

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.

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Vax year beginning JUN 1, 2018 and ending MAY 31, A For the 2018 calendar year, or tax year beginning JUN 1,

Inspection

В	Check if applicab	C Name of organization		D Employer ident	ification number						
_	Address NATIONAL SCIENCE TEACHING ASSOCIATION										
눔	Name			52-	6055229						
F	Lichang Initial		om/suite	E Telephone numb							
F	return Final	1840 WILCON BOILEVADD	Johnsule	•	3)243-7100						
_	return termir ated			G Gross receipts \$	27,465,959.						
Г	Amen		ŀ	H(a) Is this a group							
Ε	Applic		1	for subordinate							
	pendi	SAME AS C ABOVE	6 1	H(b) Are all subordinates							
1	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [527	• •	a list (see instructions)						
		te WWW.NSTA.ORG	7	H(c) Group exempt							
ĸ	Form of	organization X Corporation Trust Association Other			M State of legal domicile: DC						
P	art I	Summary									
e	1	Briefly describe the organization's mission or most significant activities $\ \underline{ ext{TO}} \ \ \underline{ ext{PRC}}$	OMOTE	EXCELLENC	E AND						
Governance	ļ	INNOVATION IN SCIENCE TEACHING AND LEARNIN	NG, FO	R ALL.							
Ë	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net	assets						
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)									
8	4	Number of independent voting members of the governing body (Part VI, line 1b)	KO.	\sim							
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	NE	\%\ <u> </u> \$							
Activities &	6	Total number of volunteers (estimate if necessary)	2035	7 /\$\frac{1}{2} \frac{1}{2}							
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	13,500	7							
	b	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 1 Net unrelated business taxable income from Form 990-T, line 38	<u>*</u>	Prior Year	· · · · · · · · · · · · · · · · · · ·						
		Contributions and grants (Part VIII, line 1h)	- T	▶ 9,249,986	Current Year 9, 253, 109.						
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	30/ <u></u>	11,524,840							
Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		275,605							
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,546,653							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,597,084							
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		3,090,476	. 3,136,570.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,440,940	. 10,357,405.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.						
хpе	b	Total fundraising expenses (Part IX, column (D), line 25) 104,232									
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,359,614							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,891,030							
		Revenue less expenses Subtract line 18 from line 12		-1,293,946	- †						
Sign				inning of Current Year							
vet Assets or und Balances	20	Total assets (Part X, line 16)		26,900,397							
	21	Total liabilities (Part X, line 26)		12,096,572 14,803,825							
<u> </u>	<u>22</u> art 1	Net assets or fund balances Subtract line 21 from line 20 Signature Block		14,005,025	12,720,401.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of	my knowledge and helief it is						
		t, and complete. Declaration of pregator (other than officer) is based on all information of which			1						
	,	Voa tatu Raker	, , , , , , , , , , , , , , , , , , , ,	5/15	20						
Sıg	n	Signalure of officer		Date	7						
Her		MOIRA FATHY BAKER, INTERIM EXECUTIVE DI	RECT	OR '	•						
		Type or print name and title									
		Print/Type preparer's name Preparer's signature,		ale Check	PTIN						
Pai	d	RICHARD J. LOCASTRO, CPA Ruband & hourt	1 ₀ 5	5/5/2020 selt-empt							
Pre	parer	Firm's name FELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008						
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N									
		BETHESDA, MD 20814-2930		Phone no. (
Мa	y the IF	3S discuss this return with the preparer shown above? (see instructions)	- -		X Yes No						
3320	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2018)						



52-6055229 NATIONAL SCIENCE TEACHING ASSOCIATION Form 990 (2018) Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE NATIONAL SCIENCE TEACHERS ASSOCIATION'S (NSTA) MISSION IS TO PROMOTE EXCELLENCE AND INNOVATION IN SCIENCE TEACHING AND LEARNING FOR ALL. NSTA WAS ESTABLISHED TO STIMULATE, IMPROVE, AND COORDINATE SCIENCE TEACHING AT ALL LEVELS OF INSTRUCTION AND TO ENGAGE IN ANY AND Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 8, 280, 180. including grants of \$ 3,081,448.) (Revenue \$) (Expenses \$ CONTRACTS AND GRANTS: NATIONAL INITIATIVES RELATED TO SCIENCE **EDUCATION:** PROFESSIONAL DEVELOPMENT (PD) PROGRAMS - NSTA DEVELOPED AND/OR ADMINISTERED PD OPPORTUNITIES FOR SCIENCE EDUCATORS. THE INITIATIVES UNDERTAKEN INCLUDE AN INTENSE FIVE-DAY PROGRAM AND TWO-WEEK IMMERSIVE EXTERNSHIP FOR TEACHERS, AN INSTRUCTIONAL COACHING AND ONLINE MENTORING PROGRAM FOR TEACHERS, SCIENCE ADVISORY TO OBJECTIVELY ANALYZE THE QUALITY OF EXISTING SCIENCE PROGRAMS IDENTIFYING AREAS OF IMPROVEMENT FOR STEM AND THREE-DIMENSIONAL INSTRUCTION AS ESPOUSED BY THE NEXT GENERATION SCIENCE STANDARDS. PARTICIPATING SCHOOL DISTRICTS COMPETITIONS - HOSTED AND ADMINISTERED 3,695,580. including grants of \$ 2,966,275.1) (Revenue \$) (Expenses \$ 4h (Code PUBLISHING AND SALES: THE NSTA PUBLICATIONS GROUP (PUBLICATIONS) PRODUCES FOUR PEER-REVIEWED MEMBER JOURNALS - ONE FOR EACH MAJOR GRADE BAND FROM PRE-KINDERGARTEN THROUGH COLLEGE - BOTH IN PRINT AND ONLINE. IT HAS BUILT AN ONLINE JOURNAL ARCHIVE THAT INCLUDES ALL PUBLISHED CONTENT FROM 2000 TO THE PRESENT. EACH YEAR, THAT ARCHIVE IS ACCESSED BY NSTA MEMBERS, AS WELL AS BY TENS OF THOUSANDS OF ADDITIONAL EDUCATORS ACROSS THE UNITED STATES AND, INCREASINGLY, PUBLICATIONS ENCOMPASSES NSTA PRESS. WHICH PRODUCES MORE THAN 20 NEW BOOKS ANNUALLY, IN BOTH PRINT AND ELECTRONIC FORM PROVIDING RESOURCES USED BY THE SCIENCE EDUCATION COMMUNITY. THE PRESS DEVELOPS AWARD-WINNING CONTENT ACROSS ALL SCIENCE DISCIPLINES, FOR EVERY GRADE. 3,066,857. including grants of \$ 3,810,499.) (Expenses \$) (Revenue \$ CONFERENCES AND MEETINGS OPEN TO MEMBER AND NONMEMBER SCIENCE EDUCATORS, NSTA CONFERENCES OFFER THE LATEST IN SCIENCE CONTENT TEACHING STRATEGY, AND RESEARCH TO ENHANCE AND EXPAND THE INDIVIDUAL'S PROFESSIONAL GROWTH. EACH YEAR NSTA HOSTS A NATIONAL CONFERENCE ON SCIENCE EDUCATION AND THREE AREA CONFERENCES ON SCIENCE EDUCATION. NSTA CONFERENCES ARE DESIGNED WITH INNOVATIVE PRESENTATIONS AND HANDS-ON WORKSHOPS AS WELL AS SPECIAL INVITED SPEAKERS, EDUCATIONAL FIELD TRIPS, SHORT COURSES, NSTA SYMPOSIA (WHICH PROVIDE ONLINE FOLLOW-UP AFTER THE CONFERENCE ONLINE), AND THE EXHIBITION OF SCIENCE EDUCATION MATERIALS IS THE LARGEST EXHIBITION OF ITS KIND AND IS AN INVALUABLE SOURCE OF CURRICULUM AND OTHER PRODUCTS. AS AN IMPORTANT ADDITION TO THE NATIONAL CONFERENCE AGENDA (AND SELECTED AREA CONFERENCES), NSTA PRESENTS Other program services (Describe in Schedule O)

4,392,426.)

Form 990 (2018)

55,122.) (Revenue \$

(Expenses \$

Total program service expenses

4 , 344 , 705 . including grants of §

IRMSTBACDLO

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	ļ
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		х
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		х	
5		4	_	
Э	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.5
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		Х
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
þ	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		<u> </u>
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		., l	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		İ	37
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\longrightarrow	<u> </u>
9	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	10		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 	
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 19 If "Yes," complete Schedule I, Parts I and II	21	х	

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	1990 (2018) NATIONAL SCIENCE TEACHING ASSOCIATION 52-605	3449	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)		I.,	Γ
	Dut the assessment as and assess them \$5,000 of assessment as other assessment as a few demonstration and used on		Yes	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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		 -	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	l	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			۱
	Schedule L, Part I	25b		Х
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? If "Yes,"			,,,
	complete Schedule L, Part II	26		X
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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	_	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33	Х	
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 898	3		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b)		l

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

	990 (2018) NATIONAL SCIENCE TEACHING ASSOCIATION	52-6055	<u> 229</u>	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				,
			·	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or	ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
þ	If "Yes," enter the name of the foreign country			,	,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ition solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	s			Ì
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	led to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Í			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			<u> </u>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	27 / 2		<u> </u>	
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	37/3			
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter				'
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				• 1
а	Gross income from members or shareholders N/A 11a				`
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	NT / N			
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O				
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				
	Enter the amount of reserves on hand				37
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X

Form **990** (2018)

14b

15

16

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	. 3		
	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	1 _b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	Ь	any other	Ť		
~	officer, director, trustee, or key employee?	P ****	arry outer	2		x
3	Did the organization delegate control over management duties customarily performed by or under th	o duc	et europueen	\ <u></u>		 ^^
3	•	e une	ct supervision			х
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		as filed?	4	├	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets7		5	177	X
6	Did the organization have members or stockholders?			6	X	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoin	t one or		l	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tock	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	Ì	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code)		•	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	nante	rs affiliates	1.50	 	
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	.up.o	o, animateo,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hafe	ore filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y Deit	ore mining the form?	1 Ia	- 	
				40-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	10.00	oflicts?	12a	X	├
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		!
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You see that the Oracle the Orac	es, o	escribe		v	
	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva	al by I	ndependent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and décision?					1
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its j	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	Ō				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an		T (Section 501(c)	3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply		(======================================	,	,	
	X Own website Another's website X Upon request Other (explain	ın Sc	hedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	nd finar	icial	
.5		mict (or interest policy, a	nu illidi	icial	
20	statements available to the public during the tax year	ales -				
20	State the name, address, and telephone number of the person who possesses the organization's bound MOIRA FATHY BAKER $-$ (703)243-7100	uks ai	iu recoras -			
						
	1840 WILSON BOULEVARD, ARLINGTON, VA 22201-3092		<u></u>		200	10015
22006						

Part VII 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(da	not c	Pos	nore	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	ıs bol	h an	compensation	compensation	amount of
	week	H-	T		T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	from the	from related	other
	(list any hours for	trustee or director	l			-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	se or	stee	Ì		ınsate		(W-2/1099-MISC)	(,	organization
	organizations	Ig	na! tru		oyee	e e				and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTINE ROYCE	5.00	트	=	ō	- ×	로 등	윤			
PRESIDENT (SEE SCHEDULE O)		\mathbf{x}	l	$ _{\mathbf{X}}$				30,052.	0.	0
(2) DENNIS SCHATZ	4.00							<u> </u>		
PRESIDENT-ELECT (SEE SCHEDULE O)		x		Х				47,839.	0.	0
(3) DAVID CROWTHER	4.00								-	
RETIRING PRESIDENT (SEE SCH. 0)		Х		Х				20,883.	0.	0
(4) PAUL ADAMS	2.00				İ			_		_
DIRECTOR		X						0.	0.	0
(5) NATACIA CAMPBELL	2.00							4 000		
DIRECTOR (SEE SCHEDULE O)		Х					L_	1,000.	0.	0
(6) EMILY SCHOERNING	2.00	ļ								•
DIRECTOR	2 00	X	L		_	<u> </u>	_	0.	0.	0
(7) ELIZABETH ALLAN	2.00	↓			ļ	•		ا م	0.	0
DIRECTOR (8) CARRIE JONES	2.00	Х	-			 		0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(9) JOHN OLSON	2.00	<u> </u>	\vdash			\vdash	\vdash	0.	•	
DIRECTOR	1.00	x						0.	0.	0
(10) MARY PAT COBURN	2.00		\vdash				<u> </u>			J
DIRECTOR		x						0.	0.	0
(11) JEN GUTIERREZ	2.00	\Box								
DIRECTOR (SEE SCHEDULE O)		Х						12,775.	0.	0
(12) STEVEN WALVIG	2.00									
DIRECTOR		X						0.	0.	0
(13) JUDY BOYLE	2.00									
DIRECTOR		Х						0.	0.	0
(14) DAVID EVANS	37.50									
EXECUTIVE DIRECTOR				Х				282,618.	0.	50,719
(15) MOIRA FATHY BAKER	37.50	1		{					_	
DEPUTY EXEC. DIR., CFO & COO	2 22			X				220,028.	0.	47,272
(16) LEROY LEE	3.00							10.50		_
TREASURER (SEE SCHEDULE O)	27 52		Ш	Х		;		12,604.	0.	0
(17) KIMBERLY STILWELL	37.50	ł				,,		105 704	_	FF 030
DIR. NEW BUSINESS DEVELOPMENT			Ш			X		195,704.	0.	55,032 Form 990 (201)

832007 12-31-18

Form 990 (2018)

yees (continued)									
(A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable									
Reportable compensation from related	Estimated amount of other								
organizations (W-2/1099-MISC)	compensation from the organization and related organizations								
0.	48,316.								
7. 0.									
0.									
0.									
. 0.	3,473.								
0.	5,300.								
	220 545								
0.	0.								
2	4. 0. 0. 0. 4. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.								

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

14

			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 J for such individual	3_	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
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		_X_

Section B. Independent Contractors

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

PBD, INC. WAREHOUSE & PUB.	723.
	<u>/23.</u>
AQUAPHOENIX	1 17 0
860 GITTS RUN ROAD, HANOVER, PA 17331 EDUCATIONAL KITS 628,	178.
WALSWORTH PUBLISHING COMPANY PUBLISHING &	
2180 MAIDEN LN, ST. JOSEPH, MI 49085 PRINTING SERVICES 596,	988.
FINN PARTNERS	
301 EAST 57TH STREET, NEW YORK, NY 10022 WEBSITE DEVELOPMENT 379,	383.
NATIONAL INVENTOR'S HALL OF FAME, 3701	
HIGHLAND PARK NW, NORTH CANTON, OH 44720 SUBCONTRACTOR 371,	708.
Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization > 21	

Form **990** (2018)

Form 990 (2018) NATIONA
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		. ,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>इंड</u>	1 a	Federated campaigns	1a					ì
필드		Membership dues	1b				i	·
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events	1c					
		Related organizations	1d					
		Government grants (contribut		6,046,348.			j	
ĒΘ		All other contributions, gifts, gran						
E E	-	similar amounts not included above		3,206,761.				
P P	g	Noncash contributions included in lines		46,000.				
a S	_	Total Add lines 1a-1f			9,253,109.	V . S w . Sugaria	4 13 Variety ()	. 5 5 ta 11 th
				Business Code				1
ا بو	2 a	CONFERENCES/MEETINGS		900099	5,635,703.	3,699,366.	111,133.	1,825,204.
ام ک	b	MEMBERSHIP DUES		900099	2,788,878.	2,788,878.		
Se	С	PROF. DEVELOPMENT		900099	1,159,775.	1,159,775.		
eve	d	SPONSORSHIP/ADVERTISING	<u> </u>	900099	611,307.	180,919.	430,388.	
Program Service Revenue	е	SCILINKS		900099	13,385.	13,385.		
4	f	All other program service reve	nue					
	g			•	10,209,048.	13 777 600	Fare we enjoy	15.7
	3	Investment income (including	dividends, intere	est, and				•
		other similar amounts)		>	252,565.			252,565.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties		▶	47,907.		10,024.	37,883.
			(ı) Real	(II) Personal				ŀ
	6 a	Gross rents	445,779.				ļ	
l	b	Less rental expenses	377,976.				:	Į į
ľ	С	Rental income or (loss)	67,803.					
	d	Net rental income or (loss)			67,803.		12,110.	55,693.
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				i i
		assets other than inventory	2,067,433.					,
	þ	Less cost or other basis						!
		and sales expenses	2,062,272.				,	
	С	Gain or (loss)	5,161.					
	d	Net gain or (loss)		•	5,161.			5,161.
ē	8 a	Gross income from fundraising	g events (not					,
evenue		including \$	of					•
		contributions reported on line	1c) See					١ .
Other R		Part IV, line 18	а					
8		Less direct expenses	b					
		Net income or (loss) from fund	-	_ ▶				
	9 a	Gross income from gaming ac	tivities See	i				
		Part IV, line 19	а	-				ı
		Less direct expenses	b		,		·	
		Net income or (loss) from gam		•				<u> </u>
ł	10 a	Gross sales of inventory, less			2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	3	13.14.90	
		and allowances	а	5,188,117.		. ۲		,
1		Less cost of goods sold	b	2,382,141.	2 005 076		v-0.00	'
}	С	Net income or (loss) from sale			2,805,976.	2,785,356.	<u>. </u>	20,620.
}		Miscellaneous Revenue	<u></u>	Business Code	2.001		wished an	2 001
		MISCELLANEOUS	<u>-</u>	900099	2,001.			2,001.
	b						 	
	С.	All all and a second						
		All other revenue	į		2 001	, ,		
		Total. Add lines 11a-11d			2,001.		562 655	2 100 123
	12	Total revenue See instructions	····	<u> </u>	22,643,570.	10,627,679.	563,655.	2,199,127.

Form 990 (2018) NATIONAL SCIE
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,193,170.	1,193,170.	high wo company is not a to	st with a rest
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,943,400.	1,943,400.		•
3	Grants and other assistance to foreign	2,313,1001	2,515,1500		··-
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	719,775.	44,926.	669,109.	5,740
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				-
7	Other salaries and wages	6,645,535.	4,936,263.	1,660,248.	49,024
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	633,751.		175,288.	78 176
9	Other employee benefits	1,826,816.		797,715.	176
10	Payroll taxes	531,528.	370,035.	161,430.	63
11	Fees for services (non-employees)				
а	Management	03 350	42 454	10 001	
b	Legal	23,352.	13,151.	10,201.	
	Accounting	87,662.		87,662.	
	Lobbying				
e	Professional fundraising services See Part IV, line 17	3,264.		3,264.	
f	Investment management fees	3,204.		3,204.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0)	2,598,076.	1,979,016.	619,060.	
12	Advertising and promotion	739,018.	699,155.	39,623.	240
13	Office expenses	1,321,404.	1,191,343.	129,944.	117
14	Information technology	424,811.	179,475.	245,336.	
15	Royalties	······	,		
16	Occupancy	144,445.	435,371.	-290,995.	69
17	Travel	1,315,372.	957,880.	355,939.	1,553
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,393,564.	2,373,483.	17,926.	2,155
19	Conferences, conventions, and meetings	35,015.	4,3/3,403.	35,015.	2,133
20	Interest "Laborate Annual Control of the Control of	33,013.		33,013.	
21	Payments to affiliates	389,942.	105,536.	284,406.	
22	Depreciation, depletion, and amortization Insurance	110,597.	35,636.	74,961.	
23 24	Other expenses. Itemize expenses not covered	110,337.	33,030.	71,301.	
24	abovo (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.)	and the second			70 - 10 to
а	UBI TAXES	11,076.		11,076.	
b	EQUIP. RENTAL & MAINT.	836,251.	760,603.	42,248.	33,400
С	PRINTING & PUBLICATIONS	640,336.	629,479.	10,857.	
d	MERCHANT FEES	218,775.		218,775.	44.65=
е	All other expenses	138,393.	52,090.	74,686.	11,617
25	Total functional expenses Add lines 1 through 24e	24,925,328.	19,387,322.	5,433,774.	104,232
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2018)
Part X Balance Sheet

Pa	πχ	Balance Sneet		<u> </u>		
		Check if Schedule O contains a response or note to	any line in this Part X			
	•		•	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	1,949,326.	1	1,352,058.	
	2	Savings and temporary cash investments	5,559,880.	2	4,103,941.	
	3	Pledges and grants receivable, net	1,089,023.	3	1,456,087	
	4	Accounts receivable, net		1,323,137.	4	1,293,274
	5	Loans and other receivables from current and form	er officers, directors,			
		trustees, key employees, and highest compensated	l employces Complete	T , 600 , 17 6 15 15 15		part table court is at the table
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	persons (as defined under		. 1	* *** * * * * * * * * * * * * * * * *
		section 4958(f)(1)), persons described in section 49	58(c)(3)(B), and contributing	A STATE OF S	9.16	Control of the profit
		employers and sponsoring organizations of section	501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr) Co	mplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use		2,079,712.	8	1,969,984
	9	Prepaid expenses and deferred charges		1,038,603.	9	649,061
	10a	Land, buildings, and equipment cost or other	1		l .	
		basis Complete Part VI of Schedule D	ha 11,812,514.) "A !	<u> </u>	
	b	Less accumulated depreciation 10	5,676,210.	6,188,625.	10c	6,136,304
	11	Investments - publicly traded securities		7,665,566.	11	7,614,635
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets	5 505	14	6 505	
	15	Other assets See Part IV, line 11		6,525.	15	6,525
	16	Total assets. Add lines 1 through 15 (must equal lin	26,900,397.	16	24,581,869	
	17	Accounts payable and accrued expenses	1,741,339.	17	2,245,903	
	18	Grants payable		2 626 202	18	302,200
	19	Deferred revenue		3,636,283.	19	3,036,203
	20	Tax-exempt bond liabilities		429,601.	20	221,168
	21	Escrow or custodial account liability Complete Parl			21	
Liabilities	22	Loans and other payables to current and former off				,
		licy employees, highest compensated employees, o	ind disqualified persons			
		Complete Part II of Schedule L		297,627.	22	152,284
	23	Secured mortgages and notes payable to unrelated		231,021.	23	132,204
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17	-24) Complete Part X of	5,991,722.	25	5,903,630
	00	Schedule D		12,096,572.	25 26	11,861,388
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), c	heck here	12,030,372.	20	11,001,500
ın.		complete lines 27 through 29, and lines 33 and 3	•			
Net Assets of Fund Balances	27	Unrestricted net assets		11,341,543.	27	9,794,487
200	28	Temporarily restricted net assets		3,462,282.	28	2,925,994
Č	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117 (ASC	958), check here			
r F		and complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds			30	
200	31	Paid in or capital surplus, or land, building, or equip	ment fund		31	
<u>۲</u>	32	Retained earnings, endowment, accumulated incom			32	
2	33	Total net assets or fund balances	,	14,803,825.	33	12,720,481
	34	Total liabilities and net assets/fund balances		26,900,397.	34	24,581,869.
_				*		Form 990 (2018

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a | X

2c | X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 Part 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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). 7 💹 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 니 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 Page 2

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)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not			ļ					
	include any "unusual grants ")	10,673,954.	10,098,528.	10,619,113.	9,249,986.	9,253,109.	49,894,690.		
2	Tax revenues levied for the organ			1					
	ızatıon's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	10,673,954.	10,098,528.	10,619,113.	9,249,986.	9,253,109.	49,894,690.		
5	The portion of total contributions			_		-			
	by each person (other than a	İ		,					
	governmental unit or publicly		•		'				
	supported organization) included								
	on line 1 that exceeds 2% of the				,				
	amount shown on line 11,	,							
	column (f)		4.7	, ,	1/5		16,446,766.		
	Public support. Subtract line 5 from line 4						33,447,924.		
Se	ction B. Total Support								
Cale	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	10,673,954.	10,098,528.	10,619,113.	9,249,986.	9,253,109.	49,894,690.		
8	Gross income from interest,								
	dividends, payments received on					İ			
	securities loans, rents, royalties,								
	and income from similar sources	867,777.	708,278.	584,225.	622,557.	707,742.	3,490,579.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI)	31.	1,189.	200,034.		2,001.	203,255.		
11	Total support. Add lines 7 through 10	Ì				•	53,588,524.		
12	Gross receipts from related activities,	etc (see instruction	ons)			12 79	,744,408.		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)			
	organization, check this box and stop						<u></u>		
	ction C. Computation of Publ				-·				
	Public support percentage for 2018 (I		-	olumn (f))		14	62.42 %		
	Public support percentage from 2017	·	•		l	15 [56.57 %		
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here The organization quali		••				▶□		
17a	10% -facts-and-circumstances test	_					•		
	and if the organization meets the "fac					t VI how the organ	ization . —		
	meets the "facts-and-circumstances"	-	•		-				
b	10% -facts-and-circumstances test								
	more, and if the organization meets the				•		,		
	organization meets the "facts and-circ		•		,		▶∟		
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16	a, 16b, 17a, or 17b					
					Sche	dule A (Form 990	or 990-EZ) 2018		

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	qualify under the tests listed b tion A. Public Support	elow, please com	plete Part II)_				
	ndar year (or fiscal year beginning in)	(2) 2014	(b) 2015	(6) 2016	(4) 2017	(0) 2019	(f) Total
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				·[
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ 			 		<u> </u>
	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						
	Add lines 7a and 7b	1		/	1		†
	Public support. (Subtract line 7c from line 6.)		/		1		
	tion B. Total Support		200	·- · - · · · · · · · · · · · · · · · ·	·	•	<u> </u>
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				1		1
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)		<u></u>	<u> </u>		l	
14	First five years. If the Form 990 is for	the organization's	s first, second, the	ird, fourth, or fifth t	tax year as a section	on 501(c)(3) organı	zation,
_	check this box and stop here						<u> </u>
	tion C. Computation of Publi						
	Public support percentage for 2018 (li		=	, column (f))		15	%
	Public support percentage from 2017					16	<u>%</u>
	tion D. Computation of Inves						
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	line 13, column (f))		17	<u>%</u>
	Investment income percentage from 2				- 15 45	18 22 1/20/ and has	17 ::
	33 1/3% support tests - 2018. If the	-					17 IS NOT
	more than 33 1/3%, check this box ar	-	= -		· · · · · · · ·		and and
	33 1/3% support tests - 2017. If the	•					
	line 18 is not more than 33 1/3%, che Private foundation If the organization		•	•		-	
	3 10-11-18	. did fiot crieck a	20x 01 mie 14, 15	Ju, or 190, offect t			0 or 990-EZ) 2018
/	· · · · · · · · · · · · · · · · · · ·			15	30.1		22, 2010

Part IV Supporting Organizations

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

ec	tion A. All Supporting Organizations		Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u> </u>	res	No
•	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	<u>├</u>		-
_	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	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	l		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported 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,"		ŀ	
	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	<u>-</u>		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	$\vdash \vdash \vdash$	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
-	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	 '		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Q ₂	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>		
Ja	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		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> 35</u> -		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		~
r	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
٠	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	~
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes." answer 10b below	10a		_

832024 10-11-18

10b

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)

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Schedule A (Form 990 or 990-EZ) 2018

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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Cahadula	-	<i>-</i>	 ~~~	 	

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

5

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015c Excess from 2016d Excess from 2017

e Excess from 2018

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Schedule A	(Form 990 or 990-E	Z) 2018 NATIONAL	SCIENCE	TEACHING	ASSOCIATION	52-6055229 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	I Information. Provid , lines 1, 2, 3b, 3c, 4b, 4c ction D, lines 2 and 3, Pa , 6, and 8, and Part V, Se	e the explanations , 5a, 6, 9a, 9b, 9c, t IV, Section E, line	required by Part I 11a, 11b, and 11des 1c, 2a, 2b, 3a, a	II, line 10, Part II, line 17a o c. Part IV. Section B. lines	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	(See instructions))				
						
						
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2018
Open to Public Inspection

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

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

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

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

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

lax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organization 	tions Complete Part III	_		·
Name of organization			ì	imployer identification number
	L SCIENCE TEACHI			52-6055229
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures	al campaign activities i	n Part IV	> \$
Part I-B Complete if the org	anization is exempt und	er section 501(c)((3).	·
Enter the amount of any excise tax				▶\$
2 Enter the amount of any excise tax				S S
3 If the organization incurred a section				Yes No
4a Was a correction made?	11 4300 tax, did it iiic i 0iii 4720	ioi tino your		Yes No
b If "Yes," describe in Part IV			•	
	anization is exempt und	er section 501(c),	except section 5	01(c)(3).
1 Enter the amount directly expended				> \$
2 Enter the amount of the filing organ	, , ,	•		
exempt function activities		J		> \$
3 Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL		
· line 17b				\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en made payments. For each organizar contributions received that were propolitical action committee (PAC). If a	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organizes separate political organizes.	cation's funds Also ent anization, such as a se	er the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds If none, enter	s contributions received and

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990·EZ) 2018	NATIONAL SO	CIENCE TEACH	ING ASSOCIA	TION 52-6	055229 Page 2
Part II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	ection under
- 	ation belongs to an aff	iliated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying	=			, ,
B Check > if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply		
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		0.	
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)		137,227.	
c Total lobbying expenditures (add l	ines 1a and 1b)			137,227.	
d Other exempt purpose expenditur	es			24,670,423.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		24,807,650.	
f Lobbying nontaxable amount Ent	er the amount from th	e following table in bot	h columns	1,000,000.	
If the amount on line 1e, column (a)	or (b) is: The lot	bying nontaxable am	ount is:		·
Not over \$500,000	20% of	the amount on line 1e			`
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000		ļ
Over \$17,000,000	\$1,000	000			
- Creaments postsychia amount (as	otor OEO/ of line 16			250,000.	
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a If zer 	•			0.	
Subtract line 1g from line 1a if zero Subtract line 1f from line 1c if zero				0.	
If there is an amount other than ze		line 1. did the organiz	ation file Form 4720		
reporting section 4911 tax for this		o, a.a a.a a.gaz			Yes No
(Some organizations t	4-Year Av hat made a section 5 See the separ	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	158,203.	184,109.	178,190.	137,227.	657,729.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1 500.000.

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2018 NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 Page 3

Part II-B, Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	Yes	No	Amo	ount	
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 Volunteers?)	,		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction		
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 campaign activity expenditures from	the prior yea	r? 3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," Ol	R (b) Par	t III-A, lir	ne 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical	'			
expenses for which the section 527(f) tax was paid).		<u></u>			
a Current year		2a			
b Carryover from last year		2b			
c 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 e	xcess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political				
expenditure next year?		4	,		
5 Taxable amount of lobbying and political expenditures (see instructions)	5				
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groi	up list), Part II	I-A, lines 1 a	and 2 (see		
instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	_				
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SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_		EACHING ASSOCIATION	52-6055229
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	10,657.	
4	Aggregate value at end of year	10,217.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
	impermissible private benefit?		X Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	ganization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv-	ation easements during the year
	.		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

		L SCIENCE			_				55229	
Pa	t III Organizations Maintaining C		-							
3	Using the organization's acquisition, access	on, and other recor	ds, chec	k any of the	e following tha	at are a s	significant	use of its	collection it	ems
	(check all that apply)		. \Box	_						
а	Public exhibition	C			change progr	ams				
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	· ·		-	_			ose in Par	t XIII	
5	During the year, did the organization solicit of				-	er sımıla	r assets		-	
_	to be sold to raise funds rather than to be m								_l Yes _l	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizati	on answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	Is the organization an agent, trustee, custod		diany for	contributio	ns or other a	seets no	uncluded			
	on Form 990, Part X?	ian or other interme	diary ioi	Continuatio	ons or other a.	33613 110	included] Yes [□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowana	table					J 162 (140
U	· · ·	and complete the it	Jilowing	table					Amount	
С	Beginning balance						1c		Amount	
	Additions during the year						1d			
	Distributions during the year						1e			
e f	Ending balance						1f			
	Did the organization include an amount on F	orm 990 Part Y line	21 for	accrow or o	custodial acco	ouat liabi			Yes	No
	If "Yes," explain the arrangement in Part XIII								7 162	
Pai										
		(a) Current year		Prior year	(c) Two yea		(d) Three	vears hack	(e) Four ye	ars hack
1a	Beginning of year balance	(a) Current year	(0).	nor year	(6) 1110 300	70 000K	(0) 111100	yours buok	(e) our you	aro buon
b	Contributions	-			1		-			
					1					
	Net investment earnings, gains, and losses		 		+				 	
	Grants or scholarships				1					
e	Other expenditures for facilities]					
	and programs	<u>.</u>			1	-				
	Administrative expenses		<u> </u>		ł					
g	End of year balance		<u> </u> 		(a)) bald as			·	<u> </u>	
2	Provide the estimated percentage of the cur			g, column	(a)) neid as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posses.	ssion of the organiz	ation th	at are held	and administe	ered for t	he organiz	zation		
	by									s No
	(i) unrelated organizations								3a(i)	+-
	(ii) related organizations				_				3a(II)	—
	If "Yes" on line 3a(ii), are the related organization	•			7				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm				0 5 5					
	Complete if the organization answere							—- т	 	
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Book va	alue
		basis (investr	nent)		(other)	ae	preciation		1 000	607
	Land				39,697.	A	116 2		1,889,	
	Buildings			1,38	35,721.	4,	446,2	7	3,139,	43I.
	Leasehold improvements			71	6 216		542 0	<u> </u>	172	215
	Equipment	-			l6,216. 20,880.		542,9 587,0			315. 861.
	Other	aud Form 000, Dead	V 221				307,0		6,136,	
rotal	. Add lines 1a through 1e (Column (d) must e	quai roiin 990, Part	A, COIUI	<u>ııı (⊳),</u> iine	100)				0,130,	704.

Schedule D (Form 990) 2018

Schedule Di	(Form 990)	2018

Complete if the organization answered "Yes" on Form 990, Part X, line 12 (b) Book value (c) Method of valuation Cost or end-of-year market value (f) Financial demands of each of year market value (f) Method of valuation Cost or end-of-year market value (f) Rook value (f) Method of valuation Cost or end-of-year market value (f) Rook va	Part VII Investments - Other Securities.		no 11h Soo Form 990 F		To 3 3 2 2 3 Fage C
(1) Francal demanuses (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					d-of-vear market value
			(4)		your manner range
(3) Other	· · · F				
A	-	-			
(5) (C) (C) (C) (D) (E) (E) (F) (F) (G) (G) (H) Total (Cot.(b) must equal Form 990, Part X, cot. (B) line 12.) ▶ [Part VIII] Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, cot. (B) line 13) ▶ [1] (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	•				·
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(G) (H) (Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII] Investments - Program Related. Complete of the organization answered "Ves" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX] Other Assets. Complete if the organization answered "Ves" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (1) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (6) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (10) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	· · · · · · · · · · · · · · · · · · ·				
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Part VIII Investments - Program Related.					 .
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Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 1, 27, 9, 42. (3) DEPOSITS (4) (5) (6) (7) (8)	Total (Col (b) must equal Form 990, Part X, col. (B) line 13) ▶			·	3
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	Part IX Other Assets.				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" of	n Form 990, Part IV, III	ne 11d See Form 990, F	Part X, line 15	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	(a) D	escription			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	(1)				
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	(4)				
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(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	•			<u> </u>	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)	(8)				
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Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)		15)		>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5, 127, 942. (3) DEPOSITS 775, 688. (4) (5) (6) (7) (8)				* -	
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(1) Federal income taxes (2) POSTRETIREMENT BENEFIT OBLIGATION 5,127,942. (3) DEPOSITS 775,688. (4) (5) (6) (7) (8)	(-) Description of lightly				`
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(3) DEPOSITS 775,688. (4) (5) (6) (7) (8)		IGATION	5.127.942.	,	والمحاجب والمعجم
(4) (5) (6) (7) (8)	DEPOSTERS				
(5) (6) (7) (8)					
(6) (7) (8)					•
(7) (8)					
(8)					
			_		
I I					
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)		25.)	5 903 630		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 🕐

RENTAL EXPENSES INCLUDED AS AN EXPENSE ON THE AUDITED

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,

377,976.

PART VIII, LINE 7B.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990

► Go to www irs gov/Form990 for the latest information

2018

Open to Public

Name of the organization Employer identification number NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes ☐ No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book (if applicable) or government cash grant non cash noncash assistance or assistance FMV, appraisal, other) assistance COATESVILLE AREA SCHOOL DISTRICT 3030 CG ZINN ROAD ECYBERMISSION SCHOOL THORNDALE, PA 19372 23-6050690 BOV'T 21 504 GRANT FALCON COVE MIDDLE SCHOOL

4251 BONAVENTURE BLVD. ECYBERMISSION SCHOOL WESTON, FL 33332 59-6000530 GOV T 15,240 0 GRANT CAPISTRANO UNIFIED SCHOOL DISTRICT 33122 VALLE ROAD ECYBERMISSION SCHOOL SAN JUAN CAPISTRANO, CA 92675 95-2321055 7,192 0 GRANT MAGNET EDUCATIONAL CHOICE ASSOCIATION - NAUTILUS MS, 4301 N MICHIGAN AVE - MIAMI BEACH, FL ECYBERMISSION SCHOOL 65-0290712 501(C)(3) 5 624 0 33140 GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2018)

0.

NATIONAL SCIENCE TEACHING ASSOCIATION

Part III Grants and Other Assistance to Domestic Individuals Complete if the organization answered "Yes" on Form 990, Part IV, line 22

RESPONSIBLE FOR MONITORING THE FOLLOWING GRANTEE ACTIVITIES

Schedule I (Form 990) (2018)

832102 11-02 18

52-6055229

Page 2

Schedule I (Form 990) (2018)

Schedule I (Form 990) NATIONAL SCIE	52-6055229 Page				
Part III Continuation of Grants and Other Assistance to Ind	ividuals in the Unit	ed States (Schedul	e I (Form 990), Part I	II)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
JSHS TEACHER AWARDS	48.	20,800	0		
JSHS WINNER SCHOLARSHIPS	2	9,000.	0.		
ECYBERMISSION WINNERS	892	115,321	503,516	PURCHASE AMOUNT	SAVINGS BONDS, COMPUTERS
PARTICIPANT SUPPORT	3,514.	0	1,108,463.	PURCHASE AMOUNT	TRAVEL EXPENSES, STIPENDS
ANGELA AWARD WINNER	1	0	1,000	PURCHASE AMOUNT	SAVINGS BOND
SOUTHWEST TICKET VOUCHERS	160	0.	28 000.	FMV	AIRLINE TICKET VOUCHERS

Schedule I (Form 990)

Schedule (Form 990) NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 Page 2 Part IV Supplemental Information
•
-VERIFY THE DEVELOPMENT OF THE SUBGRANT DOCUMENTS TO ENSURE INCLUSION OF
ALL APPROPRIATE REGULATIONS, REQUIREMENTS, AND DISCLOSURES
- REVIEW ALL CERTIFICATIONS, REPORTS AND CORRESPONDENCE CONCERNING AUDIT
COMPLIANCE
· · · · · · · · · · · · · · · · · · ·
- MONITOR PERIODIC PROGRESS REPORTS AND INVOICES (IF APPLICABLE) FROM
SUBGRANTEES FOR COMPLIANCE WITH THE TERMS OF THE AGREEMENT
- DISSATISFACTION WITH SUBGRANTEE PROGRESS OR INVOICING METHODS IS REPORTED
TO APPROPRIATE NSTA ASSOCIATE DIRECTOR FOR DISCIPLINARY ACTION
- MONITORING SUBGRANTEE BUDGETS, WHICH INCLUDES REQUESTING SUPPORTING
DOCUMENTATION TO DETERMINE WHETHER EXPENSES ARE ALLOWABLE AND WITHIN THE
SCOPE OF THE PROJECT.
· · · · · · · · · · · · · · · · · · ·
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

NATIONAL SCIENCE TEACHING ASSOCIATION

Employer identification number

52-6055229

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	į	,	•
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		;	, 1
	First-class or charter travel Housing allowance or residence for personal use	_		1
	Travel for companions Payments for business use of personal residence	-		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		. '	1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		٠		-
D	If any of the boxes on 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,	2		لنسد
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	٠.	1
3	Indicate which if any of the fallowing the filing evergencetion used to establish the companyation of the everywhere's	.		ļ
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 Written employment contract	,	·	٠ [
	Compensation committee Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			1
	X Approval by the board or compensation committee	* ,		- : 1
	Approval by the board of compensation committee			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			-
	organization or a related organization	٠,		
а	Receive a severance payment or change-of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III]
				ţ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			• }
5	For persons listed on 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		X
þ	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III		'	i
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			. {
	contingent on the net earnings of			1
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			i
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			~;, ·
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			٠
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229

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

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

Note The sum of columns (B)() (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

	(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(a)(i) (U)	reported as deferred on prior Form 990
(1) DAVID EVANS	(1)	282,618.	0.	0.	29,054.	21,665.	333,337.	0.
EXECUTIVE DIRECTOR	(n)	0.	0.	0.	0.	0.	0.	0.
(2) MOIRA FATHY BAKER	(1)	220,028.	0.	0.	23,543.	23,729.	267,300.	0.
DEPUTY EXEC. DIR., CFO & COO	(n)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLY STILWELL	(1)	195,704.	∕0.	0.	21,622.	33,410.	250,736.	0.
DIR. NEW BUSINESS DEVELOPMENT	(11)	0.	0.	0.	0.	0.	0.	0.
(4) TODD WALLACE	(i)	133,470.	0.	0.	14,559.	33,757.	181,786.	0.
ASSISTANT EXECUTIVE DIRECTOR, CIO	(11)	0.	0.	0.	0.	0.	0.	0.
(5) DELORES HOWARD	(1)	142,747.	0.	0.	15,298.	18,865.	176,910.	0.
ASST. EXEC. DIR., CONFERENCES	(n)	0.	0.	0.	0.	0.	0.	0.
(6) JODI PETERSON	(1)	129,969.	0.	0.	14,111.	27,187.	171,267.	0.
ASST, EXEC. DIR., LEG. & PUB AFFAIRS	ω[0.	0.	0.	0.	0.	0.	0.
(7) RYAN FOLEY	(1)	120,151.	0.	0.	13,181.	33,991.	167,323.	0.
ASS.ASST. EXEC. DIR., CTO	(n)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID BEACOM (UNTIL JAN. 2018)	(1)	26,884.	0.	210,777.	1,213.	2,260.	241,134.	0.
FORMER KEY EMPLOYEE	(n)	0.	0.	0.	0.	0.	0.	0.
(9) AL BYERS (UNTIL JAN. 2018)	(1)	36,084.	0.	171,019.	1,090.	4,210.	212,403.	0.
FORMER HCE	(u) [Ô.	0.	0.	0.	0.	0.	0.
	(1)							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 20		NAL SCIENCE T	EACHING ASSOCIATI	ON	52-6055229	Page 3
Part III Supplemental	Information					
Provide the information, e	explanation, or descripti	ions required for Part I, line	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a	, 6b, 7, and 8, and for Part II Also co	mplete this part for any additional information	n
	,					
PART I, LINE	4A:					
DURING 2018,	SEVERANCE W	AS PAID OUT TO	THE FOLLOWING E	EMPLOYEES:		
DAVID BEACOM	\$210,777					
AL BYERS	\$171,019					
						·-··
					-	
· <u>-</u>		<u>.</u>			· ,	
					- .	
		,				
				,		
			-		Schedule J (Form	n 990) 2018

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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

NATIONAL SCIENCE TEACHING ASSOCIATION

Employer identification number 52-6055229

Pa	rt I Types of Property					-		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications				· · · ·			
5	Clothing and household goods	X		3,000.	FMV			
6	Cars and other vehicles				· · · · · · · · · · · · · · · · · · ·			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			· · · · · · · · · · · · · · · · · · ·				
	Historic structures		1					
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles				•			
19	Food inventory			- 10				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (AIRLINE TKTS)	X	1	28,000.				
26	Other ► (BADGE HOLDERS)	X	1	15,000.	FMV			
27	Other • ()							
28	Other ► (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions			_	
	for which the organization completed Form 828	33, Part IV, (Donee Acknowledo	gement 29			_0	
						\Y	es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	ported in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date	of the initia	il contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period?)				30a		X
b	If "Yes," describe the arrangement in Part II							'
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganızatıons to solı	cit, process, or sell noncash				
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II						- 1	

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Schedul							TENCE							-6055.		Page 2
Part I	رے is re	eportir	mentaling in Part for any ad	t I, colu	mn (b), th	ne num	vide the info nber of conti	rmation r ributions,	equired b the num	y Part I, ber of ite	lines 30b, ms receiv	32b, and ed, or a	d 33, and w combination	hether the	e organiza Also comp	tion olete
SCHE	DULE	М,	PAR	rI,	COL	UMN	(B):									
THIS	COL	UMN	REPI	RESE	NTS '	THE	NUMBEI	ROF	CONT	RIBUT	ORS.					·
SCHE	DULE	М,	LINI	32	В:											
NSTA	HAS	Α	GIFT	ACC	EPTAI	NCE	POLIC	Y FOR	ANY	NON-	-CASH	DONA	TIONS	OVER	\$75.	
																
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SCHEDULE O

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

(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.

Department of the Treasury

Attach to Form 990 or 990-EZ.

2018
Open to Public Inspection

Name of the organization

NATIONAL SCIENCE TEACHING ASSOCIATION

Employer identification number 52-6055229

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALL ACTIVITIES IN FURTHERANCE THEREOF, TO PROMOTE THE IMPROVEMENT OF

EDUCATIONAL SYSTEMS AND PROCESSES IN THE SCHOOLS IN ANY MANNER TO

ASSIST SUCH STIMULATION AND COORDINATION OF SCIENCE TEACHING, TO

APPRISE THE GENERAL PUBLIC OF POSSIBLE MEANS OF IMPROVING SCIENCE

TEACHING WITH THE SCHOOLS, AND GENERALLY TO DO ANY AND ALL ACTS AND

THINGS WHICH MAY INCREASE, THROUGH EDUCATION, THE KNOWLEDGE OF SCIENCE

DEVOLVING UPON THE GENERAL PUBLIC THROUGH KNOWLEDGE OF SUCH SCIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LARGE-SCALE, NATIONALLY-KNOWN COMPETITIONS AND GRANT PROGRAMS FOR

SCIENCE EDUCATORS AND STUDENTS INCLUDING STUDENT TEAMS THAT DESIGNED

AND COMMUNICATED INNOVATIVE TECHNOLOGIES THAT COULD EXIST IN 20 YEARS,

OUTSTANDING MIDDLE AND HIGH SCHOOL PROGRAMS FOR EXEMPLARY APPROACHES TO

SCIENCE LAB INSTRUCTION UTILIZING LIMITED SCHOOL AND LABORATORY

RESOURCES, STUDENT SUMMER ENRICHMENT PROGRAMS AT ARMY RESEARCH LAB

SITES, INDIVIDUAL STUDENTS AND TEAM PROJECTS THAT RECOGNIZE REAL-LIFE

APPLICATIONS OF STEM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL DEVELOPMENT INSTITUTES-FOCUSED, CONTENT-BASED, PARTNERED

PROGRAMS THAT EXPLORE KEY TOPICS IN SIGNIFICANT DEPTH. THESE DAY-LONG

PROGRAMS OFFER PARTICIPANTS A UNIQUE LEARNING OPPORTUNITY THAT INCLUDES

A PERSONALIZED PATHWAY THROUGH THE FULL CONFERENCE AGENDA.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization Employer identification number NATIONAL SCIENCE TEACHING ASSOCIATION 52-6055229 PERIODICALS EXPENSES \$ 1,858,190. INCLUDING GRANTS OF \$ 0. REVENUE \$ 358,071. PROFESSIONAL DEVELOPMENT EXPENSES \$ 1,064,864. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,159,775. MEMBERSHIP SERVICES INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,815,245. EXPENSES \$ 286,429. JOURNAL ADVERTISING EXPENSES \$ 483,782. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45,950. AWARDS EXPENSES \$ 163,353. INCLUDING GRANTS OF \$ 55,122. REVENUE \$ 0. LEGISLATIVE AFFAIRS EXPENSES \$ 406,354. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. SCILINKS EXPENSES \$ 13,918. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,385. U.S. REGISTRY OF TEACHERS EXPENSES \$ 67,815. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: NSTA HAS INDIVIDUAL, INSTITUTIONAL, AND OTHER DESIGNATED MEMBERSHIP CATEGORIES. ALL INDIVIDUAL MEMBERS IN GOOD STANDING IN ANY ESTABLISHED CATEGORY ARE ELIGIBLE TO VOTE.

Employer identification number 52-6055229

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS ARE ELECTED BY ELECTRONIC BALLOTS. BALLOTS ARE EMAILED TO EACH

VOTING MEMBER OF NSTA AT LEAST THIRTY DAYS PRIOR TO THE LAST DATE FOR

RETURN OF BALLOTS.

FORM 990, PART VI, SECTION A, LINE 7B:

BYLAW CHANGES MUST BE APPROVED BY THE MEMBERS.

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

THE DIRECTOR OF ACCOUNTING/CONTROLLER COMPILED THE NECESSARY DATA TO PREPARE THE FEDERAL FORM 990 WHICH WAS REVIEWED BY THE COO/CFO. NSTA THEN ENGAGED AN INDEPENDENT CPA FIRM TO PREPARE THE 990. THE DRAFT FORM 990 WAS FIRST REVIEWED BY THE DIRECTOR OF ACCOUNTING/CONTROLLER AND THE COO/CFO.

THE NEXT LEVEL OF REVIEW CONTINUED TO NSTA'S AUDIT COMMITTEE. THE FINAL 990 WAS PROVIDED TO THE BOARD. ONCE REVIEWED AND APPROVED, THE 990 WAS SENT BACK TO THE CPA FIRM IN ORDER TO BE FINALIZED AND SUBMITTED TO TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

FOR NSTA EMPLOYEES ALL NEW EMPLOYEES AND EXISTING EMPLOYEES ARE ASKED TO
READ THE POLICY AND SIGN AN ACKNOWLEDGMENT THAT THEY HAVE READ THE POLICY
AND AGREE TO ABIDE BY ITS TERMS, AND TO FILL OUT A DISCLOSURE STATEMENT
EITHER AFFIRMING NO CONFLICTS OR LISTING CONFLICTS OF INTEREST. THESE TASKS
ARE COMPLETED BY EACH EMPLOYEE INITIALLY AT THE TIME OF HIRE. WHEN OTHER
DOCUMENTS ARE COMPLETED IN THE FALL EACH YEAR, HUMAN RESOURCES (HR) SENDS
OUT THE POLICY AND STATEMENT AGAIN TO EACH EMPLOYEE REQUESTING THAT THEY
UPDATE THEIR FILES BY LISTING ON THE STATEMENT ANY NEW POTENTIAL CONFLICTS

OR TO AFFIRM THEY HAVE NO CONFLICTS AND ALSO BY RESIGNING THE

ACKNOWLEDGMENT AND RETURNING TO HR. HR FORWARDS ANY COMPLETED DISCLOSURE STATEMENTS WHICH LIST CONFLICTS TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW AND APPROPRIATE ACTION. FOR NSTA BOARD AND RELEVANT COMMITTEE MEMBERS, THE BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY DURING THE SUMMER BOARD MEETING. THEY ARE ASKED TO READ AND PRINT THE SIGNATURE PAGE AND RETURN THE FORM DURING THE MEETING. THIS MEETING IS THE FIRST OPPORTUNITY FOR THE ENTIRE GROUP TO VIEW, SIGN AND THEN RETURN IT. THE SIGNED FORMS ARE FILED IN THE EXECUTIVE OFFICE. COMMITTEES ARE PROVIDED THE POLICY AT THEIR FIRST MEETING OF EACH FISCAL YEAR OR AT THE BEGINNING OF THE FISCAL YEAR BY MAIL OR E-MAIL.

IF A CONFLICT ARISES, THE INTERESTED PERSON HAVING A CONFLICT OR POTENTIAL

CONFLICT OF INTEREST DISCLOSES ALL FACTS MATERIAL TO THE CONFLICT OF

INTEREST. THE INTERESTED PERSON DOES NOT PARTICIPATE IN OR HEAR THE BOARD

OF DIRECTORS' OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE

THE MATERIAL FACTS AND TO RESPOND TO QUESTIONS.

THE BOARD OF DIRECTORS OR COMMITTEE, IF APPLICABLE, DETERMINES WHETHER THE DISCLOSED INTEREST IS SUCH THAT NSTA (I) SHOULD NOT PROCEED WITH THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT, (II) SHOULD MODIFY THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT TO ELIMINATE THE CONFLICT, (III) SHOULD SEEK ANOTHER EQUALLY ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT THAT DOES NOT PRESENT A CONFLICT OF INTEREST, OR (IV) SHOULD TAKE SUCH OTHER MEASURES DEEMED TO BE IN THE INTEREST OF NSTA.

FORM 990, PART VI, SECTION B, LINE 15A:

FOR EQUITABLE SALARY ADJUSTMENTS AT HIGHER TIER LEVELS OF MANAGEMENT, THE

HR DIRECTOR PROVIDES SALARY COMPARISONS OF SIMILAR POSITIONS, USUALLY DRAWN
832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS:

PROGRAM SERVICE EXPENSES

1,463,749.

MANAGEMENT AND GENERAL EXPENSES

92,339.

Schedule O (Form 990 or 990 Ez) (2018)	Page 2
Name of the organization NATIONAL SCIENCE TEACHING ASSOCIATION	Employer identification number 52-6055229
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,556,088.
SECRETARIAL/AGENCY/CLERICAL:	
PROGRAM SERVICE EXPENSES	73,730.
MANAGEMENT AND GENERAL EXPENSES	8,490.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	82,220.
•	
OUTSOURCING:	
PROGRAM SERVICE EXPENSES	441,537.
MANAGEMENT AND GENERAL EXPENSES	518,231.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	959,768.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,598,076.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	•
ACTUARIAL GAIN ON POSTRETIREMENT BENEFITS	209,672.
FORM 990, PART VII, SECTION A:	
SOME BOARD MEMBERS RECEIVE STIPENDS FROM NSTA FOR THEIR W	NORK RELATED TO
STUDENT COMPETITIONS. THIS COMPENSATION IS NOT RELATED TO	O EITHER
INDIVIDUAL'S POSITION ON THE BOARD. THE PRESIDENT, PRESIDENT	DENT-ELECT, AND
RETIRING PRESIDENT, HOWEVER, DO RECEIVE COMPENSATION RELA	ATED TO HIS/HER
POSITION ON THE BOARD. THIS COMPENSATION HAS BEEN REFLECT	TED ON PART
VII, SECTION A.	
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

Attach to Form 990 ► Go to www irs gov/Form990 for instructions and the latest information

2018 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIONAL SCI	<u>ENCE TEACHING ASSOCI</u>	ATION				52-60552	229	
Part I Identification of Disregarded Entities Comp	olete if the organization answered "Yes"	on Form 990, Part IV, line 3	3		-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	me End	(e) of year assets	Direct o	(f) controlling	9
1836 WILSON LLC - 52-6055229	MANAGING THE CONSTRUCTION							
1836 WILSON BLVD	OF A POTENTIAL NEW OFFICE							
ARLINGTON, VA 22201	BUILDING	VIRGINIA		0.	0.	NSTA		
	-							
Part II Identification of Related Tax-Exempt Organ organizations during the tax year	izations Complete if the organization a	nswered "Yes" on Form 990	0, Part IV, fine 34, I	oecause it h	ad one or more	e related tax exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if se		(f) Direct controlling entity		g) 5 (2(b)(13) rolled sty?
			,	501(c)(3))		Yes	No
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For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2018

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52-6055229 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(9)	(1	h)	(1)	1	i)	(k)
Name, address, and EIN of related organization	Primary activity	Logal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	alfoca	orbonats bons?	amount in box 20 of Schedule	man. part	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes	Nο	
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[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Logal domicile (state or foreign country)	(d) Direct controlling entity	(e) (f) Type of entity (C corp, S corp, or trust) (f) (f) Share of total income		(g) Share of end of year assets	(h) Percentage ownership	ont	b)(13) rolled
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		_							
22042 VA 02 IS		49					dula P. (Fors		

Par	Transactions With Related Organizations Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line 34, 35b	, or 36				
Not	e Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	-			Ţγ	es	No	
1	Dunng the tax year, did the organization engage in any of the following transaction	is with one or more r	elated organizations listed	in Parts II IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y		1a				
ь	Gift, grant, or capital contribution to related organization(s)			1b	ī			
c	Gift, grant, or capital contribution from related organization(s)			10	. [
d	Loans or loan guarantees to or for related organization(s)			1d	ī			
0	Loans or loan guarantees by related organization(s)			1e	,			
					\Box			
f	Dividends from related organization(s)			11				
g	Sale of assets to related organization(s)			1g				
h	Purchase of assets from related organization(s)			1h				
	Exchange of assets with related organization(s)			11				
J Lease of facilities, equipment, or other assets to related organization(s) 1								
k	Lease of facilities, equipment, or other assets from related organization(s)			1k				
- 1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)		11		ĺ		
т	Performance of services or membership or fundraising solicitations by related orga			1п	, T			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	* *		10	\neg	T		
0	Sharing of paid employees with related organization(s)			10		\neg	_	
	5				1	_		
P	Reimbursement paid to related organization(s) for expenses			1p		1		
•	Reimbursement paid by related organization(s) for expenses			, <u>'</u>	\neg	寸		
7	The state of the s				\top	╅	_	
r	Other transfer of cash or property to related organization(s)			1r	- -	-	_	
	Other transfer of cash or property from related organization(s)			1s	_	寸		
	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line including covered					
_	(a)	(b)	(c)	(d)			_	
	Name of related organization	Transaction	Amount involved	Method of determining amount involved	ť			
		type (a s)						
(1)								
(2)								
1=/								
(3)								
(4)								
(5)								
(5)								
(6)								
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Schedule R (Form 990) 2018 NATIONAL SCIENCE TEACHING ASSOCIATION

52-6055229 Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs	<u>ן</u>	(f)	(9)	(h)	(1)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	sec	Share of	Share of	Dispi	ropor	Code V-UBI	Gener	Percenta
of entity		(state or foreign	(reiated, unreiated, leveluded from tax under	501(c) oras	(3)	total	end-of year	alloca	nase stons?	amount in box 20	partn	ownerst
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	ıncome	assets	Ves	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	10
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2013	NATIONAL	SCIENCE	TEACHING	ASSOCIATION	52-6055229	Page 5
Schedule R (Form 990) 201d Part VII Supplemental Info Provide additional inform	rmation.					
Provide additional inform	nation for responses	to questions on	Schedule R See	instructions		
						
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