DLN: 93493130024271

2019

OMB No. 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

	or the	2019 6	alendar vear or tay vear hegin	ning 07-01-2019 , and ending 06-	30-2020		•	
		oplicable:	C Name of organization		30 2020	D Employ	er ident	ification number
		change	NATIONAL CONGRESS OF PARENTS	& TEACHERS		36-216		
	me cha	-	Doing business as				,,,,,,	
	tial return	urn ı/terminated	NATIONAL PTA					
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room/s	suite	E Telepho	ne numbe	er.
□ App	olicatio	n pending	1250 N PITT STREET			(703) 5	518-120	0
			City or town, state or province, cour ALEXANDRIA, VA 22314	ntry, and ZIP or foreign postal code				
			·		_	G Gross re	eceipts \$	14,150,184
			F Name and address of principa NATHAN MONELL	l officer:	H(a)	Is this a group re	eturn for	
			1250 N PITT STREET			subordinates? Are all subordina	tes	□Yes ☑No
r Tav	/-ever	npt status:	ALEXANDRIA, VA 22314			included?		☐ Yes ☐No
		<u>'</u>	№ 501(c)(3)	(insert no.)	I	If "No," attach a	•	•
) W	ebsite	e:► WW	/W.PTA.ORG		"(c)	Group exemption	n numbe	r >
K Form	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation Other	L Year o	f formation: 1897	M State	e of legal domicile: DC
1 1 0 1 11	01 01	gamzadom	. — corporation — mast — noso	Station — Carlet P				
Pa	ırt I		mary					
			scribe the organization's mission o III, LINE 1.	r most significant activities:				
)ce	_							
naf	_							
Ver	_	Chack thi	is boy • D if the organization dis	continued its operations or disposed of	mara than	25% of its not	accoto.	
3			of voting members of the governing				3	27
×ಶ	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	27
Activities & Governance	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	60
MD:	6	Total nun	nber of volunteers (estimate if neo	cessary)			6	20,000
AC	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	195,557
	b	Net unrel	ated business taxable income from	n Form 990-T, line 39			7b	• 0
						Prior Year		Current Year
9	8	Contribut	tions and grants (Part VIII, line 1h)			11,680,	922	11,407,37
Ravenue	9	Program	service revenue (Part VIII, line 2g)			664,	935	345,06
Rav	10	Investme	ent income (Part VIII, column (A), l	ines 3, 4, and 7d)		777,	166	269,67
	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-267,		-201,083
				st equal Part VIII, column (A), line 12)		12,855,	703	11,821,028
			nd similar amounts paid (Part IX, c	, , ,		720,		1,008,36
			paid to or for members (Part IX, co	, , ,			0	(
Ses				nefits (Part IX, column (A), lines 5–10)		6,895,		6,587,960
Expenses			onal fundraising fees (Part IX, colur	, ,,			0	-
3			raising expenses (Part IX, column (D),			F F01	F24	2 702 44
			penses (Part IX, column (A), lines	•		5,591,		3,782,447
		-	enses. Add lines 13–17 (must equ less expenses. Subtract line 18 fr	om line 12		13,207, -351,		11,378,763 442,269
Z S	19	Revenue	less expenses. Subtract file 10 ff	on me 12	Begi	nning of Current		End of Year
Net Assets or Fund Balances								
SS 8	20	Total ass	ets (Part X, line 16)			19,857,	410	19,792,839
ad bill	21	Total liab	ilities (Part X, line 26)			7,137,	128	6,820,58
Zű	22	Net asset	s or fund balances. Subtract line 2	21 from line 20		12,720,	282	12,972,258
	rt II		ature Block	ined this return, including accompanying				- +1 1+
				. Declaration of preparer (other than off				
any ki	nowle	dge.						
		*****	*			2021-05-10		
Sign		Signati	ure of officer			Date		
Here	:	NATHA	N MONELL EXECUTIVE DIRECTOR					
		Туре о	r print name and title					
		Р	rint/Type preparer's name	Preparer's signature	Date		PTIN P002883	14
Paic		L	A CELLULAR DE CELL			self-employed		
-	oare	FI	irm's name ► GELMAN ROSENBERG	x FREEDMAN		Firm's EIN ► 52	-1392008	5
Use	On	ly ြ	irm's address ▶ 4550 MONTGOMERY A\	/E SUITE 800N		Phone no. (301)	951-909	0
			BETHESDA, MD 20814	2930		<u> </u>		
Mav tl	he IR	S discuss	this return with the preparer show	wn above? (see instructions)			▽	Yes 🗆 No

Form	990 (2019)								Page 2
Pa	art III Statement	of Program Servic	e Accomplis	hments					
	Check if Sched	dule O contains a respo	nse or note to a	any line in this Part I					. 🗸
1	Briefly describe the o	rganization's mission:							
FOR THE MOTI RESC PARE	S MISSION IS TO MAKE ALL CHILDREN. FOR MOLIVES OF (CONTINUED HERS BY ALICE MCLELL DURCE FOR FAMILIES AENTS WITH THE FORUM ALSO THROUGHOUT THE	ORE THAN 120 YEARS, ON SCH. O) EVERY CH LAN BIRNEY AND PHOE AND COMMUNITIES, AN I AND TOOLS TO COLLI	NATIONAL PAR HILD IN EDUCAT BE APPERSON H ID A STRONG AI ECTIVELY INFLU	ENT TEACHER ASSO TON, HEALTH AND S HEARST, NATIONAL DVOCATE FOR PUBL ENCE THE DECISIO	OCIATION (NATION SAFETY. FOUNDE PTA IS A POWER IC EDUCATION. NS THAT AFFECT	ONAL PTA) HAS V ED IN 1897 AS TH FUL VOICE FOR THE PTA'S NATIO CHILDREN NOT	VORKED TO HE NATIONA ALL CHILDE DNWIDE NE ONLY AT T	WARD E AL CONC REN, A R TWORK HEIR SC	BETTERING GRESS OF ELEVANT PROVIDES
2	Did the organization (undertake any significa	int program serv	vices during the yea	r which were not	listed on			
	1	r 990-EZ?					L	Yes	⊻ No
	•	se new services on Sch							
3	3	cease conducting, or m	ake significant o	changes in how it co	nducts, any proc	ıram			
	services?						•	∐ Yes	☑ No
	If "Yes," describe the	se changes on Schedul	e O.						
4	Section 501(c)(3) and	ation's program service d 501(c)(4) organization ue, if any, for each pro-	ns are required	to report the amou					ses.
4a	(Code:) (Expenses \$	3,251,310	including grants of \$	966,1	L27) (Revenue \$	3	311,872)	
	See Additional Data								
4b	(Code:) (Expenses \$	1,585,743	including grants of \$	17,3	334) (Revenue \$)	
	See Additional Data								
4c	(Code: See Additional Data) (Expenses \$	1,116,537	including grants of \$	21,5	500) (Revenue \$)	
	See Additional Data 1	Гable							
4d	Other program service	es (Describe in Schedu	ıle O.)						
	(Expenses \$	1,490,354 incl	uding grants of	\$	3,400) (Revenu	e \$	33,193)	
4e	Total program serv	rice expenses ►	7,443,9	44				_	

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

20a

20b

21

Yes

			Pag
Checklist of Required Schedules (continued)	- 1	V	NI.
organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
(A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current mer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete le J	23	Yes	
organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and the Schedule K. If "No," go to line 25a	24a		No
organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
organization maintain an escrow account other than a refunding escrow at any time during the year ase any tax-exempt bonds?	24c		
organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
n 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit tion with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N
organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and a transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete le L, Part I	25b		N
organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family r of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		N
organization provide a grant or other assistance to any current or former officer, director, trustee, key ee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete le L,Part III	27		N
e organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ions for applicable filing thresholds, conditions, and exceptions):			
nt or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> te <i>Schedule L, Part IV</i>	28a		l N
y member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> te Schedule L, Part IV	28c		N
organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ations? If "Yes," complete Schedule M	30		N
organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete le N, Part II	32		N
organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and line 1	34	Yes	
organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity he meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
n 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ation? If "Yes," complete Schedule R, Part V, line 2	36		N
organization conduct more than 5% of its activities through an entity that is not a related organization and that ed as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. n 990 filers are required to complete Schedule O.	38	Yes	
Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V	• ;		
		Yes	N
SI CI	rganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 990 filers are required to complete Schedule O	rganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 38 tatements Regarding Other IRS Filings and Tax Compliance neck if Schedule O contains a response or note to any line in this Part V	rganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 38 Yes The statements Regarding Other IRS Filings and Tax Compliance The schedule O contains a response or note to any line in this Part V

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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 service provided to the payor?	7 a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
d	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	nse to l	ines
Se	ction	A. Governing Body and Management			
	F	the number of cutting and the convenient to the cutting of the transport of the cutting of the c		Yes	No
1a		the number of voting members of the governing body at the end of the tax year 1a 27			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O.			
b	Enter t	the number of voting members included in line 1a, above, who are independent 1b 27			
2		y officer, director, trustee, or key employee have a family relationship or a business relationship with any other, director, trustee, or key employee?	2		No
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5		e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		e organization have members or stockholders?	6	Yes	
/a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more ers of the governing body?	7a	Yes	
b	Are an	y governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or as other than the governing body?	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by lowing:			
а	The go	overning body?	8a	Yes	
b	Each c	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the zation's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a	Yes	
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, anches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to ts?	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in ule O how this was done	12c	Yes	
13		e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14	Yes	
15	person	e process for determining compensation of the following persons include a review and approval by independent as, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		ganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b		No
16a	Did the	to line 15a or 15b, describe the process in Schedule O (see instructions). e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No
b	If "Yes	t venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status	with respect to such arrangements?	16b		
Se		C. Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed▶ AL , AR , CA , FL , GA , HI , IL , KS , KY , № , NH , NJ , NM , NY , NC , OR , PA , RI , SC WI			
18		n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ 0,	wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	policy,	be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: ES THOMASELL 1250 N PITT STREET ALEXANDRIA, VA 22314 (703) 518-1247			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	Section At Officers, Direct	,	,, .	р-	,.	,							100		
	(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unle: ficer	eck moss person and a cee)	son	Repo compo froi orgai	(D) ortable ensation m the nization		(E) Reportable compensatio from relate organization	on d ns	Estima amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Highest compensate employee Key employee		(W-2 M			(W-2/1099 MISC)	-	organizat relat organiza	ed	
			trustee	al Trustee		yee	mpensated								
See A	dditional Data Table														
											-				
1h S	ub-Total			<u> </u>	_		<u> </u>						\perp		
	otal from continuation sheets to Pa						•								
	otal (add lines 1b and 1c)						>			828,563			0		228,182
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rec	eived mo	re than	\$100	0,000			
3	Did the organization list any former of	officer director	or trust	ee k	ev e	mple	ovee o	or hi	ahest cor	mnensat	ed e	mplovee on		Yes	No
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•		•		•	•		3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual											:he	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization									tion or i	ndivi •	dual for • • •	5		No
Se	ction B. Independent Contract														
1	Complete this table for your five higher from the organization. Report comper												mper	nsation	
	Name a	(A) and business addre	ess							De	escrip	(B) tion of services		(C Comper	
DANIE	L J EDELMAN INC									MEMBER.	MAR	KETING PLAN D	EVEL.		149,865
CHICA	NETWORK PLACE GO, IL 60673														
242 PI	RODUCTIONS INC KE STREET									AUDIO-V	ISUA	L SERVICES			148,593
	GTON, KY 41011 G DATA SOLUTIONS INC									IT CONSU	JLTIN	IG			147,140
	PRINCESS ST NDRIA, VA 22314														
PROTE	CH ASSOCIATES INC									DATABAS	SE MA	INT. & DEVEL.			127,941
	TWIN KNOLLS ROAD SUITE 400 MBIA, MD 21045														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 4

orm 9										Page 9
Part	VIII				rocno	unsa ar nata ta any	line in this Part VIII			П
		Check II Sched	aule	O contains a	respo	inse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns	5	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	• Membership dues	s.	. [1b	7,178,098				
Gra nou	,	Fundraising even	ıts .		1c					
IS, (d Related organiza		Ļ	1d	168,063				
Gif ilar		Government grants		Ļ.	1e	<u> </u>				
ns,	l f	All other contributio	ns, c	L gifts, grants,						
er S		and similar amounts above			1f	4,061,213				
뺼	g	Noncash contributio	ns ir	ncluded in	.					
Contributions, Gifts, Grants and Other Similar Amounts				L	1g	23,676				
<u>ہ ت</u>	'	h Total. Add lines :	1a-1	.f	• •	>	11,407,374			
						Business Code	300,022		300,022	
a.	2a	ADVERTISING				900099	300,022		300,022	
e E	b	CONVENTION				900099	33,193	33,193		
-8- -8-		SUBSCRIPTIONS					11,850	11,850		
Program Service Revenue	С	SUBSCRIPTIONS				900099	11,000	11,030		
Ser.	d									
E S	u									
ogr	е									
\$	£	All other program	cor	vice revenue						
		Total. Add lines 2				345,065				
		Investment income								
	S	imilar amounts) .	•		•	•	214,56	0		214,560
		Income from invest			•		51,58	0		51,588
	51	Royalties	_	(i) Rea		(ii) Personal	31,36	9		31,366
				,,		(II) Tersonal	1			
		Gross rents	6a	2	91,307	,				
	b	Less: rental expenses	6b	5	64,698	,				
	С	Rental income	6c	2	72 201					
	d	or (loss) Net rental income			73,391			1	-104,465	-168,926
				(i) Securit		(ii) Other			,	,
	7a	Gross amount from sales of	7a		19,105					
		assets other than inventory	/ a	1,0	19,103	40.				
	b	Less: cost or	<u> </u>							
	_	other basis and sales expenses	7b 	1,7	63,997	46	1			
	_	Gain or (loss)	7c		55,108		1			
		Net gain or (loss)					55,11	2		55,112
.		Gross income from fu					1			, , , , , , , , , , , , , , , , , , ,
nu		(not including \$ contributions reported	d on	of line 1c).						
- इ		See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b					
the	C	Net income or (los	s) fi	rom fundraisi	ng eve	ents 🕨				
	9a	Gross income from								
		See Part IV, line 19	٠		9a					
		Less: direct expen			9b					
	С	Net income or (los	ss) fi	rom gaming a	activiti	es >	1			
	10a	Gross sales of inve								
		returns and allowa			10a					
		Less: cost of good			10b					
	С	Net income or (los Miscellaneo			nvent	ory ► Business Code				
	11	amiscellaneous				90009	9 20,720	o		20,720
	b									
	c									
		All other revenue								
	е	Total. Add lines 1	1a-:	11d		•	20,72	0		
	12	Total revenue. S	ee ii	nstructions .	•		11,821,02	8 45,043	195,557	173,054
										Form 990 (2019)

				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must o		_		mn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,008,361	1,008,361		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign 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	1,085,036	566,419	503,215	15,402
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	4,405,442	2,940,921	1,084,888	379,633
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	195,314	132,164	45,397	17,753
9 Other employee benefits	539,748	357,176	138,278	44,294
10 Payroll taxes	362,420	232,667	103,144	26,609
11 Fees for services (non-employees):				
a Management				
b Legal	66,640		66,640	
c Accounting	40,808	32,719	-1,114	9,203
d Lobbying		,		· · · · · · · · · · · · · · · · · · ·
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,563		27,563	
g Other (If line 11g amount exceeds 10% of line 25, column	771,328	712,619	57,306	1,403
(A) amount, list line 11g expenses on Schedule O)		·	37,300	
12 Advertising and promotion	349,800	49,554	10.067	300,246
13 Office expenses	241,044	200,845	19,867	20,332
14 Information technology	536,946	387,833	118,037	31,076
15 Royalties				
16 Occupancy	145,179	30,853	114,143	183
17 Travel	522,145	412,288	105,837	4,020
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	271,769	172,145	97,186	2,438
20 Interest	116,405		116,405	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	434,451	124,772	294,888	14,791
23 Insurance	18,614	27,276	-11,275	2,613
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	81,833	2,088	79,483	262
b TRADEMARK ENFORCE. FEE	50,000		50,000	
c GOVERNANCE STUDY	50,000		50,000	
d MEMBERSHIP DUES	24,134	24,134		
e All other expenses	33,783	29,110	3,248	1,425
25 Total functional expenses. Add lines 1 through 24e	11,378,763	7,443,944	3,063,136	871,683
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Assets

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21

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32

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Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

628,222

193,561

9,839,785

5,114,727

101,918

702,212

388.135

4,953,270

737.400

39,564

6.820.581

10.070,524

2,901,734

12,972,258

19,792,839

Form 990 (2019)

19,792,839

Accounts receivable, net

Savings and temporary cash investments . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

	(A) Beginning of year		End
Cash-non-interest-bearing	1,546,634	1	

14.934,193

5,094,408

of year 3,914,626 2 909.961 3

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459.374

103,838

9,804,227

6,781,376

252,000

19,857,410

1,488,687

300.246

5,308,631

39,564

7.137.128

10,569,333

2,150,949

12,720,282

19,857,410

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 Act and OMB Circular A-133? 3a Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 36-2169155

Name: NATIONAL CONGRESS OF PARENTS & TEACHERS

Form 990 (2019)

Form 990, Part III, Line 4a:

PROGRAMS: DEVELOPED NEW PROGRAMS, CURRICULUM AND TOOLKITS THAT ARE ALIGNED WITH THE STRATEGIC PLAN AND ADVANCED THE MISSION OF THE NATIONAL PTA. PROVIDED STATE AND LOCAL LEADERS WITH TECHNICAL ASSISTANCE, INFORMATION, AND SUPPORT TO IMPLEMENT THE NATIONAL PTA PROGRAMS AT THE STATE AND LOCAL LEVEL. PROVIDED A ROBUST CADRE OF E-LEARNING COURSES TO HELP LEADERS REFINE THEIR SKILLS, AND SHED LIGHT ON AREAS SUPPORTING LOCAL PTA UNITS AND RUNNING A STATE PTA.

MEMBER AND FIELD SERVICES: DEVELOPED AND SUSTAINED PROGRAMS, CURRICULUM, AND TOOLKITS ALIGNED WITH THE NATIONAL PTA 2020 STRATEGIC VISION TO ADVANCE THE IMPORTANT MISSION OF THE ASSOCIATION. PROVIDED STATE AND LOCAL LEADERS AND LOCAL UNITS WITH TECHNICAL ASSISTANCE, INFORMATION, TRAINING, AND SUPPORT TO IMPLEMENT PROGRAMS. NATIONAL PTA OFFERS AWARDS AND GRANTS TO HONOR OR SUPPORT PTAS AS THEY: ENGAGE FAMILIES, SUPPORT STUDENT SUCCESS. IMPROVE THE HEALTH AND SAFETY OF STUDENTS AND FAMILIES. INCREASE ACCESS TO ARTS EDUCATION OR CELEBRATE ADVOCACY AND

DIVERSITY. TRAINING: PROVIDED TRAINING FOR OUR MEMBERS FROM EXPERTS IN NONPROFIT MANAGEMENT, FAMILY ENGAGEMENT AND CHILD ADVOCACY. DEVELOPED AND DISTRIBUTED A LOCAL PTA LEADER KIT, A YEAR-ROUND RESOURCE TO SUPPORT THE NEEDS OF ALL PTA LEADERS, THAT INCLUDED 333 INSTRUCTOR-LED

Form 990, Part III, Line 4b:

TRAININGS AND WEBINARS. DEPLOYED E-LEARNING COURSES FOR MORE THAN 9.870 REGISTRANTS.

ADVOCACY: ADVOCATED FOR POLICIES THAT BENEFIT ALL CHILDREN AND FAMILIES VIA WIDE DISSEMINATION OF PUBLIC POLICY AGENDA AND ISSUE BRIEFS. LOBBIED IN SUPPORT OF EDUCATION FUNDING THROUGH TARGETED EFFORMS RELATED TO COVID RELIEF PACKAGES, AS WELL AS THROUGH ANNUAL APPROPRIATIONS FOR STATEWIDE FAMILY ENGAGEMENT CENTERS. AND RELATED PROGRAMS IN ESSA. LOBBIED IN SUPPORT OF LEGISLATION THAT SUPPORTS SAFE. SUPPORTIVE AND

INCLUSIVE ENVIRONMENT IN SCHOOLS, SECURED ADDITIONAL FUNDING FOR STATEWIDE FAMILY ENGAGEMENT CENTERS, HOSTED A LEGISLATIVE CONFERENCE WHERE

Form 990, Part III, Line 4c:

MEMBERS MET WITH CONGRESSIONAL MEMBERS.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 662,910 including grants of \$ 3,400) (Revenue \$ 33,193)

MEETINGS: FACILITATED THE GATHERING OF THE NATIONAL PTA LEADERSHIP, ITS MEMBERSHIP, AND STRATEGIC PARTNERS AT THE ANNUAL

MEETING AND CONVENTION. WHICH IS ROTATED AROUND THE COUNTRY. ALSO FACILITATED THE GATHERING OF THE NATIONAL PTA

LEADERSHIP INCLUDING ALL BOARD AND COMMITTEE MEETINGS IN SUPPORT OF THE BUSINESS. WORK AND MISSION OF THE ORGANIZATION.

FACILITATED AND HOSTED ANNUAL LEGISLATIVE CONFERENCE TO ADVOCATE ON BEHALF OF ALL CHILDREN. (Code:) (Expenses \$ 827,444 including grants of \$) (Revenue \$

COMMUNICATIONS: CONVEYED THE ASSOCIATION'S MISSION AND VALUES INTO A COHESIVE MESSAGE TO MEMBERS, LEADERSHIP, PARTNERS, AND SPONSORS. SHARED IMPORTANT RESOUCES WITH MILLIONS OF MEMBERS, FAMILIES, ADVOCATES AND EDUCATORS THROUGH

TRADITIONAL AND SOCIAL MEDIA. NATIONAL PTA PROGRAMS, POSITIONS, AND THOUGHT LEADERSHIP WERE FEATURED IN TOP-TIER PRINT

AND BROADCAST MEDIA OUTLETS RESULTING IN 7.5 BILLION IN MEDIA IMPRESSIONS. RECEIVED 2 EXCEL AWARDS IN 2018 FROM THE

ASSOCIATION OF MEDIA AND PUBLISHING FOR BOTH NEWSLETTER DESIGN AND SOCIAL MEDIA EFFORTS TO SUPPORT OUR ANNUAL TEACHER APPRECIATION WEEK.

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and	a dir	recto	r/trد	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LESLIE BOGGS PRESIDENT	20.00	Х		х				3,000	0	0
ANNA KING PRESIDENT-ELECT	20.00	х		х				0	0	0
YVONNE JOHNSON VP OF ADVOCACY	10.00	Х		х				0	0	0
DARLENE HARRIS	10.00	×		x				0	0	0

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PRESIDENT-ELECT	0.00	^	^		Ŭ	
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VP OF ADVOCACY	0.00	^	^		Ĭ	
DARLENE HARRIS	10.00	v	×		0	
VP OF MEMBERSHIP	0.00	^	^		Ĭ	
DONALD DUNN	10.00					

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and Independent Contractors

SECRETARY/TREASURER

AMY ARNESS

BOARD MEMBER

CHASE THOMAS

BOARD MEMBER

BOARD MEMBER

EMMA VIOLAND

BOARD MEMBER

COLLIN ROBINSON

CANDY JO BRACKEN

....... BOARD MEMBER

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

KRIS GARST

LEON HOBBS

LISA MACK

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MADISON LASTER

BOARD MEMBER

JESUS HOLGIUN

BOARD MEMBER (BEG. 9/19)

	any hours				ustee)		organization	0 0	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)			
ERIK CHAMPY	1.00	Х					0	0	0	
BOARD MEMBER	0.00									
FRANCES FROST	1.00	X					0	0	0	
BOARD MEMBER	0.00									
1EFEREY CORBETT	1.00									

FRANCES FROST	_Y					_	١	l
BOARD MEMBER	0.00	^					0	
JEFFREY CORBETT	1.00	_					0	
BOARD MEMBER	0.00	^					0	
JUDE BRUNO	1.00	v				0	0	
BOARD MEMBER	0.00	0.00 X					0	

JEFFREY CORBETT	1.00	v			0		l
BOARD MEMBER	0.00	^			0	Ü	
JUDE BRUNO	1.00	.,					
BOARD MEMBER	0.00	Х			0	0	
JUSTIN RABER	1.00	V					
BOARD MEMBER	0.00	X				0	

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	any hours			recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	organizations (W- 2/1099- MISC) 0	organization and related organizations	
ROSE ACERRA	1.00	Х						0	0	0	
BOARD MEMBER	0.00										
STACY BATEMAN	1.00	X						0	0	0	
BOARD MEMBER	0.00	^						Ĭ	0	Ĭ	
STEVE RIDEOUT	1.00	X						0	0	0	
BOARD MEMBER	0.00	^						Ĭ	0		
SYLVIA REYNA	1.00								_		
BOARD MEMBER	0.00	Х						0	0	0	
TRACI PETTEWAY	1.00										
		X						0	0	0	

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341,702

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208,887

36,355

37,038

36,133

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SYLVIA REYNA
BOARD MEMBER
TRACI PETTEWAY
BOARD MEMBER

......

TRACIE POTTS

BOARD MEMBER

BOARD MEMBER

NATHAN MONELL

EXECUTIVE DIRECTOR

JAMES THOMASELL

ELIZABETH RORICK

CFO

......

DEPUTY EXECUTIVE DIRECTOR

WILL WIESE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation

	any hours	and	a dir	ecto		ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations
AMY LORENZ	37.50				х			221,943	0	16,283
DEPUTY EXECUTIVE DIRECTOR	0.00							221/3 13	,	10,200
PAUL RENSTED	37.50					X		162,087	0	17,487
DIRECTOR	0.00							102,007	9	17,107
MARY PAT KING	37.50									
DIRECTOR	0.00					X		150,862	0	24,287

16,844

23,733

15,495

4,527

0

0

142,403

133,018

114,882

PAUL REINSTED				X	162,087	
DIRECTOR	0.00			^	102,007	
MARY PAT KING	37.50				150,862	
DIRECTOR	0.00			^	130,862	
AMY SHELDON	36.50				142,879	
DIRECTOR	1.00			^	142,679	

1.00 37.50

0.00 37.50

0.00 37.50

0.00

and Independent Contractors

LAWANDA TONEY

JAQUELINE BALL

ANDREW GOLDSCHMIDT

DEPUTY EXEC. DIRECTOR (THRU 5/19)

DIRECTOR

DIRECTOR

efil	e GR/	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493130024271		
SCI	HFD	ULE A	Dubl	ic C	harity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the	he org	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2019		
		the Treasury	► Go to <u>ww</u>	N.irs.	<i>gov/Form</i> 990 for i	nstructions and	the latest info	ormation.	Open to Public Inspection		
Nam	e of th	ne organiza	tion ARENTS & TEACHERS					Employer identific	ation number		
								36-2169155			
	rt I		for Public Charity S a private foundation bed					See instructions.			
1	ga≥		onvention of churches,		•	•		(Δ)(i).			
2		·	scribed in section 170								
3			or a cooperative hospita			,					
4		·	•		_			-	nter the hospital's		
•		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:									
5	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.)										
6		A federal, s	tate, or local governme	nt or o	governmental unit de	scribed in sectio	on 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.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research organization described in 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:									
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jun 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiza	ation organized and ope	rated	exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and ope ly supported organizati through 12d that desci	ons de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a			
a		organizatio	supporting organization n(s) the power to regula Part IV, Sections A ar	arly ap							
b		manageme	supporting organization nt of the supporting org	anizat	ion vested in the sar			• • • • • • • • • • • • • • • • • • • •	_		
С		Type III f	unctionally integrated organization(s) (see inst	1. A su	upporting organizatio				ted with, its		
d		Type III n	on-functionally integ integrated. The organia). You must complete	rated zation	. A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar			
е		Check this	box if the organization r or Type III non-function	eceive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organizati	. '	· · · · · · · · · ·	-					
g	Provi	de the follow	ing information about tl	he sup	pported organization(s).					
	(i) N	Name of supp organization		N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota			tion Act Notice, see tl			Cat. No. 11285		 Schedule A (Form 9			

11	Total support. Add lines 7 through						57,836,736
10	business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	21,638	169,469	10,736	9,270	20,720	231,833
9	Net income from unrelated business activities, whether or not the						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746,837	411,676	429,467	476,000	396,887	2,460,867
7	(or fiscal year beginning in) ► Amounts from line 4	11,119,347	10,552,979	10,383,414	11,680,922	11,407,374	55,144,036
_ <u></u>	ection B. Total Support Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Public support. Subtract line 5 from line 4.						52,700,199
4 5	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	11,119,347	10,552,979	10,383,414	11,680,922	11,407,374	55,144,036 2,443,837
3	organization's benefit and either paid to or expended on its behalf						
2	membership fees received. (Do not include any "unusual grant.") Tax revenues levied for the	11,119,347	10,552,979	10,383,414	11,680,922	11,407,374	55,144,036

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

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14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . .
  Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . .
16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
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h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14

Schedule A (Form 990 or 990-EZ) 2019

	_
91.120	%
92.210	%

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	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.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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.

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 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 4b supervised by or in connection with its supported organizations. 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

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10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.					
o∨ide					
9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by Line 9 amount					
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019				
derdistributions	Distributable				
0	vide				

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 36-2169155

Name: NATIONAL CONGRESS OF PARENTS & TEACHERS

Page 8

Part VI

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

Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-

EZ)

5

Political Campaign and Lobbying Activities

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

2019

DLN: 93493130024271

OMB No. 1545-0047

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

	al Revenue Service	▶Go te	o <u>www.irs.gov/Form990</u> for in	structions and the la	test information.	Inspection
• S	Section 501(c)(3) orga	nizations: Com	Form 990, Part IV, Line 3, or For plete Parts I-A and B. Do not complete (C)(3)) organizations: Complete	iplete Part I-C.		Activities), then
	Section 501(c) (otner Section 527 organizat			Parts I-A and C below.	Do not complete Part I-B.	
			Form 990, Part IV, Line 4, or Fo	orm 990-EZ. Part VI. Iir	ne 47 (Lobbying Activities). then
			have filed Form 5768 (election un			
			have NOT filed Form 5768 (electi			
			Form 990, Part IV, Line 5 (Prox	y Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c
	xy Tax) (see separat		s), then ations: Complete Part III.			
	me of the organization	, , ,	ations. Complete Fart III.		Employer iden	tification number
	TIONAL CONGRESS OF PA		ERS		Linployer iden	incation number
					36-2169155	
Par	t I-A Complete	if the orgar	nization is exempt under se	ection 501(c) or is	a section 527 organiz	ation.
1	Provide a descriptio "political campaign		zation's direct and indirect politica	al campaign activities in	n Part IV (see instructions fo	or definition of
2	Political campaign a	ctivity expendi	tures (see instructions)		>	\$
3	Volunteer hours for	political campa	aign activities (see instructions)			
Par			nization is exempt under se			
1	Enter the amount or	f any excise ta	x incurred by the organization und	der section 4955	>	\$
2		•	x incurred by organization manag			<u></u>
3		•	ion 4955 tax, did it file Form 4720			
4a	_		ion 1999 cax, ala le me Form 1720	•		☐ Yes ☐ No☐ Yes ☐ No
						⊔ Yes ⊔ No
b	If "Yes," describe in t I-C Complete		nization is exempt under se	estion E01/s) ever	ant costion E01(s)(2)	
	<u> </u>		-			
1		, ,	ed by the filing organization for se	'		\$
2			anization's funds contributed to ot			\$
3	Total exempt function	on expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organi	ization file For i	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made pof political contribut	payments. For ions received t	mployer identification number (EI each organization listed, enter the that were promptly and directly de e (PAC). If additional space is nee	e amount paid from the elivered to a separate p	e filing organization's funds. solitical organization, such a	Also enter the amount
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received
					funds. If none, enter -0	and promptly and directly delivered to a
					0 .	separate political
						organization. If none,
						enter -0
1						
2						
3						
				1		

201,838 178,969 Grassroots nontaxable amount 183,364 189,021 753,192

Grassroots ceiling amount

1,129,788 (150% of line 2d, column (e))

12.364

13,375

13,387

Schedule C (Form 990 or 990-EZ) 2019

54,064

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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				
a	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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), o	r secti	on	
	,)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), o		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), o III-A		Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130024271

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury

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

Open to Public

Na	nme of the organization TIONAL CONGRESS OF PARENTS & TEACHERS			Emp	loyer identifica	tion number
NA	TIONAL CONGRESS OF PARENTS & TEACHERS			36-2	169155	
Pa	Organizations Maintaining Donor Advis			r Acc	ounts.	
	Complete if the organization answered "Ye	(a) Donor advised			(b) Funds and ot	 :her accounts
1	Total number at end of year				. ,	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				unds are the	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any	other purpose c			Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	n or education)	eservation of an	histori	cally important la	ınd area
	Protection of natural habitat	☐ Pre	eservation of a c	ertified	d historic structur	e
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contril	bution in the for	m of a F		nd of the Year
а	Total number of conservation easements		1	2a	Heid at the L	id of the Teal
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histori	c structure included in (a) .		2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not o	n a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or	terminated by t	the org	anization during	the
4	Number of states where property subject to conservation	n easement is located >			_	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of viola	tions,	s 🗆 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, a	and enforcing co	nserva	ation easements o	during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and e	nforcing conserv	/ation e	easements during	j the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			70(h)(4	4)(B)(i) ☐ Ye	s 🗌 No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization			tement, and	о <u> </u>
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	•	•	er Sin	milar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education,	or research in fu			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically 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, historic following amounts required to be reported under SFAS:			ncial ga	ain, provide the	
а	Revenue included on Form 990, Part VIII, line $1\ .\ .\ .$. ▶\$	
b	Assets included in Form 990, Part X				> \$	

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

Sch	edule D (Form 990) 2019						Page 2
Pai	rt III Organizations Maintair	ning Collections of	Art, Histor	ical Treas	sures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, items (check all that apply):	accession, and other	records, check	any of the	following that are a	significant use of i	ts collection
а	Public exhibition		d	☐ Loa	an or exchange pro	grams	
b	Scholarly research		е	☐ Oth	ner		
С	Preservation for future genera	ations					
4	Provide a description of the organizate Part XIII.	ation's collections and	explain how th	ney further t	:he organization's e	xempt purpose in	
5	During the year, did the organizatio assets to be sold to raise funds rath					_	es 🗆 No
Pa	Escrow and Custodial A Complete if the organizat X, line 21.		on Form 99	0, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1a	Is the organization an agent, truster included on Form 990, Part X?					_	es 🗌 No
b	If "Yes," explain the arrangement in	Part XIII and complet	e the following	n table:		Amount	
c	, ,	·		-	1c	7	<u> </u>
d							
е							
f	- · · · · · · · · · · · · · · · · · · ·				4.5		
2a	Did the organization include an amo	ount on Form 990. Part	X. line 21. for	r escrow or	custodial account li	ability?	es 🗆 No
b							cs <u> </u>
	art V Endowment Funds.	Tare AIII. Check here	ii tile explaita	tion has bee	in provided in rare	<u> </u>	
	Complete if the organizat	tion answered "Yes"	on Form 99	0, Part IV,	line 10.	_	
		(a) Current		Prior year	(c) Two years back		
	Beginning of year balance	• •	323,521	794,966	750,737	699,716	709,439
	Contributions		6,881	37,480	51,774	59,145	1,364
	Net investment earnings, gains, and	losses	0,001	37,400	31,77-	39,143	1,304
	Grants or scholarships						
	Other expenditures for facilities and programs		5,714	8,925	7,545	8,124	11,087
	Administrative expenses						
g	End of year balance		324,688	823,521		750,737	699,716
2	Provide the estimated percentage of	·	balance (line :	lg, column ((a)) held as:		
а	Board designated or quasi-endowme	ent ► 0 %					
b	Permanent endowment • 63.00	0 %					
C	· · ·	***************************************					
3а	The percentages on lines 2a, 2b, an Are there endowment funds not in t organization by:	•		at are held a	and administered fo	or the	TV IN
	(i) unrelated organizations					[3	Yes No Ba(i) No
	(ii) related organizations					<u> </u>	Sa(ii) No
b			quired on Sch	edule R? .			3b
4	Describe in Part XIII the intended u	ses of the organization	's endowment	funds.		_	 -
Pa	art VI Land, Buildings, and E						
	Complete if the organizat						
	Description of property (a)	Cost or other basis (investment)	(b) Cost or othe	e pasis (otner	(c) Accumulated	uepreciation	(d) Book value
_	Land			1 000 00			1 022 200
	Land			1,822,36	-	3 556 746	1,822,366
	Buildings			11,177,25	24	3,556,746	7,620,508
C	Leasehold improvements				1		

1,320,600

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

613,973

202,669

194,242

1,117,931

419,731

Last Description of security or category	(b)), Part X, line 12. thod of valuation:
(a) Description of security or category (including name of security)	Book value		of-year market value
) Financial derivatives	value		
Closely-held equity interests			
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, lir		
(a) Description of investment		(b) Book valu	e (c) Method of valuation: Cost or end-of-year market
)			value
<u> </u>			
, ,			
)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin	e 11d. See Form 990,	
(a) Description			(b) Book value
)			
<u>, </u>			
1			
))			
			. •
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			m 990, Part X, line 25.
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			<u>'</u>
al. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability			m 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value
tal. (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, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value
tal. (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, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value
tal. (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, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability Federal income taxes SECURITY DEPOSITS)			m 990, Part X, line 25. (b) Book value
tal. (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, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value
tal. (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, F (a) Description of liability Federal income taxes SECURITY DEPOSITS			m 990, Part X, line 25. (b) Book value

Part XI

2

b

C

d

е 3

b

4

Schedule D (Form 990) 2019

Page 4

322,636

195,626

11,821,028

11,959,688

776,551

11,183,137

Schedule D (Form 990) 2019

11,625,402

d	Other (Describe in Part XIII.)	٠	•	•	•	•						20	1	
е	Add lines 2a through 2d .													
3	Subtract line 2e from line 1	•					•	•	•	•				

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Donated services and use of facilities . . .

Prior year adjustments

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Donated services and use of facilities 2h 27,900 Recoveries of prior year grants 2c 485,025 2e

2a

2a

2b

2c

2d

4a

4b

-190.289

27,900

748,651

27,563

168.063

2e

3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 27,563

4b 168,063 b Add lines **4a** and **4b** 4c C 5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Add lines **4a** and **4b** 4c 195,626 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 11.378.763 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: **EIN:** 36-2169155

Name: NATIONAL CONGRESS OF PARENTS & TEACHERS

Supplemental Information

Explanation

Return Reference

PART V, LINE 4:

Supplemental Information	
Return Reference	Explanation
	FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, THE NATIONAL PTA HAS DOCUMENTED ITS CONSIDERAT ION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHE R RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 564,698. STATEMENTS AND NETTED AGAINS T RENTAL REVENUE ON THE FORM 990, PART VIII, LINE 6B. NPTA ENDOWMENT FUND REVENUE INCLUDED IN THE -79,673. CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM NPTA FORM 990 REPORTI NG.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GRANT FROM NPTA ENDOWMENT FUND ELIMINATED IN THE 168,063. CONSOLIDATED FINANCIAL STATEMENTS AND REPORTED ON NPTA'S FORM 990.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 564,698. STATEMENTS AND NETTED AGAINS T RENTAL REVENUE ON THE FORM 990, PART VIII, LINE 6B. NPTA ENDOWMENT FUND EXPENSES INCLUDE D IN THE 183,953. CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM NPTA FORM 990 REPORT ING.

Supplemental Information	
Return Reference	Explanation
	GRANT FROM NPTA ENDOWMENT FUND ELIMINATED IN THE 168,063. CONSOLIDATED FINANCIAL STATEMENTS AND REPORTED ON NPTA'S FORM 990.

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

ZU19
Open to Public

DLN: 93493130024271

Inspection

ame of the organization						Employer identific	cation number	
ATIONAL CONGRESS OF PAREN	IS & TEACHERS					36-2169155		
Part I General Inform	ation on Grants	and Assistance						
Does the organization mair the selection criteria used t						e, and	☑ Yes	□ No
Describe in Part IV the organic		_	_					
Part II Grants and Other A that received more t	Assistance to Dom than \$5,000. Part II	estic Organizations a can be duplicated if add	and Domestic Governmoditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipie	nt
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	grant
1) See Additional Data								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
Enter total number of sectiEnter total number of other								11 0

(Form 990)

Department of the

Treasury

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Schedule I (Form 990) 2019

Return Reference

Explanation

PART I, LINE 2: THE ORGANIZATION REQUIRES ALL GRANTEES TO SUBMIT EXPENSE REIMBURSEMENT REPORTS AND RESPECTIVE RECEIPTS FOR ALL USES OF GRANT MONIES.

Additional Data

WHEAT RIDGE, CO 80033

DURHAM PUBLIC SCHOOLS

1003 WOODSIDE PARK LANE

COUNCIL OF PTA

DURHAM, NC 27704

Software ID: Software Version:

56-1682516

EIN: 36-2169155 Name: NATIONAL CONGRESS OF PARENTS & TEACHERS

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

or government			,	assistance	other)	
COLORADO STATE PTA 7859 W 38TH AVENUE	90-1184116	501(C)(3)	6,750			

7,000

if applicable organization arant

501(C)(3)

cash (book, FMV, appraisal,

PTA CONNECTED, DIVERSITY & INCLUSION, & FAMILY

(h) Purpose of grant

or assistance

DIVERSITY &

& SAFETY

(g) Description of

non-cash assistance

ENGAGEMENT PTA CONNECTED,

INCLUSION, & HEALTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ELODIDA CTATE DEA EO 06270E1 E01/C1/21 7 500 IGATES GRANT

1747 ORLANDO CENTRAL PKWY	39-003/631	301(0)(3)	7,500		GATES GF
ORLANDO, FL 32809					

501(C)(3) 5.250 HIDDEN OAKS PTA 20-3544864

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7685 S MILITARY TRAIL LAKE WORTH, FL 33463

STEM & COVID RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

COVID RELIEF, HEALTH

& SAFETY

JOHN BURROUGHS	45-3036868	501(C)(3)	6,250		COVID RELIEF, TAKE
ELEMENTARY PTA					YOUR FAMILY TO
551 S RICHARDSON AVE					SCHOOL WEEK & STEM
COLUMBUS, OH 43204					1

LOFTIS MIDDLE SCHOOL PTA 91-1829234 501(C)(3) 6.000 IPTA CONNECTED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8611 CAMP COLUMBUS ROAD

HIXSON, TX 37343

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

NORTH CAROLINA STATE PTA 3501 GLENWOOD AVE RALEIGH, NC 27612	56-0340503	501(C)(3)	10,750		PTA CONNECTED, GATES GRANT, & FAMILY ENGAGEMENT

OHIO STATE PTA 31-4351810 501(C)(3) 6.000

COLUMBUS, OH 43235

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

40 NORTHWOODS BLVD SUITE

IGATES GRANT & FAMILY IENGAGEMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government OKLAHOMA STATE PTA 73-0594475 501(C)(3) 6.000 IPTA CONNECTED & IGAGEMENT

DOMESTIC STRUCTURES	 			
214 OKLAHOMA CITY, OK 73105				
2801 N LINCOLN BLVD STE	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FAMILY ENGA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LITTLE ROCK, AR 72204

IPTA CONNECTED & ROMINE ELEMENTARY PTA 71-0670084 501(C)(3) 7.0001 3400 ROMINE ROAD THEALTH & SAFETY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

TENNESSEE STATE PTA 62-0522039 501(C)(3) 8,850 GATES GRANT, FAMILY 1905 ACKLEN AVENUE ENGAGEMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 37212

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	30024	271
Schedule J		Co	0	OMB No. 1545-0047				
(For	n 990)	For certain Office	hest					
		► Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	119)
D			▶ Attach	to Form 990. instructions and the latest inforn		Openi		
•	tment of the Treasury al Revenue Service	₽ do to <u>www.ns.go</u>	<u>v/1 01111990</u> 101	mistructions and the latest mion	nation.		ectio	
	ne of the organiza	ation OF PARENTS & TEACHERS			Employer identifica	tion nu	ımber	
					36-2169155			
Pa	rt I Questi	ons Regarding Compensat	tion				I	
1 a	Check the appro	opiate box(es) if the organization	provided any of	f the following to or for a person liste	d on Form		Yes	No
				y relevant information regarding the				
	☐ First-class	or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			
	☐ Tax idemi	nification and gross-up payments	; <u> </u>	Health or social club dues or initiation				1
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	ffeur, chef)			
b	If any of the box	xes on Line 1a are checked, did t	the organization	follow a written policy regarding pay	ment or			
		·		ve? If "No," complete Part III to expl	ain	1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? . .	2		
_	·	•						
3				ed to establish the compensation of the check any boxes for methods	ne			
				CEO/Executive Director, but explain	in Part III.			
	✓ Compensa	ation committee		Written employment contract				
	✓ Independent	ent compensation consultant	\checkmark	Compensation survey or study				1
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
C				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No
6	•	·	n A line 15 did	the organization pay or accrue any				
Ū		ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	Any related orga	anization?				6b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did ;," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe			
				section 55.4956-4(a)(5)? II Tes, di		8		No
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section			110
-				· · · · · · · · · · · · · · · · · · ·		9		
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

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 are not listed on Form 990, Part VII.

Note. The sum of column	1s (B)	ot list any individuals that ()(i)-(iii) for each listed inc	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title		(i) Base	of W-2 and/or 1099-MISO (ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	reportable compensation	compensation			Form 990
1 NATHAN MONELL EXECUTIVE DIRECTOR	(i)	303,035	38,667	38,667 0		18,001	378,057	0
	(ii)	0	0	0	0	0	0	0
2 JAMES THOMASELL CFO	(i)		0	0	13,057	23,981	243,938	0
	(ii)		0	0	0	0	0	0
3 ELIZABETH RORICK DEPUTY EXECUTIVE	(i)	208,887	0	0	12,709	23,424	245,020	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
4 AMY LORENZ DEPUTY EXECUTIVE	(i)		0	0	13,284	2,999	238,226	0
DIRECTOR	(ii)		0	0	0	0	0	0
5 PAUL RENSTED DIRECTOR	(i)		0	0	9,900	7,587	179,574	0
01010	(ii)		0	0	0	0	0	0
6 MARY PAT KING DIRECTOR	(i)	 	0	0	7,759	16,528	175,149	0
J.N.E. OIX	(ii)		0	0	0	0	0	0
7 AMY SHELDON DIRECTOR	(i)		0	0	8,769	8,075	159,723	0
	(ii)		0	0	0	0	0	0
8 LAWANDA TONEY DIRECTOR	(i)		0	0	9,139	14,594	166,136	0
	(ii)	0	0	0	0	0	0	0
9 ANDREW GOLDSCHMIDT DEPUTY EXEC. DIRECTOR	(i)		0	0	3,270	1,257	119,409	0
(THRU 5/19)	(ii)	0	0	0	0	0	0	0
	+							
	1	<u> </u>				<u> </u>		
	+	+						
	+	+						
<u> </u>		i						
	<u></u>						Cahadul-	J (Form 990) 2019
							Schedule	2 (101111 220) Z013

Schedule J (Form 990) 2019	Page 3								
Part III Supplemental Information									
Provide the information, explanation, or	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation								
PART I, LINE 7	BONUS COMPENSATION IS REPORTED IN PART II, COLUMN (B)(II).								
	Schedule 1 (Form 990) 2019								

DLN: 93493130024271 **SCHEDULE M** OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** NATIONAL CONGRESS OF PARENTS & TEACHERS 36-2169155 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . **BOTTLED** 11,976 FMV WATER Other ▶ (VOUCHERS Other ► (NOTEBOOKS) 7,800 FMV Χ 1 GOOGLE 3,900 FMV Other ► (MINIS 27 28 Other ▶ (__ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.
	Schedule M (Form 990) (2019)

efile GRAPH	C print - DO NOT PROCESS As Fil	ed Data -		DLN: 93493130024271			
SCHEDUL (Form 990 or EZ)	Complete to provide inform 990 or 990-E	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.					
	প্লাহ্বation SS OF PARENTS & TEACHERS O, Supplemental Information		36-21691	r identification number 55			
Return Reference		E	Explanation				
FORM 990, PART VI, SECTION A, LINE 6		VOTING MEMI	BERS.				

Return Explanation
Reference

FORM 990,	THE MEMBERS OF THE NATIONAL PTA ELECT THE MEMBER REPRESENTATIVES THAT SERVE AS PART OF THE
PART VI,	BOARD OF DIRECTORS DURING THE YEARLY NATIONAL PTA CONVENTION.
SECTION A,	
LINE 7A	

Return Explanation Reference

990 Schedule O, Supplemental Information

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

THE MEMBERS OF THE NATIONAL PTA APPROVE SIGNIFICANT DECISIONS MADE BY THE BOARD OF DIRECTO RS DURING THE YEARLY NATIONAL PTA CONVENTION. APPROVALS INCLUDE CHANGES TO THE BYLAWS, NEW RESOLUTIONS AND CHANGES IN MEMBERSHIP FEE RATES. DUE TO THE COVID CRISIS, THE 2020 NATION AL PTA CONVENTION WAS NOT HELD IN-PERSON IN FY2020. THIS CONVENTION WAS HELD VIRTUALLY IN JULY & AUGUST 2020

Return Explanation
Reference

FORM 990, THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT AND PART VI, THE FINANCE COMMITTEE. A FINAL COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD PRIOR SECTION B, TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	BOARD MEMBERS AND STAFF ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT AND ARE REQUIRED TO
PART VI,	ABSTAIN FROM ANY CONSIDERATION OF TOPICS RELATED TO AREAS WHERE THEY ARE, OR MAY BE PERCE
SECTION B,	VED TO BE, CONFLICTED. THE OFFICERS REVIEW ALL CONFLICT OF INTEREST FORMS AND REQUEST ADD
LINE 12C	ITIONAL INFORMATION IF NECESSARY. OFFICERS ARE RESPONSIBLE FOR ENSURING BOARD MEMBER COMPL
	IANCE WITH THIS. IF A CONFLICT OF INTEREST ARISES, THE CONFLICTED MEMBER RECUSES HIMSELF/H
	ERSELF FROM DISCUSSION AND VOTING ON THE MATTER.

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990,	N 2014, THE NATIONAL PTA ENGAGED QUATT AND ASSOCIATES TO COMPLETE A FULL COMPENSATION SUR
PART VI,	VEY OF ALL STAFF POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR. THIS SURVEY WAS FINALIZED IN
SECTION B,	FEBRUARY 2015, WHEN ALL PARTS OF THE SURVEY WERE TAKEN INTO ACCOUNT AND PUT INTO PLACE AS
LINE 15A	SEEN FIT BY THE ORGANIZATION. THE BOARD OF DIRECTORS RETAINED STERLING MARTIN ASSOCIATES,
	AN EXECUTIVE SEARCH FIRM, THAT UTILIZED COMPARATIVE MARKET DATA IN ADVISING THE BOARD OF
	DIRECTORS ON AN APPROPRIATE RECRUITING RANGE FOR THE EXECUTIVE DIRECTOR. THE BOARD'S DELIB
	ERATION AND DECISION OF THE REVIEW WAS DOCUMENTED IN BOARD MINUTES. THE MOST RECENT REVIEW
	TOOK PLACE IN JUNE 2020.
J.	

Return Explanation
Reference

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE DOCUMENTS ARE ALSO AVAILABLE ON THE OSECTION C, RGANIZATION'S WEBSITE.

Return Reference	Explanation
FORM 990,	ON APRIL 21, 2020, THE NATIONAL PTA RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$737,400 UNDER
,	THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTE
LINE 24:	REST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS F
	OR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CAR
	ES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE
	OR IN PART, AND THE NATIONAL PTA RECEIVED NOTIFICATION IN DECEMBER 2020 THAT IT MET THE C

ONDITIONS FOR FORGIVENESS IN FULL OF THE LOAN. THE NATIONAL PTA WILL RECORD REVENUE FROM D

EBT EXTINGUISHMENT DURING THE PERIOD THAT FORGIVENESS WAS APPROVED.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

DLN: 93493130024271

LUIS

Open to Public Inspection

Employer identification number

		1.107 17 =		36-2169155			
Part I Identification of Disregarded Entities. Complete (a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (st. or foreign countr	(d) ate Total income	(e) End-of-year assets	(f) Direct controllin entity	ng	
(1) NATIONAL PTA PROPERTIES LLC 1250 N PITT STREET ALEXANDRIA, VA 22314 27-2442385	MANAGEMENT OF RENTA	AL DE	1,033,893	9,466,579	NPTA		
							_
							_
Part II Identification of Related Tax-Exempt Organization	one Complete if the ora	anization answered	"Vos" on Form 990	Part IV line 34 h	possuss it had one o	or more	_
related tax-exempt organizations during the tax year.		anization answered	res un ronn 990), Part IV, line 34 i	Jecause it had one o	л шоге	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(b ontrolle itity?
(1)THE ENDOWMENT FUND OF THE NAT'L CONGRESS OF PARENTS & TEACHERS 1250 N PITT STREET	SUPPORT OF NATIONAL PTA	IL	501(C)(3)	LINE 12A, I	NPTA	Yes	No
ALEXANDRIA, VA 22314 36-6067371							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat. No. 5013	5Y		Schedule R (Forn	n 990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage ynership
					514)			Yes	No		Yes	No	(i) n 512(b) ontrolled titity?
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	

Schedule R (Form 990) 2019					
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No		
b Gift, grant, or capital contribution to related organization(s)	1 b		No		
c Gift, grant, or capital contribution from related organization(s)	1c	Yes			
d Loans or loan guarantees to or for related organization(s)	1d		No		
e Loans or loan guarantees by related organization(s)	1e		No		
f Dividends from related organization(s)	1 f		No		
g Sale of assets to related organization(s)	1 g		No		
h Purchase of assets from related organization(s)	1h		No		
i Exchange of assets with related organization(s)	1i		No		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No		
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
o Sharing of paid employees with related organization(s)	10		No		
p Reimbursement paid to related organization(s) for expenses	1 p		No		
q Reimbursement paid by related organization(s) for expenses	1 q	Yes			
r Other transfer of cash or property to related organization(s)	1r		No		
	4 -		NI -		

R Lease of facilities, equipment, or other assets from related organization(s)				11	1		
l Performance of services or membership or fundraising solicitations for related organization(s)				1l Yes	s		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			i i i	1n	No		
o Sharing of paid employees with related organization(s)				10	No		
p Reimbursement paid to related organization(s) for expenses				1p	No		
q Reimbursement paid by related organization(s) for expenses				1q Yes	5		
r Other transfer of cash or property to related organization(s)				1r	No		
${f s}$ Other transfer of cash or property from related organization(s)			1s				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	ansaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
(1)THE ENDOWMENT FUND OF THE PTA	С	168,063	ACTUAL AMOUNT				
(2)THE ENDOWMENT FUND OF THE PTA	L	4,793	EMPLOYEE TIME ALLOCATION				
(3)THE ENDOWMENT FUND OF THE PTA	Q	1,495	OVERHEAD EXPENSE ALLOCATION				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets (h) Disproprtion allocations		(h) Disproprtionate allocations? of Sc k (Form		(h) Disproprtionate allocations?		nartner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
	1		1			ı				Schedul	e R (Form	990	0) 2019			

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	tal Information						
Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation						