EXTENDED TO MAY 15, 2023

Form **991**

Return of Organization Exempt From Income Tax

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury

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.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, C Name of organization Check if applicable: D Employer identification number Address change PARENTS AS TEACHERS NATIONAL CENTER INC Name change 43-1569124 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2228 BALL DRIVE (314) 432-4330 19,179,241. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ST. LOUIS, MO 63146 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CONSTANCE GULLY for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? 1 Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions J Website: ➤ WWW.PARENTSASTEACHERS.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1987 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: PARENTS AS TEACHERS BUILDS Governance STRONG COMMUNITIES, THRIVING FAMILIES, AND CHILDREN WHO ARE HEALTHY. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI, line 1b) 31 4 Activities & Total number of individuals employed in calendar year 2021 (Part V, line 2a) 141 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 9,343,049. 8,128,920. Contributions and grants (Part VIII, line 1h) 8 8,539,503. 9,857,404. Program service revenue (Part VIII, line 2g) 570,442. 430,505. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -221,031.-247,901. 11 18,231,963. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,168,928. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,294,047. 9,050,500. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,161,670 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,908,578. 17 14,455,717. 15,959,078. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,776,246. 2,209,850. Revenue less expenses. Subtract line 18 from line 12 50 Beginning of Current Year End of Year 23,159,778. Total assets (Part X, line 16) 22,228,364. 21 Total liabilities (Part X, line 26) 2,346,038. 2,914,122. Net assets or fund balances. Subtract line 21 from line 20 19,882,326. 20,245,656. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge. 1 annion Signature of officer Sign BRESIDENT AND CEO CONSTANCE GULLY, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 12/19/22 self-employed Paid ROGER G. TOENNIES, CPA P00019708 Firm's name SCHMERSAHL TRELOAR & COMPANY PC Firm's EIN \ 43-1540459 Preparer Firm's address 10805 SUNSET OFFICE DRIVE, SUITE 400 Use Only Phone no. (314)966-2727 SAINT LOUIS, MO 63127-1028 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PARENTS AS TEACHERS PROMOTES THE OPTIMAL EARLY DEVELOPMENT, LEARNING
	AND HEALTH OF CHILDREN BY SUPPORTING AND ENGAGING THEIR PARENTS AND
	CAREGIVERS. OUR WORK INCLUDES TRAINING AND SUPPORTING PAT AFFILIATES
	DELIVERING OUR EVIDENCED-BASED MODEL AS WELL AS CURRICULUM PARTNERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,689,055. including grants of \$) (Revenue \$4,422,908.)
	TRAINING, CURRICULUM AND PROGRAM INNOVATIONS: THERE WERE OVER 5,450
	PARENT EDUCATORS SUPERVISORS/EARLY CHILDHOOD PROFESSIONALS TRAINED IN
	EITHER CORE TRAININGS OR PROFESSIONAL DEVELOPMENT FROM JULY 1, 2021,
	THROUGH JUNE 30, 2022. PROFESSIONALS TRAINED INCLUDE HOME VISITORS,
	COMMUNITY HEALTH WORKERS AND NURSES, SOCIAL WORKERS AND SCHOOL
	COUNSELORS, EARLY INTERVENTIONISTS, EARLY CARE AND EDUCATION
	PROFESSIONALS, AND CHILD DEVELOPMENT SPECIALISTS. TRAININGS INCLUDED:
	DELIVERING THE PARENTS AS TEACHERS EVIDENCED-BASED HOME VISITING MODEL
	(SOME CERTIFIED TO DELIEVER PRENATAL TO AGE THREE, OTHERS WITH
	ADDITIONAL CERTIFICATION TO DELIEVER PRENATAL TO AGE FIVE), SUPPORTING
	FAMILIES WITH AUTISM, MASTER COURSE ON IMPLEMENTING THE PAT MODEL IN AN
	AFFILIATE, CONNECTING THE PAT APPROACH TO CHILDCARE CENTER
4b	(Code:) (Expenses \$3, 299, 318. including grants of \$) (Revenue \$4, 368, 780.)
	AFFILIATIONS AND PROGRAM SUPPORT: THE NUMBER OF PARENTS AS TEACHER
	("PAT") AFFILIATES AT JUNE 30, 2022, WAS 979 IN 48 STATES, DISTRICT OF
	COLUMBIA, GERMANY, SWITZERLAND, UNITED KINGDOM AND CANADA. CURRICULUM
	SUBSCRIBERS EXTEND THE FOOTPRINT TO INCLUDE 50 STATES, AUSTRALIA AND
	GUAM. CERTIFICATION PARENT EDUCATORS ATTENDING FOUNDATIONAL AND MODEL
	IMPLEMENTATION TRAINING ARE GRANTED MODEL CERTIFICATION. ANNUAL RENEWAL
	IS REQUIRED TO MAINTAIN CERTIFICATION AND FOUNDATIONAL CURRICULUM
	ACCESS. PARENTS AS TEACHERS IS THE MOST REPLICATED EVIDENCE-BASED MODEL
	IN THE UNITED STATES. PARENTS AS TEACHERS AFFILIATES IN THE UNITED
	STATES DELIVERED 32% OF ALL HOME VISITING SERVICES REPORTED BY THE 15
	MODELS RECOGNIZED AS EVIDENCE-BASED BY THE HOME VISITING EVIDENCE OF EFFECTIVENESS (HOMVEE) PROJECT IN THE 2020/2021 PROGRAM YEAR.
40	2 170 400
4c	GENERAL PROGRAM INCLUDES:
	CURRICULUM DEVELOPMENT WORK THIS YEAR INCLUDES THE CONTINUAL UPDATING
	OF THE ONLINE FOUNDATIONAL CURRICULUM TO INCLUDE THE DEVELOPMENT OF NEW
	PARENT HANDOUTS IN MODIFIED READING LEVEL AND VISUAL VERSIONS. NEW
	RESOURCES FOR THE FIELD INCLUDE THE FAMILY ENGAGEMENT BOOK, ENGAGED,
	AND MULTIPLE RESOURCES RELATED TO VIRTUAL SERVICE DELIVERY.
	CONFERENCE ANNUAL MEETING FOR PARENT EDUCATORS AND OTHERS IN THE EARLY
	CHILDHOOD FIELD TO SHARE INFORMATION, RECEIVE ADDITIONAL TRAINING AND
	ATTEND WORKSHOPS CONDUCTED BY PROFESSIONAL SPEAKERS AND PRESENTERS.
	1,901 CONFERENCE PARTICIPANTS WITH THE OPPORTUNITY TO ATTEND 87
	SESSIONS IN PERSON OR VIRTUAL SESSIONS DELIVERED IN SPANISH FOR THE
	FIRST TIME.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,383,044 · including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 12,549,906.

Form 990 (2021) PARENTS AS TEACHERS NATIONAL CENTER INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			1.5
	as applicable.		Tune!	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	4-		v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		Λ
10		₄₀		v
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	_	X
19		40		х
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	·	20a		
21	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	20b		
۱ ک	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Someone Seventiment on Factor, continue to the first land it and the sevent sev	21		Λ

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |f "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 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 No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 36 1a **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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. a 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? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? X If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 31 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CONSTANCE GULLY - 314-432-4330 2228 BALL DRIVE, ST. LOUIS, MO 63146

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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	(do	not c		C) ition	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B B B		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ARTHUR L. MALLORY, ED.D. DIRECTOR	1.00	x						0.	0.	0.
(2) CAROLYN W. LOSOS DIRECTOR	1.00	x						0.	0.	0.
(3) CASSIE MORLEY DIRECTOR	1.00	x						0.	0.	0.
(4) CHRISTOPHER "KIT" BOND DIRECTOR	1.00	X						0.	0.	0.
(5) DIPESH NAVSARIA, M.D. DIRECTOR	1.00	X						0.	0.	
(6) FRANCIS E. RUSHTON, M.D. DIRECTOR	1.00	X								0.
(7) FRANCIS VIGIL	1.00							0.	0.	0.
(8) FRANK L. GETTRIDGE	1.00	X						0.	0.	0.
(9) JOSHUA SPARROW, M.D.	1.00	X						0.	0.	0.
(10) MARGIE VANDEVEN, PH.D.	1.00	X						0.	0.	0.
Color (11) MARY LOUISE HEMMETER, PHD.	1.00	X						0.	0.	0.
DIRECTOR (12) MARY V. MASON, M.D.	1.00	Х						0.	0.	0.
DIRECTOR (13) MAXINE CLARK	1.00	X						0.	0.	0.
DIRECTOR (14) MELANIE RUBIN	1.00	х			_			0.	0.	0.
DIRECTOR (15) MIKE PARSON	1.00	х						0.	0.	0.
DIRECTOR (16) PATRICIA LOZANO		Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(17) SARA JANE BLACKMAN DIRECTOR	1.00	x						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH b	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			- (0	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not cl , unles	heck ss pe	rson i	than s both or/trus	n an	Reportable compensation from	Reportable compensation from related		stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org an	npensa rom th ganizat d relat anizati	ation le tion ted
(18) STEVEN L. HARRIS	1.00											
DIRECTOR		X		_		_		0.	0.			0.
(19) STEVEN ROSENBLUM DIRECTOR	1.00	x						0.	0.			0.
(20) YOLIE FLORES	1.00											
DIRECTOR		X						0.	0.			0.
(21) JEREMY GARCIA, PH.D.	1.00											
DIRECTOR		х						0.	0.			0.
(22) KRISTEN STEFFENS DIRECTOR	1.00	x						0.	0.			
(23) LIBBY DOGGETT PH.D.	1.00	^		_			\vdash	0.	0.			0.
DIRECTOR	1.00	x						0.	0.			0.
(24) LORI MCCLUNG DIRECTOR	1.00	x						0.	0.			0.
(25) ADELE ROBINSON, JD DIRECTOR	1.00	x						0.	0.			0.
(26) DAVID MORLEY DIRECTOR	1.00	x						0.	0.			0.
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VI	I, Section A						>	899,601.	0.		4,5	38.
d Total (add lines 1b and 1c)								899,601.	0.	T 2	4,5	38.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable			6
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si					-		_		•	3	13.	х
ii roo, voimproto contodato o tor o			• • • • • •			• • • • • • •		• • • • • • • • • • • • • • • • • • • •				

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LECROY & MILLIGAN ASSOCIATES, INC, 2002 N.	EVALUATOR FOR RCT	
FORBES BLVD, # 108, TUCSON, AZ 85475	PROJECT	440,937.
SOCIAL SOLUTIONS GLOBAL INC	CASE MANAGEMENT	
10801 N MOPAC EXPY 2-400, AUSTIN, TX 78759	SOFTWARE	402,518.
BALTIMORE MARRIOT WATERFRONT		
700 ALICEANNA ST, BALTIMORE, MD 21202	HOTELS	344,180.
BOSTON CHILDREN'S HOSPITAL		
300 LONGWOOD AVENUE, BOSTON, MA 02115	HOSPITAL SERVICES	293,100.
AUDIO VISUAL SERVICE CENTER		
4652 E SPEEDWAY BLVD, TUSCON, AZ 63102	CONSUMER ELECTRONICS	263,818.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization		

B 13.01								CENTER INC	43-156	9124
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					оуев		the	organizations	compensation
	(list any hours for	irecto				emp		organization	(W-2/1099-MISC)	from the
	related	6 01 0	ag.			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	a ţi		yee	шрег				organizations
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	la la			organization to
	line)	ligi jè	Instit	Officer	Key	臺	Former			
(27) PETER S. WELDY	1.00									
DIRECTOR		X						0.	0.	0.
(28) LORI CONNORS-TADROS	1.00									
VICE CHAIR		x		X				0.	0.	0.
(29) KWESI ROLLINS	1.00						П			
SECRETARY		x		Х				0.	0.	0.
(30) MARK R. GINSBERG, PH.D.	1.00									
CHAIR		X		X				0.	0.	0.
(31) PATRICIA KEMPTHORNE	1.00									
IMMEDIATE PAST CHAIR		X						0.	0.	0.
(32) RICHARD WOLLENBERGER	40.00									
DIRECTOR OF IT						X		103,275.	0.	28,297.
(33) ALLISON L KEMNER	40.00									
SVP - CHIEF RESOURCE OFFICER				X				98,696.	0.	22,825
(34) CONSTANCE G GULLY	40.00									
PRESIDENT AND CEO				X				239,995.	0.	27,816.
(35) CHRISTIE L OLDEN	40.00									
CFO				X				116,918.	0.	18,949.
(36) DONNA O'BRIEN	40.00									
VP - PROF. PROG. DEV				X				105,092.	0.	18,411.
(37) KERENSA K CAVERLY	40.00									
SVP - CHIEF PROGRAM OFFICER				X				117,355.	0.	19,306.
(38) MELISSA A KRAEMER	40.00									
VICE PRESIDENT OF PHILANTHROPY			_	X		_		118,270.	0.	18,934.
·		_	_	_	_					
				_	_					
		-								
)	_		H		_					
			-	_		-				
	-									
		-				-		+		
							_			
	-									
Fatal to Dant VIII. Continue & Pro-de								000 601		154 500
Total to Part VII, Section A, line 1c								899,601.		154,538.

Form 990 (2021) PARENTS
Part VIII Statement of Revenue

		Cr	neck if Schedule O	conta	ins a re	sponse	or note to any line	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									idilicilon revenue	business revenue	sections 512 - 514
ts ts	1	a Federa	ted campaigns			а					
Contributions, Gifts, Grants and Other Similar Amounts		b Memb	ership dues		[b					
E,		c Fundra	aising events			С					
a ii						d					
S,		e Govern	nment grants (contr	ibutic	ons) 1	е	4,345,090.				
E S		f All othe	r contributions, gifts,	grants	s, and					ALC: Y	
절		similar	amounts not included	abovi	e 🚹	f	3,783,830.				
들음		g Noncash	contributions included in	lines 1a	a-1f1	g \$					
3 8		h Total.	Add lines 1a-1f					8,128,920.			
							Business Code				
စ္က	2	a TRNG/	CONSULT. FEES				611710	4,422,908.	4,422,908.		
Ž		b RECER	T/AFFIL FEES				611710	4,368,780.	4,368,780.		
S		-	NATIONAL CONF.				611710	1,023,527.	1,023,527.		
am		d MISCE	LLANEOUS INCOM	E			611710	42,189.	42,189.		
Program Service Revenue		е									
<u>-</u>		f All oth	er program service	reven	nue						
		g Total.	Add lines 2a-2f					9,857,404.			
	3	Investr	ment income (includ	ding o	dividend	s, intere	st, and				
		other s	similar amounts)					477,338.			477,338.
	4	income	e from investment o	of tax-	-exemp	bond p	roceeds 🕨				
	5	Royalt	ies								
					(i) F	Real	(ii) Personal				
	6	a Gross	rents	6a							
		b Less: r	ental expenses	6b							1 3 1 2
		c Rental	income or (loss)	6c							
		d Net rer	ntal income or (loss)	(
	7	a Gross a	mount from sales of		(i) Sec	urities	(ii) Other				
		assets (other than inventory	7a	61	0,789.					
		b Less: 0	cost or other basis								
활		and sale	es expenses	7b		7,622.					
Revenue		c Gain o	r (loss)	7c	-4	6,833.					
æ		d Netga	in or (loss)			<u></u>		-46,833.			-46,833.
her	8	a Gross i	ncome from fundraisii	ng eve	ents (no	:					
퓡		includi	ng \$			of				Harris Life and	
		contrib	outions reported on	line 1	1c). See						
		Part IV	, line 18			8a					
		b Less: c	direct expenses			8b					
		c Net inc	come or (loss) from	fundr	aising e	vents					
	9		income from gamin	-						IE ZELENE	
		Part IV	, line 19								
		b Less: c	direct expenses			9b					
		c Net inc	come or (loss) from	gamiı	ng activ	ities	▶				
	10		sales of inventory, I								
		and all	owances			10a	104,790.				THOU ARE
		b Less: o	cost of goods sold			10b	352,691.	Transfer (Text Art III)			
		c Net inc	come or (loss) from	sales	of inve	ntory	▶	-247,901.			-247,901.
s							Business Code				
0 0 0	11	а									
and		b									
Se		c									
Miscellaneous Revenue		d All oth	er revenue		• • • • • • • • • • • • • • • • • • • •						
_			Add lines 11a-11d				7.2				
	12	Total re	venue. See instruction	ns .				18,168,928.	9,857,404.	0.	182,604.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 916,485. 656,011. 238,264. trustees, and key employees 22,210. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,226,722. 4,457,021. 1,618,801. 150,900. Other salaries and wages Pension plan accruals and contributions (include 302,297. 216,380. 78,591. section 401(k) and 403(b) employer contributions) 7,326. Other employee benefits 1,105,155. 791,058. 287,315. 26,782. 9 499,841. 357,780. 129,947. 12,114. Payroll taxes 10 Fees for services (nonemployees): 11 4,780,676. 4,395,279. 373,338. 12,059. Management Legal Accounting Lobbying Professional fundraising services, See Part IV, line 17 37,160. Investment management fees 37,160. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 8,048. 5,207. 213. 2,628. 12 62,570. 38,042. 24,463. 65. 13 Office expenses 12,714. Information technology 25,119. 12,345. 14 60. 15 Royalties 448,458. 341,369. 97,512. 9,577. 16 Occupancy 166,437. 155,570. 10,061. 806. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 881,012. 865,701. 9,522. 5,789. 19 20 Payments to affiliates 21 40,431. 30,331. 9,195. Depreciation, depletion, and amortization 905. 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 144,918. 104,724. 37,378. BANK FEES 2,816. 76,506. STAFF DEVELOPMENT 9,649. 66,788. 69. 71,105. c DUES & SUBSCRIPTIONS 53,639. 16,699. 767. d BOARD EXPENSE 43,762. 0. 43,762. 122,376. 59,431. 57,819. 5,126. e All other expenses 15,959,078. 12,549,906. 3,149,173. 259,999. Total functional expenses. Add lines 1 through 24e 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 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,823,370.	1	9,879,431.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	941,429.	3	546,726
	4	Accounts receivable, net	589,079.	4	622,278
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SO.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	171,027.	8	94,808
As	9	Prepaid expenses and deferred charges	504,467.	9	311,203
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,643,784.			
	b	Less: accumulated depreciation 10b 1,339,205.	345,010.	10c	304,579
	11	Investments - publicly traded securities	12,853,982.	11	11,400,753
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,228,364.	16	23,159,778
	17	Accounts payable and accrued expenses	1,521,859.	17	1,674,742
	18	Grants payable		18	
	19	Deferred revenue	824,179.	19	1,239,380
	20	Tax-exempt bond liabilities		20	W
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
(y)	22	Loans and other payables to any current or former officer, director,			
ŧ		trustee, key employee, creator or founder, substantial contributor, or 35%		190	
Liabilities		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,346,038.	26	2,914,122
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.		5	
aŭ	27	Net assets without donor restrictions	17,647,435.	27	18,175,089.
Ba	28	Net assets with donor restrictions	2,234,891.	28	2,070,567.
밀		Organizations that do not follow FASB ASC 958, check here		72	
Ę		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne.	32	Total net assets or fund balances	19,882,326.	32	20,245,656.
	33	Total liabilities and net assets/fund balances	22,228,364.	33	23,159,778.

Form 990 (2021)

_	990 (2021) PARENTS AS TEACHERS NATIONAL CENTER INC	43	-1569124	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,16	8.9	28.
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	15,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,88		
5	Net unrealized gains (losses) on investments	5	-1,84	$\frac{2}{6}$, 5	$\frac{20}{20}$.
6	Donated services and use of facilities	6		- , -	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,24	5,6	56.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII		*****************		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			<u> </u>	M
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:		1 3 1		316
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				KS
	X Separate basis Consolidated basis Both consolidated and separate basis		1,30		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10) support (see instructions) support (see instructions) Yes No above (see instructions))

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

Se	ction A. Public Support	, p.00.	oo oonipioto i aici	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			1.1.			
	membership fees received. (Do not						
	include any "unusual grants.")	5185867.	7308300.	6356983.	9343049.	8128920.	36323119.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5185867.	7308300.	6356983.	9343049.	8128920.	36323119.
5	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,			ter pale of	- 1018.0		
	column (f)		d Bullent	1965-19			6061851.
	Public support. Subtract line 5 from line 4.						30261268.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5185867.	7308300.	6356983.	9343049.	8128920.	36323119.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	204 645	250 064	205 262		455 000	4
	and income from similar sources	321,645.	350,261.	327,068.	213,739.	477,338.	1690051.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	300 E41	~421 702	-000 000	001 001	0.45 0.01	0000066
		-389,541.	-431,/03.	-800,090.	-221,031.		
	Total support. Add lines 7 through 10						35922904.
	Gross receipts from related activities,						,608,642.
13	First 5 years. If the Form 990 is for the	-		•			. —
Ser	organization, check this box and storection C. Computation of Publi		centage				
	Public support percentage for 2021 (I			column (fl)		14	84.24 %
	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the c						
100	stop here. The organization qualifies						
F	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	•				,	
17=	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					· · · · · · · · · · · · · · · · · ·
	meets the facts-and-circumstances te				va a si u a bi a a		
h	10% -facts-and-circumstances test	-			•	7a. and line 15 is	
~	more, and if the organization meets the	-					. 0,00
	organization meets the facts-and-circu						
18	Private foundation. If the organization						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

					T		
	ndar year (or fiscal year beginning in) 📂	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						ı
	include any "unusual grants.")						
2	Gross receipts from admissions.						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	•				-		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			,			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	West of the Table		St. of Steel H			
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2017	(0) 2010	(0) 2019	(u) 2020	(6) 2021	(I) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on 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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
-	Public support percentage for 2021 (I			column (fl)		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					101	
_				10 luma (6)			
	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2021. If the	-					7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶∟
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization						▶□

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations,
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

61		Yes	No
	1		
		Y	F
	2		
	3a		
	3b		
	SD		
	3c		
	4a	5674	
	48		
	J=9=1	1	
	4b		
	J.		
	V III		
	4c		
	1.15		
	1284		
	5a		
	5b		
	5c		
	12.	3.5	
	6		
	7		
	8		
	3		Y.
	9a		
	9b		
	9c		
		il g	
	10a		
	401		
	10b		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			18
	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 officers, directors, or trustees were allocated among the	1875	1500	li i
•	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		aki!	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	-
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	11 50		
	or management of the supporting organization was vested in the same persons that controlled or managed		3.5	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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		100	FIE
	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			137
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			128
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
2	supported organizations played in this regard.	3		
Sec	tion 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 instructions	;).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	MALE!		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		300	
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2.0		
D	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 lines 3a and 3b below.	<u></u>		198
а				
- 4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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	3b		

Sche	dule A (Form 990) 2021 PARENTS AS TEACHERS NAT Type III Non-Functionally Integrated 509(a)(3) Supporting	IONAL	CENTER INC 4	3-1569124 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Property of the Park
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Page 7

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10_	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
<u>b</u>	From 2017				
C	From 2018				
d	From 2019				
е	From 2020			H J T	
f	Total of lines 3a through 3e			100	
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		THE PERMIT		
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			F13	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			111	
	and 4b from line 1. For result greater than zero, explain in			W. B	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			- 2-	
_	and 4c.				
8	Breakdown of line 7:			-	
	Excess from 2017			-	
b_	Excess from 2018			-	

Schedule A (Form 990) 2021

c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A (Form 990) 2021 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
LOSS ON SALE OF INVENTORY
2017 AMOUNT: \$ -389,541.
2018 AMOUNT: \$ -431,703.
2019 AMOUNT: \$ -341,620.
2020 AMOUNT: \$ -221,031.
2021 AMOUNT: \$ -247,901.
DISPOSAL OF DEPRECIABLE PROPERTY
2019 AMOUNT: \$ -458,470.

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		AS TEACHERS NATIO			43-1569124
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 org	ganization.
1 2	Provide a description of the organiz Political campaign activity expendit				202,892.
3	Volunteer hours for political campai				
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?	•••••	Yes No
		•••••			
	If "Yes," describe in Part IV.				
Pa		anization is exempt under			
1					
2	Enter the amount of the filing organ		•		
	exempt function activities			▶\$	
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form				
5					
	made payments. For each organiza				
	contributions received that were pro				e segregated fund or a
_	political action committee (PAC). If	additional space is needed, provide	e information in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2021 Part II-A Complete if the org	PAREN [®]	TS AS	TEACHERS NA	TIONAL CENTE:	R INC 43-1	1569124 Page 2
section 501(h)).			•	(-/(-/		
A Check if the filing organiza expenses, and shar	e of exces	s lobbying		n Part IV each affiliated g	roup member's nam	ne, address, EIN,
Limi	ts on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ience a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f_Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce			
Over \$17,000,000		\$1,000,				
1232 14 11				-		
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e					
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	r line 1h or				
reporting section 4911 tax for this						Yes No
(Some organizations th		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all of	the five columns b	
·	Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))			Bandhist Van			
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount	SET NO.		ECC-SUMBATION			
(150% of line 2d, column (e))						
(10070 of line Ed. Coldifil (c))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a		(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or	15 30 00			
local legislation, including any attempt to influence public opinion on a legislative matter	10 300			
or referendum, through the use of:				
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			70	,463.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
j Other activities?	Х			,429.
j Total. Add lines 1c through 1i			202	,892.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		B
b If "Yes," enter the amount of any tax incurred under section 4912		- FI		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1113	F254
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	*******	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the prior year?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer				3, is
answered "Yes."				
Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	oolitical	-0.1		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	3	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup list); Part II-A	, lines 1 ar	d 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
LOBBYING ACTIVITY COSTS INCLUDE PORTIONS OF NEWSLET	rer and w	EB SIT	ĽΕ	
ACTIVITIES RELATED TO LEGISLATION, AS WELL AS TRAVE	L/MEAL EX	PENSES	3	
RELATED TO MEETINGS WITH REPRESENTATIVES. THE ORGA	NIZATION	EMPLO	SA	
PUBLIC POLICY MANAGER WHO SPENDS A SMALL AMOUNT OF	FIME ON A	CTIVI	IES	
CONSIDERED LOBBYING. THE ORGANIZATION RETAINED A LO				

Schedule (C (For	n 990) 2021	al luda	PA	RENT	S AS	TEACHERS	NATIONAL	CENTER	INC	43-1569124	Page 4
Part IV	Su	ppie	meni	ai intoi	rmatio	on (cor	ntinued)						
RELATI	ED :	го	ITS	MISS	ION.	,							
										_			
													_
,													
		_											

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PARENTS AS TEACHERS NATIONAL CENTER INC

Employer identification number 43-1569124

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
-		(a) Donor advised funds	(b) Funds and other 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 advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org.	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru-		
d	Number of conservation easements included in (c) acquired at	•	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year	136746	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	- :	
	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserval	tion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above	• .	** ** ***
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
	Complete if the organization answered "Yes" on Form		nor ommar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nd balanca shoot works
Ia	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance	·	•
b	If the organization elected, as permitted under FASB ASC 958		
D			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	lerance of public service,
	provide the following amounts relating to these items:		6
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	sures or other similar assets for financial	
~	the following amounts required to be reported under FASB AS		i gairi, provide
_	Revenue included on Form 990, Part VIII, line 1	_	> \$
а	Trovolado indicados de la CITIL 200. E CITE VIII. III TO I		

Sche Par	dule D (Form 990) 2021 PARENTS t III Organizations Maintaining C	AS TEACHER collections of Ar	RS NATIONAI t, Historical Tre	L CENTER :	NC er Sii	43-15 milar Asset	69124 s (contin	P ued)	age 2
3	Using the organization's acquisition, accessi-								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	kempt p	ourpose in Parl	XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Forr	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	or other assets n	ot inclu	ded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stodial account lia	bility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lir	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years back	(e) Four	years	back
1a	Beginning of year balance	12,853,982.	10,368,508.	10,724,213		10,360,320.	9,	807,	359.
b	Contributions								
С	Net investment earnings, gains, and losses	-1,453,229.	2,485,474.	-355,705		363,893.		552,	961.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	11,400,753.	12,853,982.	10,368,508		10,724,213.	10,	360,	320.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	- 10				
а	Board designated or quasi-endowment	100	%						
b	Permanent endowment	%	_						
c	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for	the ord	janization			
	by:						Γ	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c	Accum	nulated	(d) Book	value	9
		basis (investm	1 ' '	, , ,	depreci		1-7311		
1a	Land			100	-3711				
	Buildings								
	Leasehold improvements		27	1,879.	138	,556.	133	, 32	23.
	Equipment					,649.	171		
	Other				,				
	Add lines 1a through 1e. (Column (d) must e		V column (D) line 1/	26.1		h.	304	5'	79.

Schedule D (Form 990) 2021

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8)(9) PARENTS AS TEACHERS NATIONAL CENTER INC

43-1569124 Page 4

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	PARENTS AS	TEACHERS	NATIONAL	CENTER	INC	43-1569124	Page 5
Part XIII Supplemental Infor	mation (continued)	ý .					
N							
4							
*							
							

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

PARENTS AS TEAC				43-156912	4
Part I General Infor		ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
			ds to substantiate the amount of its gra he selection criteria used to award the		Yes No
2 For grantmakers. Described United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
AUSTRALIA	. 0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC.	9,818.
ENGLAND	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC.	9,337.
SWITZERLAND	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC.	325.
CANADA	0	0	PROGRAM SERVICES	CNCI T TON CITODIC	25.
CAMADA	0	· ·	FROGRAM SERVICES	CNSLT, TRN, CURRIC.	23.
Germany	0	0	PROGRAM SERVICES	CNSLT, TRN, CURRIC.	42.
3 a Subtotal	0	0			19,547.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			19,547.

Page 2

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

43-1569124

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	recipient organizatior nization by the IRS, o	ns listed above that are re or for which the grantee o	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r ion 501(c)(3) equ	a t	ax		
3 Enter total number of other organizations or entities	other organizations o	r entities				A		

Schedule F (Form 990) 2021

Page 3

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I | Questions Regarding Compensation

PARENTS AS TEACHERS NATIONAL CENTER INC

Employer identification number 43-1569124

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			edi
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	d.,		36
	First-class or charter travel Housing allowance or residence for personal use			100
	Travel for companions Payments for business use of personal residence		- 1	Sir y
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		=13	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			HG.
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			PE:
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	88		137
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		2.3	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		000	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		100	
	Independent compensation consultant Compensation survey or study	1 _ 1		
	Form 990 of other organizations Approval by the board or compensation committee		. 77 8	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		4.0	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		5	774
	, ,	150	744	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		001	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 - 9	7 X	
	contingent on the revenues of:	12.1		
а	The organization?	5a		х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	-		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- 145		
	contingent on the net earnings of:	III Sel	100	
а	The organization?	6a		х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	9	100	
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
~	Regulations section 53 4958-6(c)?	0		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CONSTANCE G GULLY	Ξ	239,995.	0.	0.	0.	27,816.	267,811.	0
PRESIDENT AND CEO	Œ	0.	0.	0.	0.	0.	0.	0.
	ε							
	1							
	Ξ							
	(ii)							
	€							
	Œ							
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	Θ							
9	Ξ							
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	•							
	Ξ							
	(II)							
8	Θ							
	€							
	Ξ							
	(E)							
	Ξ							10
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							Schedu	Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

PARENTS AS TEACHERS NATIONAL CENTER INC

Employer identification number 43-1569124

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARENTING A NEW BABY IS ONE OF LIFE'S GREATEST JOYS. IT CAN ALSO BE
ISOLATING, HARD, AND EXHAUSTING. IT TRULY TAKES A VILLAGE. PARENTS AS
TEACHERS (PAT) IS HERE TO MAKE SURE PARENTS AND CAREGIVERS ARE NOT
ALONE. PARENTS AS TEACHERS NATIONAL CENTER (PATNC) STRIVES TO:
ENSURE FAMILY SUPPORT AND EARLY CHILDHOOD HOME VISITING ARE WIDESPREAD
AND HIGHLY VALUED.
UPHOLD PARENTS/CAREGIVERS AS THEIR CHILD'S FIRST AND MOST INFLUENTIAL
TEACHER.
SUPPORT POSITIVE CHILD HEALTH AND DEVELOPMENTAL OUTCOMES.
CONTRIBUTE TO BUILDING COMMUNITIES THAT ARE HEALTHY AND EQUITABLE.
PATNC WORKS IN PARTNERSHIP WITH CHILD AND FAMILY SERVING ORGANIZATIONS
TO IMPROVE EARLY DEVELOPMENT, LEARNING AND HEALTH OUTCOMES FOR CHILDREN
AND FAMILIES IN COMMUNITIES ACROSS THE UNITED STATES AND
INTERNATIONALLY. PATNC TRANSFORMS THE SCIENCE OF HOME VISITING, EARLY
CHILD DEVELOPMENT AND FAMILY ENGAGEMENT INTO REAL LIFE RESOURCES AND
TOOLS FOR PROFESSIONALS THAT HELP PARENTS. PATNC FOCUSES ON THE
EARLIEST YEARS OF LIFE BECAUSE THOSE YEARS HOLD THE MOST VULNERABILITY
AND OPPORTUNITY. RESEARCH SHOWS THAT BETWEEN CONCEPTION AND AGE THREE,
A CHILD'S BRAIN UNDERGOES AN IMPRESSIVE AMOUNT OF CHANGE. AT BIRTH, IT
ALREADY HAS ABOUT ALL OF THE NEURONS IT WILL EVER HAVE. IT DOUBLES IN
SIZE IN THE FIRST YEAR, AND BY AGE THREE IT HAS REACHED 80 PERCENT OF
ITS ADULT VOLUME.

PARENTS AS TEACHERS NATIONAL CENTER INC

Employer identification number 43-1569124

MISSOURI, PATNC IS HEADQUARTERED IN ST. LOUIS, MISSOURI AND PARTNERS WITH MORE THAN 1,000 AFFILIATES, INDIVIDUALS AND ORGANIZATIONS UTILIZING THE PAT CURRICULUM THROUGHOUT 50 STATES, 115 TRIBAL COMMUNITIES AND FIVE OTHER COUNTRIES. AFFILIATES REPLICATE THE INTERNATIONALLY RECOGNIZED EVIDENCE-BASED PARENTS AS TEACHERS (PAT) HOME VISITING MODEL, CURRICULUM SUBSCRIBERS AND PARTNERS UTILIZE THE RESEARCH-BASED, EVIDENCE-INFORMED FOUNDATIONAL AND FOUNDATIONAL 2 CURRICULUM WITHIN OTHER HOME VISITING MODELS. OVER 1.8 MILLION HOME VISITS WERE DELIVERED IN THE 2021-2022 PROGRAM YEAR. THE MODEL IS BACKED BY 38 YEARS OF EVIDENCE AND IS RECOGNIZED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AS WELL AS THE HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA), AND MEETS THE EVIDENCE-BASED CRITERIA OF THE FEDERALLY FUNDED MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM. PAT WAS ONE OF THE FIRST EVIDENCE-BASED HOME VISITING MODELS PLACED ON THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HOME VISITING EVIDENCE OF EFFECTIVENESS (HOMVEE) LIST IN 2009. AS OF 2021, 35 STATES HAVE INCLUDED PAT IN THEIR MIECHV PLANS AS AN APPROVED HOME VISITING MODEL. SIXTEEN TRIBAL COMMUNITIES IMPLEMENT PAT WITH TRIBAL MIECHV FUNDS.

PATNC IS THE DEVELOPER OF THE PAT HOME VISITING MODEL AND ASSOCIATED

ROBUST TRAININGS AND CURRICULA. PORTIONS OF PROVIDER CURRICULA ARE

TRANSLATED INTO SPANISH AND SELECT PARENT FACING MATERIALS ARE

TRANSLATED IN OVER 12 LANGUAGES. THE CORE CURRICULA ARE USED, BY

TRAINED AND CERTIFIED PROFESSIONALS, TO PLAN, DESIGN AND GUIDE PERSONAL

VISITS. RESOURCES FROM THE CURRICULA OFFER PARENTING AND CHILD

DEVELOPMENT INFORMATION BASED ON THE DEVELOPMENTAL AGE OF THE CHILD,

AND COVER ALL FOUR DEVELOPMENTAL DOMAINS LANGUAGE, MOTOR, COGNITION

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AND SOCIAL/EMOTIONAL. THE CURRICULA INCLUDE INFORMATION FOR PARENTS ON

CHILD DEVELOPMENT TOPICS, INCLUDING ATTACHMENT, DISCIPLINE, HEALTH,

NUTRITION, SAFETY, SLEEP AND TRANSITIONS AND ROUTINES, AND HEALTHY

BIRTHS. PARENT EDUCATOR'S PARTNER, FACILITATE, AND REFLECT WITH PARENTS

TO ESTABLISH GOALS FOR THE FAMILY'S WELL-BEING AND SUCCESS. THEY ALSO

COACH POSITIVE PARENTING BEHAVIORS SUCH AS NURTURING,

DESIGNING/GUIDING, RESPONDING, COMMUNICATING, AND SUPPORTING LEARNING,

AND THEY USE ACTIVITY PAGES FROM THE CURRICULA TO OBSERVE AND REFLECT

WITH FAMILIES ON PARENT-CHILD INTERACTION.

THERE WERE OVER 5,450 PARENT EDUCATORS/SUPERVISORS/EARLY CHILDHOOD

PROFESSIONALS TRAINED IN EITHER CORE TRAININGS OR PROFESSIONAL

DEVELOPMENT DURING THE YEAR. IN THIS PARTICULAR YEAR PATC REVISED

THE CORE FOUNDATIONAL AND MODEL IMPLEMENTATION TRAININGS, ADAPTED THEM

FOR VIRTUAL DELIVERY, AND TRANSLATED THEM FOR DELIVERY IN SPANISH.

THE PAT FOUNDATIONAL AND FOUNDATIONAL 2 CURRICULA RECENTLY RECEIVED A

STELLAR REVIEW FROM THE WESTED CENTER FOR CHILD AND FAMILY STUDIES

CONSUMER REPORT. THE REPORT PROVIDES REVIEWS AND RATINGS, BASED ON

CRITERIA OF EFFECTIVE, COMPREHENSIVE CURRICULA, FOR INFANT AND TODDLER,

PRESCHOOLS, AND HOME-BASED CURRICULA.

PAT RECEIVED THE HIGHEST RATING - "WELL-SUPPORTED"- FROM THE

PREVENTION SERVICES CLEARINGHOUSE ESTABLISHED BY THE ADMINISTRATION FOR

CHILDREN AND FAMILIES WITHIN THE U.S. DEPARTMENT OF HEALTH AND HUMAN

SERVICES. THE CLEARINGHOUSE MANDATED IN THE 2018 FAMILY FIRST

PREVENTION SERVICES ACT REVIEWED RESEARCH ON PROGRAMS AND SERVICES THAT

SUPPORT CHILDREN AND FAMILIES AND PREVENT FOSTER CARE PLACEMENTS. THIS

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 RATING MEANS THAT THE PARENTS AS TEACHERS MODEL IS ELIGIBLE FOR IMPLEMENTATION IN STATES AS THEY ROLL OUT CHANGES TO THEIR CHILD WELFARE SYSTEMS. PATNC IS LEADING THE FIELD IN DEVELOPING INNOVATIVE PRACTICES TO REACH AND SERVE MORE FAMILIES. WE LAUNCHED GROUNDBREAKING RESEARCH ON POSITIVE RACIAL IDENTITY FORMATION WITH DUKE UNIVERSITY AND SOUTH CAROLINA FIRST STEPS TO FURTHER EXPLORE THE ROLE OF RACE-BASED TRAUMA AND STRESSORS AND POSITIVE RACIAL IDENTITY FORMATION FOR PARENTS AND THEIR YOUNG CHILDREN. THE STUDY IS A MULTI-YEAR, FOUR PHASE PROJECT INCLUDING DATA GATHERING, CURRICULUM DEVELOPMENT, IMPLEMENTATION, EVALUATION AND REVISION. THE RESEARCH TEAM FROM THE UNIVERSITY OF APPLIED SCIENCES IN SPECIAL NEEDS EDUCATION, ZURICH CONDUCTED A RANDOMIZED CONTROLLED-TRIAL (RCT) AND PUBLISHED ADDITIONAL OUTCOMES ON PARENTS AS TEACHERS INCLUDING SALIVA SAMPLE COLLECTION THAT INDICATES INVOLVEMENT IN PARENTS AS TEACHERS MAY HAVE LASTING BIOLOGICAL/DNA BENEFITS THAT ADDRESS MENTAL HEALTH CONCERNS IN CHILDREN. PATNC'S RCT IN PARTNERSHIP WITH LECROY & MILLIGAN CONTINUES IN ARIZONA WITH THE FINAL YEAR OF KINDERGARTEN STUDY PARTICIPANT ENROLLMENT IN

2022.

PAT BECAME A LEAD PARTNER IN THE RAPID RESPONSE VIRTUAL HOME VISITING COLLABORATIVE, WORKING WITH PARTNERS TO DESIGN AND DELIVER WEBINARS AND DURABLE E-LEARNING MODULES THAT PROVIDE GUIDANCE TO THE HOME VISITING FIELD AROUND VIRTUAL SERVICE DELIVERY.

SINCE 2014, PATNC HAS OPERATED A LOCAL PAT AFFILIATE, SHOW ME STRONG FAMILIES (SMSF) THAT SERVES THE NORMANDY SCHOOLS COLLABORATIVE FOOTPRINT AND THE CITY OF ST. LOUIS CITY. SMSF WAS BORN OUT OF THE GAP IN ACCESS TO EVIDENCE-BASED PAT HOME VISITING SERVICES IN THESE UNDER RESOURCED COMMUNITIES. IN THIS FISCAL YEAR, 320 CHILDREN IN 268 FAMILIES RECEIVED PAT MODEL SERVICES INCLUDING 3,678 PERSONAL VISITS, 49 GROUP CONNECTIONS, 100% OF NEW CHILDREN ENROLLED RECEIVED AN INITIAL HEALTH SCREENING, AND 264 FAMILIES RECEIVED AT LEAST ONE CONNECTION TO A NEEDED RESOURCE. 84% OF FAMILIES SERVED HAD AT LEAST TWO MAJOR FAMILY STRESSORS AND 99% HAD AT LEAST ONE STRESSOR 94% OF FAMILIES SERVED WERE LOW INCOME. THE MAJORITY OF PATHOC CLIENTS LIVE IN THE ZIP CODES WITH THE HIGHEST RATES OF INFANT MORTALITY FOR BLACK BABIES. OF THE STAFF ARE TRAINED AS DOULAS AND TWO ARE CERTIFIED LACTATION CONSULTANTS AND THE SERVICES ARE OFFERED TO CLIENTS FOR FREE. THE DOULAS ADVANCE RACIAL EQUITY BY HELPING THESE MOMS, MANY OF WHOM ARE YOUNG MOTHERS WHO DO NOT FEEL THEY HAVE A VOICE WHEN IT COMES TO THEIR BIRTH EXPERIENCE AND HAVE HAD NEGATIVE EXPERIENCES WITH HOSPITALS AND THE HEALTH CARE SYSTEM, HAVE BETTER BIRTHING EXPERIENCES. THE DOULAS PROVIDE EMOTIONAL SUPPORT AND HELP THE MOTHERS GAIN THE INFORMATION NEEDED TO MAKE INFORMED DECISIONS DURING BIRTH, WHICH CAN IMPROVE BIRTH OUTCOMES. OUR MOST RECENT SMSF IMPACT DATA SHOW THAT FOR PARTICIPATING FAMILIES. 82% OF 19-35 MONTHS OLDS HAVE UP-TO-DATE IMMUNIZATIONS, 94% OF CAREGIVERS REPORT THAT THE PROGRAM MOTIVATES THEM TO TRY NEW PARENTING STRATEGIES, 96% REPORT THAT THE PROGRAM INCREASES THEIR UNDERSTANDING OF CHILD DEVELOPMENT, AND 94% REPORT FEELING LESS STRESSED BECAUSE OF THE PROGRAM. MORE BROADLY, PAT HAS BEEN SHOWN TO LEVEL THE PLAYING

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** PARENTS AS TEACHERS NATIONAL CENTER INC 43-1569124 FIELD FOR CHILDREN FROM MORE DISADVANTAGED COMMUNITIES IN TERMS OF PREPARING THEM FOR SCHOOL SUCCESS. PATNC RECEIVES THE HIGHEST LEVEL OF ENDORSEMENTS FROM EXTERNAL CHARITY EVALUATORS SUCH AS CHARITY NAVIGATOR ("100 OUT OF 100 GIVE WITH CONFIDENCE") AND GUIDE STAR ("2022 PLATINUM TRANSPARENCY"). FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROFESSIONALS AND PAT SUPERVISORS AND LEADERSHIP INSTITUTE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SPECIAL PROGRAMS INCLUDES GENERAL PROGRAM SUPPORT AND VARIOUS OTHER PROJECTS SUCH AS THE CONTRACTS WITH THE NORMANDY SCHOOLS COLLABORATIVE, MISSOURI DEPARTMENTS OF ELEMENTARY AND SECONDARY EDUCATION AND HEALTH WHERE THE CENTER ADMINISTERS THE PROGRAM AND SUPERVISES STAFF TO IMPLEMENT THE MODEL AND DELIVER DIRECT SERVICES TO FAMILIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH AND QUALITY IMPROVEMENT THIS PROGRAM AREA INCLUDES DEVELOPING COLLABORATIVE RELATIONSHIPS WITH UNIVERSITY RESEARCHERS, SUPPORTING THE DESIGN OF NEW RESEARCH STUDIES, AND COMMUNICATING RESEARCH FINDINGS WITHIN THE FIELD. IN ADDITION, THE DEPARTMENT DEVELOPS RESOURCES FOR PROGRAM EVALUATION AND OUTCOMES MEASUREMENT, ANALYZES AND DISSEMINATES AFFILIATE PERFORMANCE REPORT DATA, AND MANAGES THE PARENTS AS TEACHERS

QUALITY ENDORSEMENT PROCESS TO ASSESS FIDELITY TO THE EVIDENCE-BASED

EXPENSES \$ 3,383,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MODEL.

PARENTS AS TEACHERS NATIONAL CENTER INC	Employer identification number 43-1569124
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE CFO BEFORE BEING FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WHEN AN OFFICER, DIRECTOR, OR KEY EMPLOYEE IS HIRED, A CON	FLICT OF INTEREST
POLICY MUST BE COMPLETED. AN ANNUAL STATEMENT REGARDING C	CONFLICTS OF
INTEREST AND COMMITMENT IS COMPLETED THEREAFTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
A MARKET SURVEY IS COMPLETED EVERY TWO YEARS AND THE EXECU	TIVE COMMITTEE
AND THE BOARD OFFICERS DETERMINE SALARY AS PART OF PERFORM	NANCE EVALUATION
PROCESS FOR THE CEO. SENIOR STAFF SALARIES ARE SET BY THE	CEO.
FORM 990, PART VI, SECTION C, LINE 19:	
IF A MEMBER OF THE PUBLIC WISHES TO VIEW THE CENTER'S DOCU	MENTS AND
POLICIES, THEY CAN DO SO AT THE FACILITIES.	

PARENTS AS TEACHERS NATIONAL CENTER, INC.

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED
JUNE 30, 2022

Parents as Teachers National Center, Inc.

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