col					5,796,133 26 1,947,482
Revenue	9 10	Progra Invest Other	m service revenue (Part VII ment income (Part VIII, col revenue (Part VIII, column (I, line 2g)	 11e)		5,332,76 127,62 -312,03	5,796,133 26 1,947,482 35 -387,333
Revenue	9 10 11 12	Progra Invest Other Total: 12) .	m service revenue (Part VII ment income (Part VIII, col revenue (Part VIII, column (revenue—add lines 8 through	I, line 2g)	 11e) nn (A), line		5,332,76 127,62	5,796,133 26 1,947,482 35 -387,333
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St Louis, MO 63127

May the IRS discuss this return with the preparer shown above? (see instructions) . .

✓ Yes ☐ No

Form	990 (2014)					Page 2
Par		ment of Program S			III	
1	Briefly descri	be the organization's mi	ssion			
		INFORMATION, SUPPONG THE CRUCIAL EARL		AGEMENT PARENTS	NEED TO HELP THEIR CHILDF	REN DEVELOP
2		ızatıon undertake any sıç n 990 or 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," desc	ribe these new services	on Schedule O			
3		ızatıon cease conductıng				┌ Yes ┌ No
	If "Yes," desc	ribe these changes on S	chedule O			
4	expenses Se		(c)(4) organization	s are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	(Code) (Expenses \$	5,654,153	including grants of \$) (Revenue \$	2,922,721)
	professional de Curriculum as w of the Partnerin	velopment from July 1, 2014 vell as revisions to the Founda	through June 30, 2015 Itional Training Guide ar and book, "So Now Wha	Curriculum Development th nd Model Implementation G at?"Parent educators attend	visors/ early childhood professionals tra is year included the continual updating uide, creation of an online course arour ing Foundational and Model Implement um access	of the online Foundational nd model fidelity and revision
4b	(Code) (Expenses \$	1,782,406	ıncludıng grants of \$) (Revenue \$	2,501,662)
		program support - The numbe 6 foreign countries	er of Parents as Teachei	rs ("PAT") affiliates at June	30, 2015 was 1,318 in 50 states, Distri	ct of Columbia, U S
	(Code) (Expenses \$	1,628,424	including grants of \$) (Revenue \$	371,750)
	General Program	m - includes Investing in Inno	vations (I3) - Services i	to high need American India	nn families include home-visits, routine igrams - Includes general program supp	health and developmental
4d	Other progra	am services (Describe in	Schedule O)			
	(Expenses \$	1,296,540	including grants (of\$) (Revenue \$)

10,361,523

Total program service expenses ►

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{?}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line $2 \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		Νo
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, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4	Entautho number reported in Boy 2 of Form 1006 Enter 0 of national leading 11 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 63 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	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		No
h	If "Yes," enter the name of the foreign country			
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			INO
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). 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?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	- ,	8		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter	30		110
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13		1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Į Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI														<u>.</u> [~
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Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►CONSTANCE GULLY
 - 2228 BALL DRIVE

 - ST LOUIS, MO 63146 (314) 432-4330

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an d	officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►		
C	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	►	349,506	32,484

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RESEARCH AND TRAINING ASSOCIATES 11030 OAKMONT STE 200 OVERLAND PARK, KS 66210	SERVICE	442,654
WYOMING CITIZEN REVIEW PANEL PO BOX 1504 CHEYENNE, WY 82003	SERVICE	574,390
RBO PRINT LOGISTIX Inc 2463 Schuetz Road Maryland Heights, MO 63043	SERVICE & PRODUCT	764,705
UNITED HEALTHCARE 13655 RIVERFRONT MARYLAND HEIGHTS, MO 63043	SERVICE	533,015
BUREAU OF INDIAN EDUCATION 1849 C STREET NW MS 3609 MIB WASHINGTON, DC 20240	SERVICE	547,039
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►19

Form 99		•					Page 9
Part \	/ ###	Statement of Revenue Check if Schedule O contains a respons	se or note to any lin	ie in this Part VIII			
		eneck if Senedare & contains a respons	or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated campaigns 1a					
ant	ь	Membership dues 1b					
Ę, Ģ	c	Fundraising events 1c					
Gifts, Grants ilar Amounts	d	Related organizations 1d					
%, G ⊞::	e	Government grants (contributions) 1e	7,701,558				
iğ iz	f	All other contributions, gifts, grants, and 1f	502,914				
Contributions, Giffs, Grants and Other Similar Amounts	_	similar amounts not included above Noncash contributions included in lines					
n d O	g	1a-1f \$					
G B	h	Total. Add lines 1a-1f	· · · •	8,204,472			
<u> </u>			Business Code				
۲em	2a	INTERNATIONAL CONF	611710	368,724	368,724		
28	Ь	MISCELLANEOUS INCOME	611710	3,026	3,026		
Program Service Revenue	C	RECERT/AFFIL FEES	611710	2,501,662	2,501,662		
Š	d e	TRNG/CONSULT FEES	611710	2,922,721	2,922,721		
Tan T	f	All other program service revenue					
ွို							
	g 3	Total. Add lines 2a-2f		5,796,133			-
		and other similar amounts)		124,066			124,066
	4	Income from investment of tax-exempt bond pr	oceeds	0			
	5	Royalties	(II) Personal	0			
	6a	Gross rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of 7,195,551 assets other than inventory					
	ь	Less cost or other basis and 5,372,135					
		sales expenses					
	d	Gain or (loss) 1,823,416 Net gain or (loss)		1,823,416			1,823,416
÷		Gross income from fundraising events (not including		. ,			, ,
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18					
<u>a</u>	 k	Less direct expenses b					
₹	c	Net income or (loss) from fundraising ev	vents 🛌	o			
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
		Net income or (loss) from gaming activity	ties	О			
		Gross sales of inventory, less	-				
		returns and allowances .	156,204				
	ь	Less cost of goods sold b	543,537				
	1	Net income or (loss) from sales of inver		-387,333			-387,333
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revenue					
	d e	All other revenue	🕨				
	12	Total revenue. See Instructions		0			
	**	iocal levenue. See Instructions	· · · •	15,560,754	5,796,133		1,560,149

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	olumn (A
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	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	
Do no 7b, 8l	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	489,226	177,130	312,096	-
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	5,142,518	3,553,547	1,386,307	202,664
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	18,944	18,944		
13	Office expenses	113,278	49,065	60,492	3,721
14	Information technology	0			
15	Royalties	0			
16	Occupancy	505,636	336,363	150,979	18,294
17	Travel	728,961	634,882	89,136	4,943
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	249,691	249,691		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	91,142	58,422	28,892	3,828
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROFESSIONAL FEES	5,557,951	5,110,994	431,037	15,920
b	TEMPORARY SERVICES	60,564		59,307	1,257
c	BANK FEES	58,643	36,787	19,589	2,267
d	Printing and Publications	55,335	33,732	8,761	12,842
е	All other expenses	208,251	101,966	90,903	15,382
25	Total functional expenses. Add lines 1 through 24e	13,280,140	10,361,523	2,637,499	281,118
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in	thıs Pa	ırt X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	0
	2	Savings and temporary cash investments			3,004,590	2	2,835,679
	3	Pledges and grants receivable, net			1,892,695	3	1,819,138
	4	Accounts receivable, net			472,294	4	839,195
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II c	f		5	0
sts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary eorganizations (see instructions) Complete Part II of Schedule	contrit mploye	uting employers		6	0
Assets	7	Notes and loans receivable, net				7	0
⋖	8	Inventories for sale or use			195,281	8	205,560
	9	Prepaid expenses and deferred charges			69,321	9	257,062
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	1,338,608	,	_	<u> </u>
	ь	Less accumulated depreciation	10b	1,145,739	248,497	10c	192,869
	11	Investments—publicly traded securities	<u> </u>		8,157,639	11	6,746,838
	12	Investments—other securities See Part IV, line 11			169,290	12	1,969,849
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			14,209,607	16	14,866,190
	17	Accounts payable and accrued expenses			1,697,371	17	1,393,979
	18	Grants payable				18	
	19	Deferred revenue			468,546	19	702,138
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr				
ap		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of			25	
	26	Total liabilities. Add lines 17 through 25			2,165,917	26	2,096,117
es		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			11,121,530	27	12,297,974
<u> </u>	28	Temporarily restricted net assets			879,575	28	429,514
핕	29	Permanently restricted net assets			42,585	29	42,585
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌─ and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or other f	funds			32	
Ŋet Met	33	Total net assets or fund balances	•		12,043,690	33	12,770,073
2	34	Total liabilities and net assets/fund balances			14,209,607	34	14,866,190
	•						Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,5	560,754
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,2	280,140
3	Revenue less expenses Subtract line 2 from line 1	3		2,2	280,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			043,690
5	Net unrealized gains (losses) on investments	5			554,231
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,7	770,073
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1]
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n		i	11
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
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		3b	Yes	

Software ID: 14000265 **Software Version:** 2014v5.0

EIN: 43-1569124

Name: PARENTS AS TEACHERS NATIONAL CENTER INC

Name and Title Nove Part Nove Part	Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct ntracto	ors, ers	Tru	ste	es, k	(ey	Employees, Higl	hest	
Property of the property of	(A)	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (d nan o n is b	do n ne b ooth ctor,	ox, ι an o /trus	inless fficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
December 100		organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1099-11136)	related
Decoder	` '		х						0	0	0
Committee Comm											
CALL TEMPORY REALESTOR NOD			x						0	0	0
Director	(2) T BERRY BRAZELTON MD	1 00	, , ,								
Deciding	Director	0 00							0	U	0
GO STEPHANE CLOTHER			x						0	0	0
Description					-	-					
STATEMENT STAT			х						0	0	0
Director									_		
Derector			X						0	0	0
Director	• •		x						0	0	0
Director	Director	0 00									
Company Comp			х						0	0	0
Director											
Director			X						0	0	0
Director	` '		v						0	0	0
NAME	Director	0 00							Ů	0	ļ
CAT JANET MENTON 1.00	• •		x						0	0	0
Note											
Director			Х						0	0	0
Director	• •		v						0	0	0
New York New York	Director	0 00	^						Ů	0	,
Company Comp	, ,		х						0	0	0
New York New York							1				
100			х						0	0	0
Director			,,								
Name			X						0	U	0
CAROLYN W LOSOS	• •		X						0	0	0
Note					-	-					
Company Comp			х						0	0	0
Director									_	_	_
Note			X						0	0	0
Director	• •		x						0	0	0
Name	Director	0 00									
(21) DON SENTI 1 00 X 0 0 0 Director 0 00 X 0 0 0 (22) MARY ANNE MATHEWS 1 00 X 0 0 0 Director 0 00 X 0 0 0 (23) GREGORY L O'DONNELL 1 00 X 0 0 0 Director 0 00 X 0 0 0 (24) RICHARD SEMS 1 00 X X 0 0 0			x						0	0	0
Director											
X			X						0	0	0
Director			x						0	n	n
X 0 0 0 0	Director	0 00			_						
(24) RICHARD SEMS 1 00 X X X 0 0 0			x						0	0	o
					\vdash						
	_		X		X				0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) DONALD D ROBERTS	1 00									
Treasurer	0 00	X		X				0	0	0
(1) PATRICIA KEMPTHORNE	1 00									
VICE CHAIR	0 00	Х		Х				0	0	0
(2) THOMAS C MELZER	1 00	.,		.,						
Chairman	0 00	Х		Х				0	0	0
(3) TOM CURRAN	1 00	.,		.,						
Director	0 00	Х		X				0	0	0
(4) SCOTT L HIPPERT	40 00								_	
President & CEO	0 00			X				164,567	0	15,431
(5) CHERYLE DYLE-PALMER	40 00									
	0 00			Х				150,459	0	14,572
(6) CONSTANCE G GULLY	40 00			.,				24 :	_	2
CF0	0 00			Х				34,480	0	2,481

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

on A. Public Support							
r year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total
ts, grants, contributions, and mbership fees received (Do not lude any "unusual nts ")	5,493,023	3,924,788	6,274,269	6,982,207	8	3,204,472	30,878,759
k revenues levied for the anization's benefit and either d to or expended on its aalf							0
e value of services or facilities hished by a governmental unit the organization without charge							0
al. Add lines 1 through 3	5,493,023	3,924,788	6,274,269	6,982,207		3,204,472	30,878,759
portion of total contributions	, ,	, ,	, ,	, ,			
each person (other than a vernmental unit or publicly oported organization) included line 1 that exceeds 2% of the							700,991
ount shown on line 11, column							
blic support. Subtract line 5 m line 4							30,177,768
on B. Total Support							
r year (or fiscal year eginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total
ounts from line 4	5,493,023	3,924,788	6,274,269	6,982,207	8	,204,472	30,878,759
oss income from interest, idends, payments received on curities loans, rents, royalties I income from similar	94,024	125,157	168,409	129,394		124,066	641,050
irces t income from unrelated siness activities, whether or the business is regularly ried on							0
ner income Do not include n or loss from the sale of oital assets (Explain in Part)		-387,967	-482,000	-312,035		-387,333	-1,569,335
al support Add lines 7 through							29,950,474
oss receipts from related activit	ies, etc (see insti	ructions)			12		18,180,058
st five years. If the Form 990 is anization, check this box and st					section		:)
on C. Computation of Pul							
blic support percentage for 201	4 (line 6, column (f) divided by line	11, column (f))		14		100 000 %
blic support percentage for 201	3 Schedule A , Par	t II, line 14			15		98 820 %
1/3% support test—2014. If the d stop here. The organization qui 1/3% support test—2013. If the x and stop here. The organizatio	alıfıes as a publıcl e organızatıon dıd	y supported orga not check a box o	nızatıon on lıne 13 or 16a,				► ✓
Mo-facts-and-circumstances test 10% or more, and if the organiza Part VI how the organization me panization Mo-facts-and-circumstances test Is 10% or more, and if the orga plain in Part VI how the organiza ported organization	— 2014. If the organism meets the "facts-and ets the "facts-and ets the organization meets the "faction meets" meets the "faction meets the "faction meets the "faction meets" meets the "faction meets the "faction meets the "faction meets" meets the "faction meets the "faction meets the "faction meets" meets the "faction meets the "faction meets the "faction meets" meets the "faction meets the "faction meets the "faction meets"	anization did not cacts-and-circums d-circumstances" anization did not ca e "facts-and-circums	theck a box on lin tances" test, che test The organiz theck a box on lin imstances" test, tances" test The	eck this box and section qualifies as e 13, 16a, 16b, of check this box and e organization qua	top here a public or 17a, a nd stop h	Explain ly suppoind Ind line lere. a publicl	rted ▶┌
%-fac ıs 10 plaın ı pporte	ts-and-circumstances test % or more, and if the orga in Part VI how the organizated of organization	t s-and-circumstances test—2013. If the organices of the organication meets the organication meets the "fain Part VI how the organication meets the "fain organication meets the "fain organication".	ets-and-circumstances test—2013. If the organization did not one of the word of the organization meets the "facts-and-circum part VI how the organization meets the "facts-and-circum sed organization."	ets-and-circumstances test—2013. If the organization did not check a box on lin $\%$ or more, and if the organization meets the "facts-and-circumstances" test, in Part VI how the organization meets the "facts-and-circumstances" test Theed organization	ets-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, on the first organization meets the "facts-and-circumstances" test, check this box are not part VI how the organization meets the "facts-and-circumstances" test. The organization quarted organization quarted organization.	t ts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, at % or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop h in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as ed organization	t s-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line % or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. In Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicl

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493321013195

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Political Campaign and Lobbying Activities

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- 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) (see separate instructions) or Form 990-EZ, Part V,

	35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga	' - '			
	me of the organization RENTS AS TEACHERS NATIONAL CENTER	R INC		Employer id	lentification number
Dar	t I-A Complete if the or	ganization is exempt und	er section 501/	43-156912	
1		ganization's direct and indirect po	•	•	27 organization.
2	Political expenditures	gamzation's direct and munect po	milical campaign act	LIVILIES III PAIL IV	\$ 165,810
3	Volunteer hours			•	\$105,610
Par		ganization is exempt und	_		
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV			->	504(-)(0)
	•	ganization is exempt und	•	•	501(c)(3).
1		ended by the filing organization fo			\$
2	exempt function activities	organization's funds contributed to	o other organization:	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid frond frond frond frond front	om the filing organization to a separate political o	's funds Also enter the rganization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fror filing organization's funds If none, enter -	contributions received

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e 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 lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).	-				
	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a) 	Ι	(b)	
activ	nty.	Yes	No	4	Amour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes	I			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		┨		
c	Media advertisements?	103	No	1		
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		No	\vdash		
f	Grants to other organizations for lobbying purposes?		No	1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1		8,347
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes			ç	7,463
j	Total Add lines 1c through 1:		1		16	55,810
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
ь	If "Yes," enter the amount of any tax incurred under section 4912		1	1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or s	ectio	n
	501(c)(6).					
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	NO (ע) אכ	Par	(111.	-А,
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).	_	!			
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
		n l.a+\	Dort I	. ^ 1	.naa 1	
	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p list),	, Part 1.	l-A, I	ines i	and
	Return Reference Explanation					
	II-B, Line 11 - Other Activities cription ACTIVITIES RELATED TO LEGISLATION, AS WELL AS TRAVEL/MEA MEETINGS WITH REPRESENTATIVES THE ORGANIZATION EMPLO MANAGER WHO SPENDS A SMALL AMOUNT OF TIME ON ACTIVITII LOBBYING THE ORGANIZATION RETAINED A LOBBYIST FOR ISSU MISSION	L EXP YS A F ES CO	ENSES PUBLIC NSIDE	REL POL RED	.ICY	то
	l e e e e e e e e e e e e e e e e e e e					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493321013195

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) Assets included in Form 990, Part X

Revenue included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D Schedule D (Form 990) 2014

Part	Organizations Maintaining Co	llections of Art, I	Historica	Treasu	ires, or Ot	ther S	Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	_		-		gnıficant use (of its	
а	Public exhibition		d L	an or exc	hange progra	ams			
b	Scholarly research		е Г о	ther					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they fu	rther the (organızatıon'	s exem	npt purpose in		
5	During the year, did the organization solicit							,	-
Dar	assets to be sold to raise funds rather than t							Yes	No
Fai	Part IV, line 9, or reported an an				ii aliswelet	1 163	10 101111 93	,,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other intermedi	ary for cont	rıbutıons	or other asse	ets not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing tabl	e	_				
					-	_	Amo	ount	
с	Beginning balance				-	1c			
d	Additions during the year				<u> </u>	1d			
e •	Distributions during the year				_	1e			
f	Ending balance	000 0		-	_	1f		,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escr	ow or cust	odial accoun	it liabil	ity?	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII								<u> </u>
Pa	rt V Endowment Funds. Complete	If the organization a	answered (b)Prior year		Form 990, wo years back			A) Four v	ears back
1a	Beginning of year balance	8,216,694	6,979		6,303,453	(u)iiic	5,068,141	C)i oui y	3,185,226
ь	Contributions						1,000,000		1,150,041
c	Net investment earnings, gains, and losses	391,210	1,236,	783	676,458		235,312		732,874
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	0.607.004	0.246	504	6 070 044		6 202 452		F 060 141
g	End of year balance	8,607,904	8,216		6,979,911		6,303,453		5,068,141
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, co	lumn (a))	held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ►								
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organizati	on that are	held and a	admınıstered	for the	e		T
	organization by (i) unrelated organizations		_	_			3a(i	Yes	No No
	(ii) related organizations						3a(ii	_	No
b	If "Yes" to 3a(II), are the related organization		n Schedule	R?		٠	3b		No
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment fund	s					
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e organiza	tion ans	wered 'Yes'	to Fo	rm 990, Par	t IV, lı	ne
	Description of property			st or other nvestment)	(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land								
b I	Buildings								
c I	Leasehold improvements				224	,559	71,12	2	153,437
d I	Equipment		.						
			-		1				
_e	Other		/ (5)	l 10′ `	1,114	,049	1,074,61	7	39,432 192,869

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	` ,	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,969,849	
Part VIII Investments—Program Related. Co		answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total (column (b) must equal roll 350, rately cor(b) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Descrip		(b) Book value
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	mzation answered res to	Form 990, Part IV, line 11e or 111. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total (Column (h) must oqual Form 000, Part V, and (D) to 25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

Part	txI Reconciliation of Revenue per Auditor the organization answered 'Yes' to Form			its With R	Revenue p	er R	eturn Complete If
1	Total revenue, gains, and other support per audited fi					1	14,991,096
2	Amounts included on line 1 but not on Form 990, Par	t VIII, line 12					
a	Net unrealized gains (losses) on investments		2a	_	1,554,231		
b	Donated services and use of facilities		2b		441,036		
c	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d		543,537		
e	Add lines 2a through 2d					2e	-569,658
3	Subtract line 2e from line 1					3	15,560,754
4	Amounts included on Form 990, Part VIII, line 12, b	ut not on line 1					
а	Investment expenses not included on Form 990, Par	t VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4c	
5	Total revenue Add lines 3 and 4c. (This must equal F	orm 990, Part I, line	12) .			5	15,560,754
Part	Reconciliation of Expenses per Audit if the organization answered 'Yes' to Forn			nts With	Expenses	s per	Return. Complete
1	Total expenses and losses per audited financial state	ements				1	14,264,713
2	Amounts included on line 1 but not on Form 990, Par	t IX, line 25					
а	Donated services and use of facilities		2a		441,036		
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII)		2d		543,537		
e	Add lines 2a through 2d					2e	984,573
3	Subtract line 2e from line 1					3	13,280,140
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:					
а	Investment expenses not included on Form 990, Par	t VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 and 4c. (This must equal	Form 990, Part I, lir	ne 18)			5	13,280,140
Part	Supplemental Information						
Part	vide the descriptions required for Part II, lines 3, 5, and V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Fraction						de any additional
	Return Reference	Explanation					
	·				WANDOP	ERAT	IONAL DEFICITS OR
	vment fund TO FUND LARGE CA						
amour	(I, Line 2d Other revenue COGS \$543537 COS nts included in F/S but not led on form 990	STOF GOODS SOLE)- IN-K	IND \$0			
	(II, Line 2d Other expenses cogs \$543537 Cossess per audited F/S	ST OF GOODS SOLE) - IN-k	CIND \$0			

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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PARENTS AS TEACHERS NATIONAL CENTER INC

As Filed Data -

DLN: 93493321013195

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2014

Employer identification number

43-1569124

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Pa	Tt I General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organiza	ition answered
1	For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	ntees' eligibili	ty for the gran	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ng the use of its grants	s and other
3	Activites per Region (The follow	ung Part I, line 3	B table can be du	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CHINA	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC	156
(2)	GERMANY	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC	843
(3)	AUSTRIALIA	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC	12,128
(4)	ENGLAND	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC	9,380
(5)						
	Sub-total Total from continuation sheets to Part I					22,507
	: Totals (add lines 3a and 3b)					22,507
For P	aperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2014

Pā						ited States. Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 43-1569124

Name: PARENTS AS TEACHERS NATIONAL CENTER INC

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493321013195

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Part I Ouestions Regarding Compensation

	Questions Regarding compensation		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		163	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		Νo
b	Any related organization?	5b		No
	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		Νo
b	Any related organization?	6b		Νo
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred in prior
			compensation	compensation				Form 990
	(i) (ii)	150,459				14,572	165,031	
	(i) (ii)	164,567				15,431	179,998	

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493321013195

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Name of the organization PARENTS AS TEACHERS NATIONAL CENTER INC	Employer identification number
	43-1569124

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	
Form 990, Part VI, Line 11b Form 990 Review Process	THE 990 IS REVIEWED BY THE CFO BEFORE BEING FILED
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	WHEN AN OFFICER, DIRECTOR, OR KEY EMPLOYEE IS HIRED, A CONFLICT OF INTEREST POLICY MUST BE COMPLETED AN ANNUAL STATEMENT REGARDING CONFLICTS OF INTEREST AND COMMITMENT IS COMPLETE D THEREAFTER
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	A MARKET SURVEY IS COMPLETED EVERY TWO YEARS AND THE EXECUTIVE COMPANY AND THE BOARD OFFIC ERS DETERMINE SALARY AS PART OF PERFORMANCE EVALUATION PROCESS FOR CFO, COO, CEO SENIOR S TAFF SALARIES ARE SET BY THE CEO
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	IF A MEMBER OF THE PUBLIC WISHES TO VIEW THE CENTER'S DOCUMENTS AND POLICIES, THEY CAN DO SO AT THE FACILITIES