

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | | D Employer identification number 36-2169155 |
| | Doing business as NATIONAL PTA | | E Telephone number (703)518-1200 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 1250 N PITT STREET | | G Gross receipts \$ 12,161,681. |
| | City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 | | |
| F Name and address of principal officer: NATHAN MONELL SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ | |

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PTA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1897** **M** State of legal domicile: **DC**

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 28 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 51 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 20000 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 256,357. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 11,407,374. | 7,467,582. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 345,065. | 1,257,536. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 269,672. | 146,603. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -201,083. | -94,663. |
| | | 11,821,028. | 8,777,058. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,008,361. | 1,262,514. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,587,960. | 6,175,017. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 792,265. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,782,442. | 3,830,114. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,378,763. | 11,267,645. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 442,265. | -2,490,587. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 19,792,839. | 18,529,492. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,820,581. | 7,232,963. |
| | | 12,972,258. | 11,296,529. |

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|--|--|--------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | NATHAN MONELL, EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name RICHARD J. LOCASTRO, CPA | Preparer's signature <i>Richard J. Locastro</i> | Date 04/26/22 | Check if self-employed <input type="checkbox"/> | PTIN P00288314 |
| | Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN | Firm's EIN ▶ 52-1392008 | | | |
| | Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 | | Phone no. (301) 951-9090 | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PTA'S MISSION IS TO MAKE EVERY CHILD'S POTENTIAL A REALITY BY ENGAGING AND EMPOWERING FAMILIES AND COMMUNITIES TO ADVOCATE FOR ALL CHILDREN. FOR MORE THAN 120 YEARS, NATIONAL PARENT TEACHER ASSOCIATION (NATIONAL PTA) HAS WORKED TOWARD BETTERING THE LIVES OF (CONTINUED ON SCH. O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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? [] Yes [X] No 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 \$ 3,576,016. including grants of \$ 1,206,515.) (Revenue \$ 343,125.) PROGRAMS: DEVELOPED NEW PROGRAMS, CURRICULUM AND TOOLKITS THAT ARE ALIGNED WITH THE STRATEGIC PLAN AND ADVANCED THE MISSION OF THE NATIONAL PTA. PROVIDED STATE AND LOCAL LEADERS WITH TECHNICAL ASSISTANCE, INFORMATION, AND SUPPORT TO IMPLEMENT THE NATIONAL PTA PROGRAMS AT THE STATE AND LOCAL LEVEL. PROVIDED A ROBUST CADRE OF E-LEARNING COURSES TO HELP LEADERS REFINE THEIR SKILLS, AND SHED LIGHT ON AREAS SUPPORTING LOCAL PTA UNITS AND RUNNING A STATE PTA. THROUGH NATIONAL PTAS COVID19 RELIEF FUND, PTA AWARDED 279 GRANTS WITH A TOTAL OF \$1,329,000 IN FUNDING.

4b (Code:) (Expenses \$ 1,190,504. including grants of \$ 114.) (Revenue \$) MEMBER AND FIELD SERVICES: DEVELOPED AND SUSTAINED PROGRAMS, CURRICULUM, AND TOOLKITS ALIGNED WITH THE NATIONAL PTA 2020 STRATEGIC VISION TO ADVANCE THE IMPORTANT MISSION OF THE ASSOCIATION. PROVIDED STATE AND LOCAL LEADERS AND LOCAL UNITS WITH TECHNICAL ASSISTANCE, INFORMATION, TRAINING, AND SUPPORT TO IMPLEMENT PROGRAMS. NATIONAL PTA OFFERS AWARDS AND GRANTS TO HONOR OR SUPPORT PTAS AS THEY: ENGAGE FAMILIES, SUPPORT STUDENT SUCCESS, IMPROVE THE HEALTH AND SAFETY OF STUDENTS AND FAMILIES, INCREASE ACCESS TO ARTS EDUCATION OR CELEBRATE ADVOCACY AND DIVERSITY.

TRAINING: PROVIDED TRAINING FOR OUR MEMBERS FROM EXPERTS IN NONPROFIT MANAGEMENT, FAMILY ENGAGEMENT, AND CHILD ADVOCACY. DEVELOPED AND

4c (Code:) (Expenses \$ 1,093,500. including grants of \$ 54,970.) (Revenue \$) ADVOCACY: ADVOCATED FOR POLICIES THAT BENEFIT ALL CHILDREN AND FAMILIES VIA WIDE DISSEMINATION OF PUBLIC POLICY AGENDA AND ISSUE BRIEFS. LOBBIED IN SUPPORT OF EDUCATION FUNDING THROUGH TARGETED EFFORTS RELATED TO COVID RELIEF PACKAGES, AS WELL AS THROUGH ANNUAL APPROPRIATIONS FOR STATEWIDE FAMILY ENGAGEMENT CENTERS, AND RELATED PROGRAMS IN ESSA. LOBBIED IN SUPPORT OF LEGISLATION THAT SUPPORTS SAFE, SUPPORTIVE AND INCLUSIVE ENVIRONMENT IN SCHOOLS. SECURED ADDITIONAL FUNDING FOR STATEWIDE FAMILY ENGAGEMENT CENTERS. HOSTED A LEGISLATIVE CONFERENCE WHERE MEMBERS MET WITH CONGRESSIONAL MEMBERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,760,768. including grants of \$ 915.) (Revenue \$ 914,411.)

4e Total program service expenses 7,620,788.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 2a 51 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X | X | |
| 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? 3a X | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b X | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 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 | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | 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? | | |
| 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 N/A | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b N/A | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a N/A | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A | | |
| 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? 13a N/A | | |
| 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 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| 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? 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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 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. | | |
| | 1a 28 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 28 | | |
| 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 |
| 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 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 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 | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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? | 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? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in 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 in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JAMES THOMASELL - (703) 518-1247**
1250 N PITT STREET, ALEXANDRIA, VA 22314

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NATHAN MONELL EXECUTIVE DIRECTOR | 34.50 3.00 | | | X | | | | 347,619. | 0. | 44,075. |
| (2) ELIZABETH RORICK DEPUTY EXECUTIVE DIRECTOR | 37.50 0.00 | | | | X | | | 210,690. | 0. | 39,330. |
| (3) JAMES THOMASELL CFO | 32.50 5.00 | | | X | | | | 206,697. | 0. | 41,687. |
| (4) AMY LORENZ DEPUTY EXECUTIVE DIRECTOR | 37.50 0.00 | | | | X | | | 225,759. | 0. | 16,478. |
| (5) PAUL RENSTED HUMAN RESOURCES OFFICER | 37.50 0.00 | | | | X | | | 161,567. | 0. | 19,673. |
| (6) LAWANDA TONEY DIRECTOR | 37.50 0.00 | | | | | X | | 148,541. | 0. | 26,215. |
| (7) HELEN WESTMORELAND DIRECTOR | 37.50 0.00 | | | | | X | | 134,045. | 0. | 33,671. |
| (8) AMY SHELDON DIRECTOR | 37.50 0.00 | | | | | X | | 145,907. | 0. | 17,872. |
| (9) LAURA HUFF DIRECTOR | 37.50 0.00 | | | | | X | | 129,972. | 0. | 25,354. |
| (10) SUZAN YUNGNER DIRECTOR | 37.50 0.00 | | | | | X | | 128,460. | 0. | 9,369. |
| (11) LESLIE BOGGS PRESIDENT (UNTIL 06/21) | 20.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) ANNA KING P. ELECT TO PRES. (TRAN. 06/21) | 20.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) YVONNE JOHNSON VP, ADVO. TO P. ELECT (TRAN. 06/21) | 20.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) DONALD DUNN SECRETARY-TREASURER (UNTIL 06/21) | 10.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (15) WILLIAM POTTS-DATEMA SECRETARY-TREASURER (FROM 06/21) | 10.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (16) DARLENE HARRIS V.P. OF MEMBERSHIP (UNTIL 06/21) | 10.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) ALISON TURNER--BD MEM, THEN VP OF MEMBERSHIP (FROM 06/21) | 10.00 0.00 | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) COLLIN ROBINSON--BD MEM, THEN VP OF ADVOCACY (FROM 06/21) | 10.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (19) AMY ARNESS BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) ANDREW BRENNEN BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) CANDY JO BRACKEN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) CARRIE NEILL BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) CHASE THOMAS BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) CINDY GERHARDT BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) TRACI PETTEWAY BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) EMMA VIOLAND BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,839,257. | 0. | 273,724. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,839,257. | 0. | 273,724. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| PROTECH ASSOCIATES, INC., 5457 TWIN KNOLLS ROAD, SUITE 400, COLUMBIA, MD 21045 | DATABASE MAINT. & DEVEL. | 199,435. |
| HCM STRATEGISTS, LLC 501 CONGRESS AVE, AUSTIN, TX 78701 | PUBLIC POLICY & ADVOC. CONS. | 174,143. |
| DANIEL J. EDELMAN, INC. 21992 NETWORK PLACE, CHICAGO, IL 60673 | MEMBER. MARKETING PLAN DEVEL. | 171,670. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ERIC ANDERSON BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) ERIK CHAMPY BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) FRANCES FROST BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) HEATHER GILLETTE BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) JEFF PRICE BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) JEFFREY CORBETT BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) JESUS HOLGIUN BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) JUDE BRUNO BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) LISA MACK BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) MADELEINE PLUMEY-CRUZ BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) MADISON LASTER BOARD MEMBER (UNTIL 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) MATTHEW JOHN RODRIGUEZ BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) MIKKI WILSON BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) NINAH JACKSON BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) RENEE LAHUFFMAN-JACKSON BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) ROSE ACERRA BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) SERGIO CHAVEZ BOARD MEMBER (FROM 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) SHATON BERRY BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) STACY BATEMAN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (46) SYLVIA REYNA BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|-----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 4,070,241. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 57,292. | | | | |
| | e Government grants (contributions) | 1e | 737,400. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,602,649. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 7,467,582. | | | |
| Program Service Revenue | 2 a CONVENTION | Business Code | 900099 | 914,411. | 914,411. | | |
| | b ADVERTISING | | 900099 | 328,275. | | 328,275. | |
| | c SUBSCRIPTIONS | | 900099 | 14,850. | 14,850. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 1,257,536. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 112,246. | | 112,246. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 56,506. | | 56,506. | |
| | 6 a Gross rents | 6a | (i) Real | 289,345. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | 475,543. | | | |
| | c Rental income or (loss) | 6c | | -186,198. | | | |
| | d Net rental income or (loss) | | | -186,198. | | -71,918. | -114,280. |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 2,943,437. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 2,909,080. | | | |
| c Gain or (loss) | 7c | | 34,357. | | | | |
| d Net gain or (loss) | | | 34,357. | | | 34,357. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | 900099 | 35,029. | | 35,029. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 35,029. | | | |
| 12 Total revenue. See instructions | | | 8,777,058. | 929,261. | 256,357. | 123,858. | |

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 X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,262,514. | 1,262,514. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,357,098. | 628,489. | 705,051. | 23,558. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,858,612. | 2,570,660. | 805,953. | 481,999. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 163,892. | 111,717. | 30,216. | 21,959. |
| 9 Other employee benefits | 459,264. | 317,140. | 84,689. | 57,435. |
| 10 Payroll taxes | 336,151. | 208,869. | 93,606. | 33,676. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 234,555. | 7,500. | 227,055. | |
| c Accounting | 39,813. | 22,248. | 5,692. | 11,873. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 28,084. | | 28,084. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,766,788. | 1,605,498. | 102,185. | 59,105. |
| 12 Advertising and promotion | 71,517. | 71,517. | | |
| 13 Office expenses | 146,006. | 116,574. | 5,942. | 23,490. |
| 14 Information technology | 624,930. | 456,177. | 118,555. | 50,198. |
| 15 Royalties | | | | |
| 16 Occupancy | 106,263. | 5,974. | 99,327. | 962. |
| 17 Travel | 8,037. | -18,890. | 29,275. | -2,348. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 157,649. | 72,488. | 78,961. | 6,200. |
| 20 Interest | 111,631. | 2,328. | 108,970. | 333. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 334,820. | 99,374. | 220,329. | 15,117. |
| 23 Insurance | 32,096. | 23,567. | 5,295. | 3,234. |
| 24 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.) | | | | |
| a REPAIRS & MAINTENANCE | 59,045. | 39. | 59,000. | 6. |
| b MEMBERSHIP DUES | 24,184. | 24,184. | | |
| c BOOKS, REF., SUBS. | 23,020. | 21,005. | 166. | 1,849. |
| d BAD DEBT EXPENSE | 23,000. | | 23,000. | |
| e All other expenses | 38,676. | 11,816. | 23,241. | 3,619. |
| 25 Total functional expenses. Add lines 1 through 24e | 11,267,645. | 7,620,788. | 2,854,592. | 792,265. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 3,914,626. | 1 | 4,576,033. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 628,222. | 4 | 826,153. |
| | 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 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 193,561. | 9 | 73,050. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,792,588. | | |
| | b Less: accumulated depreciation | 10b 5,221,326. | 9,839,785. | 10c 9,571,262. |
| | 11 Investments - publicly traded securities | 5,114,727. | 11 | 3,482,994. |
| | 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 | 101,918. | 15 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 19,792,839. | 16 | 18,529,492. | |
| Liabilities | 17 Accounts payable and accrued expenses | 702,212. | 17 | 758,324. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 388,135. | 19 | 753,168. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 4,953,270. | 23 | 4,581,964. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 737,400. | 24 | 1,103,641. |
| | 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 | 39,564. | 25 | 35,866. |
| | 26 Total liabilities. Add lines 17 through 25 | 6,820,581. | 26 | 7,232,963. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 10,070,524. | 27 | 9,541,072. |
| | 28 Net assets with donor restrictions | 2,901,734. | 28 | 1,755,457. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 12,972,258. | 32 | 11,296,529. |
| 33 Total liabilities and net assets/fund balances | 19,792,839. | 33 | 18,529,492. | |

Part 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 | 8,777,058. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,267,645. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,490,587. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 12,972,258. |
| 5 | Net unrealized gains (losses) on investments | 5 | 814,858. |
| 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 | 11,296,529. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2020)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-------------|-------------|-------------|-------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10,552,979. | 10,383,414. | 11,680,922. | 11,407,374. | 7,467,582. | 51,492,271. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10,552,979. | 10,383,414. | 11,680,922. | 11,407,374. | 7,467,582. | 51,492,271. |
| 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, column (f) | | | | | | 2,070,881. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 49,421,390. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|------------|--------------------------|
| 7 Amounts from line 4 | 10,552,979. | 10,383,414. | 11,680,922. | 11,407,374. | 7,467,582. | 51,492,271. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 411,676. | 429,467. | 476,000. | 396,887. | 168,752. | 1,882,782. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 169,469. | 10,736. | 9,270. | 20,720. | 35,029. | 245,224. |
| 11 Total support. Add lines 7 through 10 | | | | | | 53,620,277. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,314,313. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... | 14 | 92.17 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 91.12 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section 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) 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in 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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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 | |

| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NATIONAL CONGRESS OF PARENTS & TEACHERS

Employer identification number

36-2169155

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>625,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>218,333.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>215,125.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>193,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>202,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>179,583.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> <hr/> | \$ <u>737,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization 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 section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide 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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 6,677. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 175,996. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 182,673. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 11,007,935. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 11,190,608. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 709,530. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 177,383. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | 756,082. | 807,350. | 715,874. | 709,530. | 2,988,836. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,483,254. |
| c Total lobbying expenditures | 382,969. | 428,446. | 347,879. | 182,673. | 1,341,967. |
| d Grassroots nontaxable amount | 189,021. | 201,838. | 178,969. | 177,383. | 747,211. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,120,817. |
| f Grassroots lobbying expenditures | 13,375. | 14,938. | 13,387. | 6,677. | 48,377. |

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 of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

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 group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2020

Open to Public Inspection

Name of the organization **NATIONAL CONGRESS OF PARENTS & TEACHERS** Employer identification number **36-2169155**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation 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 qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2020

032051 12-01-20

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 824,688. | 823,521. | 794,966. | 750,737. | 699,716. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 78,803. | 6,881. | 37,480. | 51,774. | 59,145. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 14,430. | 5,714. | 8,925. | 7,545. | 8,124. |
| f Administrative expenses | | | | | |
| g End of year balance | 889,061. | 824,688. | 823,521. | 794,966. | 750,737. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 58.0000 %
 - c Term endowment 42.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,822,366. | | 1,822,366. |
| b Buildings | | 11,132,326. | 3,870,658. | 7,261,668. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,029,257. | 909,339. | 119,918. |
| e Other | | 808,639. | 441,329. | 367,310. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 9,571,262. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SECURITY DEPOSITS | 28,446. |
| (3) DUE TO NPTA ENDOWMENT FUND | 7,420. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 35,866. |

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...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 11,718,586. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 814,858. |
| b | Donated services and use of facilities | 2b | 530,983. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,681,063. |
| e | Add lines 2a through 2d | 2e | 3,026,904. |
| 3 | Subtract line 2e from line 1 | 3 | 8,691,682. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 28,084. |
| b | Other (Describe in Part XIII.) | 4b | 57,292. |
| c | Add lines 4a and 4b | 4c | 85,376. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 8,777,058. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 12,291,016. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 530,983. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 577,764. |
| e | Add lines 2a through 2d | 2e | 1,108,747. |
| 3 | Subtract line 2e from line 1 | 3 | 11,182,269. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 28,084. |
| b | Other (Describe in Part XIII.) | 4b | 57,292. |
| c | Add lines 4a and 4b | 4c | 85,376. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 11,267,645. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE NATIONAL PTA ENDOWMENTS CONSIST OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT IS COMPOSED OF DONOR-RESTRICTED FUNDS.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE NATIONAL PTA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 475,543.

STATEMENTS AND NETTED AGAINST RENTAL REVENUE ON THE

FORM 990, PART VIII, LINE 6B.

NPTA ENDOWMENT FUND REVENUE INCLUDED IN THE 1,205,520.

CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED

FROM NPTA FORM 990 REPORTING.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,681,063.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT FROM NPTA ENDOWMENT FUND ELIMINATED IN THE 57,292.

CONSOLIDATED FINANCIAL STATEMENTS AND REPORTED ON

NPTA'S FORM 990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 475,543.

STATEMENTS AND NETTED AGAINST RENTAL REVENUE ON THE

FORM 990, PART VIII, LINE 6B.

NPTA ENDOWMENT FUND EXPENSES INCLUDED IN THE 102,221.

CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED

FROM NPTA FORM 990 REPORTING.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 577,764.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT FROM NPTA ENDOWMENT FUND ELIMINATED IN THE 57,292.

CONSOLIDATED FINANCIAL STATEMENTS AND REPORTED ON

NPTA'S FORM 990.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **NATIONAL CONGRESS OF PARENTS & TEACHERS** Employer identification number **36-2169155**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| ALLAN F KEETH ELEMENTARY SCHOOL PTA - 425 TUSCAWILLA RD. - WINTER SPRINGS, FL 32708 | 59-2330813 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & STEM |
| AUSTIN COUNCIL OF PTAS 1613 BALOO LN MANCHACA, TX 78652 | 74-6087157 | 501(C)(3) | 17,500. | 0. | | | COVID RELIEF & GATES GRANT |
| BARACK H. OBAMA MAGNET ELEMENTARY SCHOOL PTA - 750 NORTH CONGRESS STREET - JACKSON, MS 39202 | 64-0762590 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| BENJAMIN FRANKLIN MAGNET ELEMENTARY SCHOOL PTA - 1610 LAKE STREET - GLENDALE, CA 91201-2610 | 95-6204451 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| BOISE-ELIOT PTA 620 N FREMONT ST PORTLAND, OR 97227 | 26-3462821 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| BRADFORD PTA 87 MT HEBRON RD MONTCLAIR, NJ 07043 | 22-3753495 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **48.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BROADMOR PTA 311 E AEPLI DR TEMPE, AZ 85282 | 86-6056989 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| COLLIER ELEMENTARY PTA 3900 N BEAR CANYON TUCSON, AZ 85749 | 86-0599274 | 501(C)(3) | 8,500. | 0. | | | COVID RELIEF & STEM |
| CROSSROADS PTA 5800 SAXON WAY RIVERBANK, CA 95367-9559 | 90-0317844 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| EAGLE RIDGE PTSA 19801 N. 13TH STREET PHOENIX, AZ 85024 | 74-2427997 | 501(C)(3) | 8,500. | 0. | | | COVID RELIEF & PTA CONNECTED |
| EASTWOOD MIDDLE SCHOOL P.T.A. 6314 MARY HARMON BRYANT DRIVE COTTONDALE, AL 35453 | 63-0987497 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| EVERETT PTSA COUNCIL 7.3 3900 BROADWAY EVERETT, WA 98201 | 91-1347536 | 501(C)(3) | 15,000. | 0. | | | COVID RELIEF |
| FLORENCE BIXBY ELEMENTARY PTA 5251 E. STEARNS STREET LONG BEACH, CA 90815 | 95-6204419 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & STEM |
| FLORIDA STATE PTA 1747 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 | 59-0637851 | 501(C)(3) | 7,500. | 0. | | | GATES GRANT |
| FRANKLIN ELEMENTARY PTA 4481 COPELAND AVENUE SAN DIEGO, CA 92116 | 90-1075919 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HIGHLANDS ELEMENTARY PTA 2500 BARNEY TERRACE NW HUNTSVILLE, AL 35810 | 63-6056550 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| JEFFERSON ELEMENTARY PTA 3743 JEFFERSON STREET CARLSBAD, CA 92008 | 95-6204311 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & STEM |
| LEALMAN AVENUE ELEMENTARY PTA 4001 58TH AVE N ST. PETERSBURG, FL 33714 | 59-3280696 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| LUTZ K-8 PTA 202 5TH AVE LUTZ, FL 33549 | 23-7103666 | 501(C)(3) | 5,500. | 0. | | | COVID RELIEF & STEM |
| MAPLE INTERMEDIATE PTA 24101 MAPLE RIDGE RD. NORTH OLMS TED, OH 44070 | 23-7252922 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| MARGUERITA PARENT TEACHER ASSOCIATION - 1603 S. MARGUERITA AVE. - ALHAMBRA, CA 91803 | 95-6208112 | 501(C)(3) | 9,060. | 0. | | | COVID RELIEF, STEM, & HEALTHY HYDRATION |
| MIAMI DADE COUNTY COUNCIL OF PTAS/PTSAS - 1450 NE 2ND AVENUE, STE 103 - MIAMI, FL 33132 | 23-7101302 | 501(C)(3) | 18,000. | 0. | | | COVID RELIEF & LITERACY |
| MILFORD COUNCIL OF PTAS 70 WEST RIVER STREET MILFORD, CT 06460 | 06-1492524 | 501(C)(3) | 15,000. | 0. | | | COVID RELIEF |
| MONTA JANE AKIN ELEMENTARY PTA 3261 BARLEY ROAD LEANDER, TX 78641 | 82-1315395 | 501(C)(3) | 8,500. | 0. | | | COVID RELIEF & STEM |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MOUNTAIN VIEW SCHOOL PTA 18302 W BURTON AVE WADDELL, AZ 85355 | 47-3134628 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| NAUMANN ELEM PTA 1201 BRIGHTON BEND CEDAR PARK, TX 78613 | 74-2880446 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| NORTH CAROLINA CONGRESS OF PARENTS AND TEACHERS INC - 3501 GLENWOOD AVE - RALEIGH, NC 27612 | 56-0340503 | 501(C)(3) | 10,000. | 0. | | | GATES GRANT |
| OAK GROVE ELEMENTARY PTA 1301 W 104TH ST BLOOMINGTON, MN 55431 | 23-7010901 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| OHIO STATE PTA 40 NORTHWOODS BLVD., SUITE A COLUMBUS, OH 43235 | 31-4351810 | 501(C)(3) | 10,000. | 0. | | | GATES GRANT |
| OLD VAIL MIDDLE SCHOOL PTSA 13299 E. COLOSSAL COVE RD VAIL, AZ 85641 | 86-0847349 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| PASADENA COUNCIL OF PTAS 351 S HUDSON AVE PASADENA, CA 91101 | 95-1859721 | 501(C)(3) | 15,000. | 0. | | | COVID RELIEF |
| PAUBA VALLEY ELEMENTARY SCHOOL PTA 33125 REGINA DRIVE TEMECULA, CA 92592 | 33-0716402 | 501(C)(3) | 8,500. | 0. | | | COVID RELIEF & STEM |
| PAUL DUKE STEM PTSA 5850 PEACHTREE INDUSTRIAL BLVD NORCROSS, GA 30071-1413 | 83-1037558 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PLYMOUTH PARENT-TEACHER ASSOCIATION - 1300 BOLEY STREET - MONROVIA, CA 91016 | 23-7011121 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & STEM |
| REDLAND ELEMENTARY PTA 24501 SW 162 AVENUE HOMESTEAD, FL 33031 | 23-7101296 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & HEALTHY HYDRATION |
| ROOSEVELT PTA 8.3.65 2900 YEW ST BELLINGHAM, WA 98226 | 91-1109492 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| ROSEWAY HEIGHTS MIDDLE SCHOOL PTA 7334 NE SISKIYOU ST. PORTLAND, OR 97213 | 93-6039399 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| ROUND ROCK ISD COUNCIL OF PTAS PO BOX 1746 ROUND ROCK, TX 78680 | 74-2314138 | 501(C)(3) | 20,000. | 0. | | | COVID RELIEF |
| SCOTT LIBBY PTA 18701 W THOMAS RD LITCHFIELD PARK, AZ 85340 | 90-0329147 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| SIXTH DISTRICT PTA 1290 RIDDLER PARK DR M/C 214 SAN JOSE, CA 95131 | 94-1384646 | 501(C)(3) | 20,000. | 0. | | | COVID RELIEF |
| SOLAR BOYS PTA 1802 MOSER AVE DALLAS, TX 75206 | 83-2484236 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & LITERACY |
| SOUTH CAROLINA PTA DISTRICT 13 1345 WILSON HALL ROAD SUMTER, SC 29150 | 57-0873489 | 501(C)(3) | 15,000. | 0. | | | COVID RELIEF |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SOUTH SIDE HIGH SCHOOL PTSA 140 SHEPHERD ST ROCKVILLE CENTRE, NY 11570 | 11-6039007 | 501(C)(3) | 7,500. | 0. | | | COVID RELIEF |
| SUMMITT ELEMENTARY PTA 12207 BRIGADOON LANE AUSTIN, TX 78727 | 74-6085722 | 501(C)(3) | 6,000. | 0. | | | COVID RELIEF & STEM |
| TENNESSEE STATE PTA 1905 ACKLEN AVENUE NASHVILLE, TN 37212 | 62-0522039 | 501(C)(3) | 12,500. | 0. | | | GATES GRANT |
| TIMPANOGOS COUNCIL PTA 1450 N 200 E OREM, UT 84057 | 87-0637507 | 501(C)(3) | 20,000. | 0. | | | COVID RELIEF |
| TRUMBULL PTSA COUNCIL 6254 MAIN STREET TRUMBULL, CT 06611 | 06-1272963 | 501(C)(3) | 15,000. | 0. | | | COVID RELIEF |
| WARREN TOWNSHIP COUNCIL OF PTAS 975 N POST RD INDIANAPOLIS, IN 46219-5545 | 23-7077293 | 501(C)(3) | 20,000. | 0. | | | COVID RELIEF |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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| | | | | | |

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES ALL GRANTEES TO SUBMIT EXPENSE REIMBURSEMENT
REPORTS AND RESPECTIVE RECEIPTS FOR ALL USES OF GRANT MONIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" 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

2020

Open to Public Inspection

Name of the organization

NATIONAL CONGRESS OF PARENTS & TEACHERS

Employer identification number

36-2169155

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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 contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) NATHAN MONELL EXECUTIVE DIRECTOR | (i) | 306,874. | 40,745. | 0. | 18,685. | 25,390. | 391,694. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ELIZABETH RORICK DEPUTY EXECUTIVE DIRECTOR | (i) | 210,690. | 0. | 0. | 12,536. | 26,794. | 250,020. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JAMES THOMASELL CFO | (i) | 206,697. | 0. | 0. | 13,067. | 28,620. | 248,384. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) AMY LORENZ DEPUTY EXECUTIVE DIRECTOR | (i) | 225,759. | 0. | 0. | 13,512. | 2,966. | 242,237. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) PAUL RENSTED HUMAN RESOURCES OFFICER | (i) | 161,567. | 0. | 0. | 9,900. | 9,773. | 181,240. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LAWANDA TONEY DIRECTOR | (i) | 148,541. | 0. | 0. | 9,391. | 16,824. | 174,756. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) HELEN WESTMORELAND DIRECTOR | (i) | 134,045. | 0. | 0. | 8,555. | 25,116. | 167,716. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) AMY SHELDON DIRECTOR | (i) | 145,907. | 0. | 0. | 8,940. | 8,932. | 163,779. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) LAURA HUFF DIRECTOR | (i) | 129,972. | 0. | 0. | 0. | 25,354. | 155,326. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

BONUS COMPENSATION IS REPORTED IN PART II, COLUMN (B)(II).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NATIONAL CONGRESS OF PARENTS & TEACHERS

Employer identification number

36-2169155

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

EVERY CHILD IN EDUCATION, HEALTH AND SAFETY. FOUNDED IN 1897 AS THE NATIONAL CONGRESS OF MOTHERS BY ALICE MCLELLAN BIRNEY AND PHOEBE APPERSON HEARST, NATIONAL PTA IS A POWERFUL VOICE FOR ALL CHILDREN, A RELEVANT RESOURCE FOR FAMILIES AND COMMUNITIES, AND A STRONG ADVOCATE FOR PUBLIC EDUCATION. THE PTA'S NATIONWIDE NETWORK PROVIDES PARENTS WITH THE FORUM AND TOOLS TO COLLECTIVELY INFLUENCE THE DECISIONS THAT AFFECT CHILDREN NOT ONLY AT THEIR SCHOOLS, BUT ALSO THROUGHOUT THEIR DISTRICTS, WITHIN THEIR STATES, AND ACROSS THE NATION. THIS MISSION IS UNIQUE TO PTA.

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

DISTRIBUTED A LOCAL PTA LEADER KIT, A YEAR-ROUND RESOURCE TO SUPPORT THE NEEDS OF ALL PTA LEADERS, THAT INCLUDED 333 INSTRUCTOR-LED TRAININGS AND WEBINARS. DEPLOYED E-LEARNING COURSES FOR MORE THAN 9,500 REGISTRANTS.

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

MEETINGS: FACILITATED THE VIRTUAL GATHERING OF THE NATIONAL PTA LEADERSHIP, ITS MEMBERSHIP, AND STRATEGIC PARTNERS AT THE ANNUAL MEETING AND CONVENTION, ALSO FACILITATED THE MOSTLY VIRTUAL GATHERING OF THE NATIONAL PTA LEADERSHIP INCLUDING ALL BOARD AND COMMITTEE MEETINGS IN SUPPORT OF THE BUSINESS, WORK, AND MISSION OF THE ORGANIZATION. FACILITATED AND VIRTUALLY HOSTED THE ANNUAL LEGISLATIVE CONFERENCE TO ADVOCATE ON BEHALF OF ALL CHILDREN.

EXPENSES \$ 916,496. INCLUDING GRANTS OF \$ 0. REVENUE \$ 914,411.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| | |
|---|--|
| Name of the organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|---|--|

COMMUNICATIONS: CONVEYED THE ASSOCIATION'S MISSION AND VALUES INTO A COHESIVE MESSAGE TO MEMBERS, LEADERSHIP, PARTNERS, AND SPONSORS. SHARED IMPORTANT RESOURCES WITH MILLIONS OF MEMBERS, FAMILIES, ADVOCATES AND EDUCATORS THROUGH TRADITIONAL AND SOCIAL MEDIA. NATIONAL PTA PROGRAMS, POSITIONS, AND THOUGHT LEADERSHIP WERE FEATURED IN TOP-TIER PRINT AND BROADCAST MEDIA OUTLETS RESULTING IN 7.5 BILLION IN MEDIA IMPRESSIONS. RECEIVED 2 EXCEL AWARDS IN 2018 FROM THE ASSOCIATION OF MEDIA AND PUBLISHING FOR BOTH NEWSLETTER DESIGN AND SOCIAL MEDIA EFFORTS TO SUPPORT OUR ANNUAL TEACHER APPRECIATION WEEK.

EXPENSES \$ 844,272. INCLUDING GRANTS OF \$ 915. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE NATIONAL PTA HAS ONE CLASS OF VOTING MEMBERS.

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

THE MEMBERS OF THE NATIONAL PTA ELECT THE MEMBER REPRESENTATIVES THAT SERVE AS PART OF THE BOARD OF DIRECTORS DURING THE YEARLY NATIONAL PTA CONVENTION.

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

THE MEMBERS OF THE NATIONAL PTA APPROVE SIGNIFICANT DECISIONS MADE BY THE BOARD OF DIRECTORS DURING THE YEARLY NATIONAL PTA CONVENTION. APPROVALS INCLUDE CHANGES TO THE BYLAWS, NEW RESOLUTIONS AND CHANGES IN MEMBERSHIP FEE RATES.

DUE TO THE COVID CRISIS, THE 2021 NATIONAL PTA CONVENTION WAS HELD VIRTUALLY.

| | |
|---|--|
| Name of the organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|---|--|

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

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

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

BOARD MEMBERS AND STAFF ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT AND ARE REQUIRED TO ABSTAIN FROM ANY CONSIDERATION OF TOPICS RELATED TO AREAS WHERE THEY ARE, OR MAY BE PERCEIVED TO BE, CONFLICTED. THE OFFICERS REVIEW ALL CONFLICT OF INTEREST FORMS AND REQUEST ADDITIONAL INFORMATION IF NECESSARY. OFFICERS ARE RESPONSIBLE FOR ENSURING BOARD MEMBER COMPLIANCE WITH THIS. IF A CONFLICT OF INTEREST ARISES, THE CONFLICTED MEMBER RECUSES HIMSELF/HERSELF FROM DISCUSSION AND VOTING ON THE MATTER.

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

| | |
|---|--|
| Name of the organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|---|--|

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

CONTRACTED SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 93,124. |
| MANAGEMENT AND GENERAL EXPENSES | 16,655. |
| FUNDRAISING EXPENSES | 13,050. |
| TOTAL EXPENSES | 122,829. |

CONVENTION SERVICES:

| | |
|--|------------|
| PROGRAM SERVICE EXPENSES | 1,512,374. |
| MANAGEMENT AND GENERAL EXPENSES | 85,530. |
| FUNDRAISING EXPENSES | 46,055. |
| TOTAL EXPENSES | 1,643,959. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,766,788. |

FORM 990, PART X, LINE 24:

ON APRIL 21, 2020, THE NATIONAL PTA RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$737,400 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLED FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS.

| | |
|---|--|
| Name of the organization NATIONAL CONGRESS OF PARENTS & TEACHERS | Employer identification number 36-2169155 |
|---|--|

IN ACCORDANCE WITH THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE NATIONAL PTA RECEIVED NOTIFICATION IN DECEMBER 2020 THAT IT MET THE CONDITIONS FOR FORGIVENESS IN FULL OF THE LOAN BY THE SMALL BUSINESS ADMINISTRATION. THE NATIONAL PTA RECORDED REVENUE FROM DEBT EXTINGUISHMENT DURING THE PERIOD THAT FORGIVENESS WAS APPROVED.

ON FEBRUARY 16, 2021, THE NATIONAL PTA ENTERED INTO A FIVE-YEAR PROMISSORY NOTE AGREEMENT IN THE AMOUNT OF \$1,099,970 WITH A 1% FIXED INTEREST RATE UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLED FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE, UNLESS OTHERWISE FORGIVEN. IN ACCORDANCE WITH THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE NATIONAL PTA RECEIVED NOTIFICATION IN OCTOBER 2021 THAT IT MET THE CONDITIONS FOR FORGIVENESS IN FULL OF THE LOAN BY THE SMALL BUSINESS ADMINISTRATION. THE NATIONAL PTA RECORDED REVENUE FROM DEBT EXTINGUISHMENT DURING THE PERIOD THAT FORGIVENESS WAS APPROVED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020
Open to Public
Inspection

Name of the organization

NATIONAL CONGRESS OF PARENTS & TEACHERS

Employer identification number
36-2169155

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|------------------------------------|---|---------------------|---------------------------|-------------------------------------|
| NATIONAL PTA PROPERTIES, LLC - 27-2442385 1250 N. PITT STREET ALEXANDRIA, VA 22314 | MANAGEMENT OF RENTAL PROPERTIES | DELAWARE | 1,033,738. | 9,136,979. | NPTA |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| THE ENDOWMENT FUND OF THE NAT'L CONGRESS OF PARENTS & TEACHERS - 36-6067371, 1250 N. PITT STREET, ALEXANDRIA, VA 22314 | SUPPORT OF NATIONAL PTA | ILLINOIS | 501(C)(3) | LINE 12A, I | NPTA | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) THE ENDOWMENT FUND OF THE PTA | C | 57,292. | ACTUAL AMOUNT |
| (2) THE ENDOWMENT FUND OF THE PTA | L | 12,997. | EMPLOYEE TIME ALLOCATION |
| (3) THE ENDOWMENT FUND OF THE PTA | Q | 3,643. | OVERHEAD EXPENSE ALLOCATION |
| (4) | | | |
| (5) | | | |
| (6) | | | |

