

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning 10/01, 2000, and ending 06/30/2001

B Check if applicable

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amend return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PARENTS AS TEACHERS NATIONAL CENTER, INC

Number and street (or P O box if mail is not delivered to street address)

Room/suite

10176 CORPORATE SQUARE DRIVE

City or town, state or country, and ZIP code

ST. LOUIS, MO 63132

D Employer identification number

43-1569124

E Telephone number

(314) 432-4330

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) (3) (insert no) 527 OR 4947 (a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Note (H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If 'Yes,' enter number of affiliates

H(c) Are all affiliates included? (If No, attach a list. See inst.)

☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling?

☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required

to attach Schedule B (Form 990 or 990-EZ) ☐J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received						
a	Direct public support	1a	2,001,721.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c	654,607.				
d	Total (add lines 1a through 1c) (cash \$ 2,656,328. noncash \$)	1d	2,656,328.				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,839,239.				
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4	109,595.				
5	Dividends and interest from securities	5					
6a	Gross rents	6a					
b	Less rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe)	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities	419,907.	8a	(B) Other		
b	Less cost or other basis and sales expenses	96,558.	8b				
c	Gain or (loss) (attach schedule)	323,349.	8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	323,349.				
9	Special events and activities (attach schedule)						
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a					
b	Less direct expenses other than fundraising expenses						
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
10a	Gross sales of inventory, less returns and allowances	10a	967,329.				
b	Less cost of goods sold	341,928.	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	625,401.				
11	Other revenue (from Part VII, line 103)	11					
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,553,912.				
13	Program services (from line 44, column (B))	13	2,987,350.				
14	Management and general (from line 44, column (C))	14	512,129.				
15	Fundraising (from line 44, column (D))	15	67,623.				
16	Payments to affiliates (attach schedule)	16					
17	Total expenses (add lines 16 and 44, column (A))	17	3,567,102.				
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,986,810.				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,824,151.				
20	Other changes in net assets or fund balances (attach explanation)	20	-730,213.				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,080,748.				

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form 990 (2000)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ 1,750)	1,750.	1,750.	STMT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	105,000.		105,000.	
26	Other salaries and wages	1,532,578.	1,346,340.	148,202.	38,036.
27	Pension plan contributions	40,138.	28,140.	11,998.	
28	Other employee benefits	123,380.	117,089.	1,310.	4,981.
29	Payroll taxes	119,349.	92,315.	23,230.	3,804.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	112,514.	97,330.	13,820.	1,364.
34	Telephone	20,107.	11,425.	7,987.	695.
35	Postage and shipping	24,109.	19,121.	3,993.	995.
36	Occupancy	174,656.	144,689.	24,727.	5,240.
37	Equipment rental and maintenance	26,631.	16,781.	9,231.	619.
38	Printing and publications	241,827.	218,478.	19,245.	4,104.
39	Travel	200,566.	190,741.	9,825.	
40	Conferences, conventions, and meetings	295,496.	295,496.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	35,920.	27,658.	7,184.	1,078.
43	Other expenses (itemize) a <u>STMT 6</u>	513,081.	379,997.	126,377.	6,707.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,567,102.	2,987,350.	512,129.	67,623.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)What is the organization's primary exempt purpose? EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	<u>SEE STATEMENT 7</u>	(Grants and allocations \$ 1,750.)	1,941,777.
b	<u>B) CURRICULUM DEVELOPMENT-CONTINUED REVISIONS TO THE BIRTH TO THREE CURRICULUM TO INCORPORATE THE NEUROSCIENCE FINDINGS.</u>	(Grants and allocations \$)	597,470.
c	<u>SEE STATEMENT 7</u>	(Grants and allocations \$)	149,368.
d	<u>SEE STATEMENT 7</u>	(Grants and allocations \$)	298,735.
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,987,350

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		583,931.	46	492,502.
	47a	Accounts receivable	47a 781,499.			
	b	Less allowance for doubtful accounts	47b 15,000.	748,375.	47c	766,499.
	48a	Pledges receivable	48a 1,619,929.			
	b	Less allowance for doubtful accounts	48b	587,979	48c	1,619,929.
	49	Grants receivable		NONE	49	57,780.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		146,644.	52	107,697.
	53	Prepaid expenses and deferred charges		33,681.	53	13,979.
	54	Investments - securities (attach schedule) STMT 8 ☐ Cost ☒ FMV		4,101,273.	54	4,238,019.
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 383,378.				
b	Less accumulated depreciation (attach schedule)	57b 161,432.	161,383.	57c	221,946.	
58	Other assets (describe SEE STATEMENT 9)		106,099.	58	239,717.	
59	Total assets (add lines 45 through 58) (must equal line 74)		6,469,365.	59	7,758,068.	
Liabilities	60	Accounts payable and accrued expenses		501,187.	60	420,236.
	61	Grants payable			61	
	62	Deferred revenue SEE STATEMENT 10		13,250.	62	12,350.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) STMT 11		922.	64b	249.
	65	Other liabilities (describe SEE STATEMENT 12)		129,855.	65	244,485.
66	Total liabilities (add lines 60 through 65)		645,214.	66	677,320.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		4,361,429.	67	4,167,953.
	68	Temporarily restricted		1,424,612.	68	2,870,210.
	69	Permanently restricted		38,110.	69	42,585.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		5,824,151.	73	7,080,748.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		6,469,365.	74	7,758,068.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements ▶	a 5,213,855	a Total expenses and losses per audited financial statements ▶	a 3,921,463
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ -730,213		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)	
<u>STMT 13</u> \$ 390,156 Add amounts on lines (1) through (4) ▶	b -340,057	<u>STMT 14</u> \$ 354,361 Add amounts on lines (1) through (4) ▶	b 354,361
c Line a minus line b ▶	c 5,553,912	c Line a minus line b ▶	c 3,567,102
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
<u> </u> \$ Add amounts on lines (1) and (2) ▶	d	<u> </u> \$ Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 5,553,912	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 3,567,102

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule - see Specific Instructions on page 26

► ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <u>PARENTS AS TEACHERS INTERNATIONAL</u> and check whether it is ☒ exempt OR ☐ nonexempt		
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	N/A
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	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)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	46
91 The books are in care of <u>CAROLYN BIER</u> Telephone no <u>314-432-4330</u> Located at <u>10176 CORP SQ DR, ST LOUIS MO</u> ZIP code <u>63132</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TRNG/CONSULT. FEES					981,263
b INTERNATIONAL CONF					373,946
c GOV. CONTRACTS					364,077
d OTHER CONTRACTS					46,695
e RECERT/AFFIL FEES					73,258
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	109,595	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	323,349	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					625,401
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				432,944	2,464,640
105 Total (add line 104, columns (B), (D), and (E))					2,897,584

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please

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.

12/6/02 Lynn A. Courier
Interim Pres. & CEO

Date Type or print name and title

Date Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

PARENTS AS TEACHERS NATIONAL CENTER, INC

Employer identification number

43-1569124

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUE SHEEHAN	TRAIN DIR			
ST. LOUIS, MO	FULL TIME	67,268.	3,363.	NONE
SHARON RHODES	PRGM DEVL			
ST. LOUIS, MO	FULL TIME	64,478.	3,224.	NONE
PEGGY SLATER	DIR OF OPERATIONS			
ST. LOUIS, MO	FULL-TIME	60,000.	3,000.	NONE
PAT SIMPSON	DIR OF MARKETING			
ST. LOUIS, MO	FULL-TIME	60,000.	3,000.	NONE
KATE MCGILLY	GRANTS MANAGER			
ST. LOUIS, MO	FULL-TIME	50,715.	2,536.	NONE
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE STATEMENT 21	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)	STMT 22	

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,604,443.	1,876,686.	1,595,025.	1,012,684.	6,088,838.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,259,002.	2,959,444.	1,770,338.	326,264.	8,315,048.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	140,129.	103,498.	66,694.	10,347.	320,668.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	5,003,574.	4,939,628.	3,432,057.	1,349,295.	14,724,554.
24 Line 23 minus line 17	1,744,572.	1,980,184.	1,661,719.	1,023,031.	6,409,506.
25 Enter 1% of line 23	50,036.	49,396.	34,321.	13,493.	
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 128,190.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	STMT 23				26b 1,528,612.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 6,409,506.
d Add Amounts from column (e) for lines	18 320,668.	19	20	26b 1,528,612.	26d 1,849,280.
e Public support (line 26c minus line 26d total)					26e 4,560,226.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 71.1479 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year				
(1999)	(1998)	(1997)	(1996)	NOT APPLICABLE	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V**Private School Questionnaire** (See page 5 of the instructions)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)**NOT APPLICABLE**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)**NOT APPLICABLE**

Check here ☐ **a** if the organization belongs to an affiliated group
 Check here ☐ **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**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 instructions for lines 45 through 50 on page 9 of the instructions

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence 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 c through h)
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 other means
i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Yes	No
-----	----

51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

51a(i)	X
---------------	----------

a(ii)		X
-------	--	---

(ii) Other assets

b Other transactions[illegible]

b(1)		X
b(2)		15

b(II)	X
b(III)	Y

b(iii)		X
b(iv)		X

$b(v)$		X
--------	--	-----

b(vi)		X
-------	--	---

C		X
----------	--	----------

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

Employer identification number

PARENTS AS TEACHERS NATIONAL CENTER

43-1569124

Organization type (check only one) - Section ☒ 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

PARENTS AS TEACHERS NATIONAL CENTER

43-1569124

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	CONTRIBUTIONS LESS THAN \$5000	13,010.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
2		1,299,211.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
3		654,607.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
4		10,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
5		623,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
6		50,000.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

PARENTS AS TEACHERS NATIONAL CENTER

43-1569124

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		6,500.	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
			Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
 (NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	515,329.	128,190.	387,139.
	296,043.	128,190.	167,853.
	805,000.	128,190.	676,810.
	425,000	128,190.	296,810.
TOTAL	2,041,372.		1,528,612.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====DESCRIPTION
-----AMOUNT

SALES OF MATERIALS

967,329.

TOTAL

967,329.

=====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	146,644.
PURCHASES ..	302,981.
SALARIES AND WAGES	
OTHER COSTS ..	

SUBTOTAL	449,625.
MINUS ENDING INVENTORY	107,697.

COST OF GOODS SOLD	341,928.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

730,213.

TOTAL

730,213.
=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

PARENT EDUCATORS

NONE

SCHOLARSHIPS (7)

1,750

N/A

TOTAL CONTRIBUTIONS PAID

1,750

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----	-----
STAFF DEVELOPMENT	31,062.	17,341.	13,015.	706.
MANAGEMENT INFORMATION SYSTEMS	124,738.	124,522.		216.
TEMPORARY SERVICES	4,727.	1,497	3,230.	
PROFESSIONAL FEES	31,269.	7,618.	22,870	781
INSURANCE	2,565.	1,975.	513.	77.
TRAINING FACILITIES	71,240.	65,031.	6,209.	
OUTSIDE SERVICES	179,681.	159,450.	15,655.	4,576.
REPAIRS AND MAINTENANCE	5,806.	72.	5,560.	174.
BOARD EXPENSE	56,159.		56,159.	
DUES & SUBSCRIPTIONS	5,834.	2,491.	3,166.	177.
	-----	-----	-----	-----
TOTALS	513,081.	379,997.	126,377	6,707.
	=====	=====	=====	=====

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
A) TRAINING AND CONSULTATION-THE NUMBER OF PAT PROGRAMS AT 6/30/01 WAS 2,595 IN 49 STATES, WASHINGTON D.C., VIRGIN ISLANDS, PUERTO RICO AND 10 FOREIGN COUNTRIES. PARENT EDUCATORS TRAINED FROM 10/1/00-6/30/01 WAS 5,958. NUMBER OF TRAINING INSTITUTES HELD 10/1/00-6/30/01 WAS 249.	1,750.	1,941,777.
C) DISSEMINATION/OUTREACH-1,458 PAT INFORMATION PACKETS WERE SENT TO 50 STATES, WASHINGTON D.C. AND 6 COUNTRIES. THOSE REQUESTING INFORMATION WERE PARENTS, SOCIAL SERVICE AGENCIES, SCHOOLS, LEGISLATORS, CHILD CARE PROVIDERS, PROGRAM ADMINISTRATORS, PEDIATRICIANS, AND GRANDPARENTS.		149,368.
D) RESEARCH/EVALUATION - ALL TRAINING IS EVALUATED AND ENHANCED ON A CONTINUOUS BASIS. PAT PROGRAMS ACROSS THE COUNTRY ARE PROVIDED WITH TECHNICAL ASSISTANCE TO MAINTAIN PROGRAM QUALITY. A THREE YEAR MULTI-SITE EVALUATION STUDY IS CURRENTLY IN PROCESS		298,735

TOTAL	1,750.	2,987,350.
-------	--------	------------

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====DESCRIPTION
-----ENDING
BOOK VALUE

MUTUAL FUNDS

4,238,019.

TOTALS

4,238,019.
=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE FROM DESE	225,500.
DUE FROM PAT INTERNATIONAL	14,217.

TOTALS	239,717.
	=====

FORM 990, PART IV - DEFERRED REVENUE
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
RECERTIFICATION FEES	12,350

TOTALS	12,350.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: GE CAPITAL
ORIGINAL AMOUNT: 2,345.
INTEREST RATE: 0.002100
DATE OF NOTE: 09/28/1998
MATURITY DATE: 09/28/2001
REPAYMENT TERMS: \$86 PER MONTH
SECURITY PROVIDED: EQUIPMENT
PURPOSE OF LOAN: CAPITAL LEASE OBLIGATION FOR EQUIPMENT

BEGINNING BALANCE DUE	922.
ENDING BALANCE DUE	249.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	922.
---	------

=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	249.
--	------

=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
AMOUNT DUE TO DESE	244,485.

TOTALS	244,485.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

COST OF GOODS SOLD

341,928.

PARENTS AS TEACHERS

INTERNATIONAL TRAINING REV

48,228.

TOTAL

390,156.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

COST OF GOODS SOLD

341,928.

PARENTS AS TEACHERS

INTERNATIONAL EXPENSES

12,433.

TOTAL

354,361.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID WALKER 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	PRESIDENT FULL-TIME	105,000	2,632.	NONE
MARYLEE ALLEN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
HONORABLE ROSEANN BENTLEY 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
HONORABLE CHRISTOPHER S. BOND 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
MARIA D. CHAVEZ 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
BARBARA CLINTON 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
T. BERRY BRAZELTON, M D 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
F. SESSIONS COLE, M.D. 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CYNTHIA G BROWN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
HARVEY R COLTEN, M.D. 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
GAIL DANIELS 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
CAROL BRUNSON DAY 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
JUNE FOWLER 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
SUELLEN FRIED 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	VICE CHAIR PART-TIME	NONE	NONE	NONE
HONORABLE RICHARD A. GEPHARDT 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
JO ANN HARMON 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DOROTHY V. HARRIS 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
DIANNE JUHNKE 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
COMMISSIONER D. KENT KING 10176 CORPORATE SQUARE DR, STE 230 ST LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
CAROLYN W. LOSOS 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	CHAIRMAN PART-TIME	NONE	NONE	NONE
THERESA E. LOVELESS 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
MARY ROSE MAIN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	SECRETARY PART-TIME	NONE	NONE	NONE
ARTHUR L. MALLORY 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	TREASURER PART-TIME	NONE	NONE	NONE
MARYLEN MANN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE

PARENTS AS TEACHERS NATIONAL CENTER, INC

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD J MARK 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
WILLIAM MEHOJAH, JR 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	VICE CHAIR PART-TIME	NONE	NONE	NONE
DAVID L. MORLEY 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
ANN P MURPHY 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
JANE NELSON 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	VICE CHAIR PART-TIME	NONE	NONE	NONE
JOAN M. NEWMAN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
JANE K. PAINE 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
ELAINE SHIVER 10176 CORPORATE SQUARE DR, STE 230 ST LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DONALD M. SUGGS 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
WILLIAM M. VAN CLEVE 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
BARBARA HANNA WASIK 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
JEANNETTE WATSON 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
EDWARD F. ZIGLER 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
DOUGLAS A. RIES 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
THE HONORABLE BOB HOLDEN 10176 CORPORATE SQUARE DR, STE 230 ST. LOUIS, MO 63132	DIRECTOR PART-TIME	NONE	NONE	NONE
GRAND TOTALS		105,000.	2,632.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	THE MISSION OF THE PAT NAT'L CENTER, INC IS TO FACILITATE
93A	IMPLEMENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING
93A	THEIR CHILDREN'S BEST FIRST TEACHERS. THESE REVENUES ARE
93A	INCIDENTAL TO PROVIDING THESE SERVICES.
93B	INCOME DERIVED FROM THE INTERNAT'L CONFERENCE IS USED TO
93B	DEFRAY THE COST OF PLANNING/CONDUCTING SUBSEQUENT
93B	INTERNATIONAL CONFERENCES.
93C	THE MISSION OF PAT NAT'L CENTER IS TO FACILITATE
93C	IMPLEMENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING
93C	THEIR CHILDREN'S BEST FIRST TEACHERS. THE REVENUES MAKE
93C	THESE SERVICES POSSIBLE.
93D	THE MISSION OF PAT NAT'L CENTER IS TO FACILITATE
93D	IMPLEMENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING
93D	THEIR CHILDREN'S BEST FIRST TEACHERS. THE REVENUES MAKE
93D	THESE SERVICES POSSIBLE.
93E	THESE FEES ARE OPTIONAL ON THE PART OF PAT PROGRAMS. THEY
93E	INCLUDE ANNUAL SUBSCRIPTIONS TO THE PAT NEWS AND REDUCED
93E	FEES FOR MATERIALS AND SERVICES OFFERED BY THE NATIONAL
93E	CENTER.
102	DEVELOPMENT AND ADAPTION OF CURRICULUM MATERIALS IS
102	ESSENTIAL TO MEETING THE NEEDS OF DIVERSE POPULATIONS SERVED
102	BY PAT PROGRAMS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990 PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

=====

APPLICATIONS FOR TRAINING SCHOLARSHIPS ARE ONLY ACCEPTED FROM PAT
PROGRAM COORDINATORS. PARENTS AS TEACHERS NATIONAL CENTER EXAMINES
THE APPLICATIONS AND AWARDS THE SCHOLARSHIPS.

Description of Property

[illegible]

AMORTIZATION		Date placed in service	Cost or basis	Accumulated amortization	Code	Life	Current-year amortization
Asset description							
TOTALS							

Assets Retired

USA

0X9024 1 000

260851	1315	12/18/2001	15 57 00	V0 07 01	3963-00
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FEDERAL FOOTNOTES

=====

FORM 990 SCHEDULE A
PART III LINE 1

PARENTS AS TEACHERS NATIONAL CENTER, INC. MAY, TO AN INSUBSTANTIAL DEGREE, MAKE COMMENTS OR STATEMENTS CONCERNING LEGISLATION DIRECTLY AFFECTING ITS EXEMPT PROGRAMS. THE ORGANIZATION DOES ENGAGE IN CONVERSATIONS OR CORRESPONDENCE WITH GOVERNMENT OFFICIALS REGARDING CONTRACTS WITH GOVERNMENT AGENCIES AND FUNDING SOURCES. THE AMOUNT OF TIME AND MONEY INVOLVED IN GENERAL LEGISLATIVE LOBBYING, IF ANY, IS NOT SIGNIFICANT.

FEDERAL FOOTNOTES

=====

FORM 990

PART I LINE 8C

	PROCEEDS	COST	GAIN (LOSS)
PUBLICLY TRADED SECURITIES	\$419,907	\$96,558	\$323,349

Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

▶ Instructions are separate

Part I General Information (All applicants must complete this part and sign on page 4. See page 2 of instructions.)

Please Type or Print	Name of applicant (If a joint return is filed, also give spouse's name)	Identification number (See page 2 of instructions)
	PARENTS AS TEACHERS NATIONAL CENTER, INC	43-1569124
	Number, street, and room or suite no. (If a P.O. box, see page 2 of the instructions)	Service Center where income tax return will be filed
	10176 Corporate Square Drive	OGDEN, UT
	City or town, state, and ZIP code	Applicant's area code and telephone number/Fax number
	St. Louis, MO 63132	(314) 432-4330 / (314) 432-8963
	Name of person to contact (If not the applicant, attach a power of attorney)	Contact person's area code and telephone number/Fax number
	Jeffrey D. Person, CPA	(314) 727-8150 / (314) 727-9195

1 Check the appropriate box(es) to indicate the type of applicant filing this form (see page 2 of instructions)

- | | | |
|---|--|--|
| ☐ Individual | ☐ Cooperative (sec. 1381(a)) | ☐ Passive foreign investment company (PFIC (sec. 1297)) |
| ☐ Partnership | ☐ Possession corporation (secs. 936 and 30A) | ☐ Other foreign corporation |
| ☐ Estate | ☐ Controlled foreign corporation (CFC) (sec. 957) | ☒ Tax-exempt organization |
| ☐ Domestic corporation | ☐ Foreign personal holding company (sec. 552) | ☐ Homeowners Association (Sec. 528) |
| ☐ S corporation | ☐ Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | ☐ Other _____ |
| ☐ Personal service corporation (PSC) | ☐ Specified foreign corporation (SPC) (sec. 898) | (Specify entity and applicable Code section) |

2 a Approval is requested to (check one) (see page 3 of the instructions)

- ☐ Adopt a tax year ending ▶ _____
(Partnerships and PSCs: Go to Part III after completing Part I.)
- ☒ Change to a tax year ending ▶ _____ JUNE 30
- ☐ Retain a tax year ending ▶ _____

b If changing a tax year, indicate the date the present tax year ends ▶ _____ SEPTEMBER 30

c If adopting or changing a tax year, indicate the dates of the first return or short period return that will be required to be filed for the tax year beginning ▶ OCTOBER 1, 2000, and ending ▶ JUNE 30, 2001

3 a Is the applicant's present tax year, as stated on line 2b above, the same tax year for both Federal income tax and financial reporting purposes?

▶ ☐ Yes ☒ No

b If "No," attach an explanation

4 Indicate the applicant's present overall method of accounting

☐ Cash receipts and disbursements method☒ Accrual method☐ Other method (specify) ▶ _____

5 State the nature of the applicant's business or principal source of income

EDUCATIONAL ORGANIZATION WHOSE PRINCIPAL SOURCE OF INCOME IS GRANTS FROM FOUNDATIONS AND GOVERNMENT

6 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶ ☒ Yes ☐ No7 Does the applicant request a conference of right at the IRS National Office if the IRS proposes to disapprove the application? ▶ ☒ Yes ☐ No

8 Enter amount of user fee included with this application (See page 3 of the instructions). ▶ \$ 150

Part II **Expeditious Approval Request** (If the answer to any of the questions below is "Yes," file Form 1128 with the IRS Service Center where the applicant's income tax return is filed **Do not** file with the National Office **Do not** include a user fee **Do not** complete Part III See page 3 of instructions)

	Yes	No
1 Rev. Proc. 2000-11 Is the applicant a corporation (including a homeowners association (section 528)) described in section 4 of Rev Proc 2000-11, 2000-3 I.R.B. 309, that is requesting a change in a tax year and is not precluded from using the expeditious approval rules under section 4.02 of Rev Proc 2000-11?		
2a Rev. Proc. 87-32. Is the applicant a partnership, S corporation, or PSC that is requesting a tax year under the expeditious approval rules in section 4 of Rev Proc 87-32, 1987-2 CB 396 and is not precluded from using the expeditious approval rules under section 3 of that revenue procedure?		
b Is the applicant a partnership, S corporation, or PSC that is requesting a tax year that coincides with its natural business year as defined in section 4.01(1) of Rev Proc 87-32, and the tax year results in no greater deferral of income to the partners or shareholders than the present tax year?		
c Is the applicant an S corporation whose shareholders own more than 50% of the shares of the corporation's stock (as of the first day of the tax year to which the request relates) and the shareholders have the same tax year the corporation is requesting?		
d Is the applicant an S corporation whose shareholders own more than 50% of the shares of the corporation's stock (as of the first day of the tax year to which the request relates) and the shareholders have requested approval to concurrently change to the tax year that the corporation is requesting?		
3 Rev. Proc. 66-50 Is the applicant an individual requesting a change from a fiscal year to a calendar year under Rev Proc 66-50, 1966-2 CB 1260?		
4 Rev. Proc. 85-58 or 76-10 Is the applicant a tax-exempt organization requesting a change under Rev Proc 85-58, 1985-2 CB 740, or Rev Proc 76-10, 1976-1 CB 548?		

Part III **Ruling Request** (All applicants requesting a ruling must complete Section A and any other section that applies to the entity See page 4 of the instructions)

SECTION A - General Information

	Yes	No
1a In the last 6 years has the applicant changed or requested approval to change its tax year? (See page 4 of instructions)	X	
If "Yes" and a ruling letter was issued granting approval to make the change, attach a copy of the ruling If a copy is not available, attach an explanation and give the date the approval was granted If a ruling letter was not issued, explain the facts and give the date the change was implemented If the requested change was denied or not implemented, attach an explanation		
b If a change in tax year was granted within the last 6 years, attach a statement explaining why another change in tax year is necessary fully describing any unusual circumstances		
2 Does the applicant or any related entities have any accounting method, tax year, ruling, or technical advice request pending with the National Office?		X
If "Yes," attach a statement explaining the type of request (method, tax year, etc) and the specific issues involved in each request		
3 Enter the taxable income* or (loss) for the 3 tax years immediately before the short period and for the short period If necessary, estimate the amount for the short period Short period \$ NONE First preceding year \$ NONE Second preceding year \$ NONE Third preceding year \$ NONE <i>*Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section 501(c) organizations, enter unrelated business taxable income Estates, enter adjusted total income All other applicants, enter taxable income before net operating loss deduction and special deductions</i>		
4a Is the applicant a U.S. shareholder in a CFC?		X
If "Yes," attach a statement for each CFC providing the name, address, identification number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period		
b Will each CFC concurrently change its tax year to conform with the tax year requested? If "No" to line 4b, attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder		

SECTION A - General Information (Continued from page 2)

	Yes	No
5a Is the applicant a U S shareholder in a PFIC as defined in section 1297? ▶ If "Yes," attach a statement providing the name, address, identification number and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant		X
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶		
6a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of a FSC? ▶ If "Yes," attach a statement showing the name, address, identification number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount		X
b Will any partnership concurrently change its tax year to conform with the tax year requested? ▶		
c If "Yes" to line 6b, has any Form 1128 been filed for such partnership? ▶		
7 Attach an explanation providing the reasons for requesting the change in tax year as required by Regulations section 1.442-1(b)(1). If the reasons are not provided, the application will be denied. If requesting a ruling based on a natural business year, provide the information required by Rev. Proc. 87-32 and/or Rev. Proc. 74-33, 1974-2 C.B. 489 (See page 4 of the instructions) Note: Corporations wanting to elect S corporation status should see line 2 in Section B below and the instructions		

SECTION B - Corporations (other than S corporations and controlled foreign corporations)

	Yes	No
1 Enter the date of incorporation ▶		
2a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? ▶		
b If "Yes," will the corporation be going to a permitted S corporation tax year? ▶ If "Yes," you can file expeditiously. Go to Part II, Question 1, and check "Yes." Then complete the signature area on page 4. If "No," to line 2b, complete the rest of this application		
3 Is the corporation a member of an affiliated group filing a consolidated return? ▶ If "Yes," attach a statement providing (a) the name, address, identification number used on the consolidated return, the tax year, and the Service Center where the applicant files the return, (b) the name, address, and identification number of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period, and (d) the name of the parent corporation		
4 Personal service corporations (PSCs) a Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identification number, tax year, percentage of ownership, and the amount of income such shareholder received from the PSC for the first preceding year and for the short period b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year ("grandfathered" tax year, section 444 election, or ruling letter from the IRS National Office) ▶ c If the PSC received a ruling, indicate the date of the ruling and attach a copy of the ruling letter ▶ d If the corporation made a section 444 election, indicate the date of the election ▶		

SECTION C - S Corporations

	Yes	No
1 Enter the date of the S corporation election ▶		
2 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year		
3a If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year ("grandfathered" tax year, section 444 election, or ruling from the IRS National Office) ▶ b If the corporation received a ruling, indicate the date of the ruling and attach a copy of the ruling letter ▶ c If the corporation made a section 444 election, indicate the date of the election ▶		
4 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identification number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period		

SECTION D - Partnerships (See page 4 of instructions)

	Yes	No
1 Enter the date the partnership's business began ▶		
2 Is any partner applying for a corresponding change in tax year? ▶		
3 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identification number, tax year, and the percentage of interest in capital and profits		
4 Is any partner a shareholder of a PSC as defined in Temporary Regulations section 1.441-4T(d)(1)? ▶ If "Yes," attach a statement providing the name, address, identification number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period		
5a If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year ("grandfathered" tax year, section 444 election, or ruling letter from the IRS National Office) ▶		
b If the partnership received a ruling, indicate the date of the ruling and attach a copy of the ruling letter ▶		
c If the partnership made a section 444 election, indicate the date of the election ▶		

SECTION E - Controlled Foreign Corporations (See page 4 of instructions)

	Yes	No
1 Attach a statement for each US shareholder (as defined in section 951(b)) providing the name, address, identification number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period		
2a Is the applicant a CFC requesting a revocation of its 1-month deferral election that was made under section 898(c)(1)(B) and change its taxable year to the majority US shareholder year (as defined in section 898(c)(1)(C))? ▶		
b If "Yes," to line 2a, go to Part II, question 1 If "No," to line 2a, complete the rest of application (see instructions)		

SECTION F - Tax-Exempt Organizations

	Yes	No
1 Enter the type of organization ☒ Corporation ☐ Trust ☐ Other (specify) ▶		
2 Enter the date of organization ▶ 10/17/90		
3 Enter the code section under which the organization is exempt ▶ 501 (C) (3), 509 (A) (1)		
4 Is the organization required to file an annual return on Form 990, 990-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	X	
5 Enter the date the tax exemption was granted ▶ 11/21/91 Attach a copy of the ruling letter granting exemption. If a copy of the letter is not available, attach an explanation		
6 If the organization is a private foundation, is the foundation terminating its status under section 507? . . . N/A ▶		

SECTION G - Estates

1 Enter the date the estate was created ▶
2 Attach a statement providing
a Name, identification number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate
b Based on the adjusted total income of the estate entered in Part III, Section A, line 3, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period

SECTION H - Passive Foreign Investment Company

Attach a statement providing each US shareholder's name, address, identification number, and the percentage of interest owned

Signature - All Applicants (See Who Must Sign on page 2 of instructions)

Under penalties of perjury, I declare that I have examined this application, 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 applicant) is based on all information of which preparer has any knowledge.

Applicant's name (print or type)

Signing official's name (print or type)

Title

Applicant or signing official's signature (officer of parent corporation, if applicable)

Date

Rubin, Brown, Gornstein & Co LLP

314-727-8150

Firm or preparer (print or type) preparing the application

Signature of individual (other than applicant or signing official) preparing the application

Date

Parents As Teachers National Center, Inc.
EIN: 43-1569124

ATTACHMENT TO FORM 1128

Part I Item 3b

The organization has already implemented a change of fiscal year for financial statement purposes for the period ending 6/30/01

Part III Item 1 & Item 7

In 1997, the Taxpayer elected to make an automatic change of tax year in an attempt to alleviate time conflicts with the annual national conference held by the organization. This annual conference has since been moved to a different time of year. The Taxpayer has concluded that the tax year should not have changed from June 30 as this year end coincides with its annual program cycle and the fiscal years of its major financial supporters. It has already changed its financial statements to reflect this decision as of June 30, 2001.

Client Task

What's Due

PARENTS AS TEACHERS/Y-E WORK

03963-0000

Return Type Federal

Year End 0630

Filing Frequency Annual

Consolidated ☐ Yes ☒ No

Click the buttons below to scroll through your choices for status and extension changes

[Save &](#)

[Request Extension](#)

Status Not in

Extended? No

Updated By

Updated By

-----DUE DATES-----

Return Form Number	Original	First Ext'n	Second Ext'n
990	02/15/2002		

Comments

ATTACHMENT 1

Power of Attorney and Declaration of Representative

▶ See the Instructions

OMB No. 1545-0150
For IRS Use Only
Received by _____
Name _____
Telephone _____
Function _____
Date _____

Part I Power of Attorney (Please type or print)

1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9)

Taxpayer name(s) and address

PARENTS AS TEACHERS NATIONAL CENTER INC
10176 CORPORATE SQUARE DRIVE
SAINT LOUIS MO 63132

Social security number(s)

Employer identification
number

43-1569124

Plan number (if applicable)

Daytime telephone number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II)

Name and address

JUDITH E MURPHY, CPA
RUBIN BROWN GORNSTEIN & CO LLP
230 SOUTH BEMISTON
SAINT LOUIS MO 63105

CAF No 4005-04509R

Telephone No 314-727-8150

Fax No 314-727-9195

Check if new Address ☐

Telephone No ☐

Name and address

JEFFREY D PERSON, CPA
RUBIN BROWN GORNSTEIN & CO LLP
230 SOUTH BEMISTON
SAINT LOUIS MO 63105

CAF No 4005-37674R

Telephone No 314-727-8150

Fax No 314-727-9195

Check if new Address ☐

Telephone No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐

Telephone No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
INCOME	990	6/30/96, 6/30/97, 6/30/01
INCOME	990	9/30/97 - 9/30/01
INCOME	1128	6/30/01

4 Specific use not recorded on Centralized Authorization File (CAF) If the power of attorney is for a specific use not recorded on CAF, check this box (See instruction for Line 4-Specific uses not recorded on CAF) ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 6-Acts authorize d).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks If you want to authorize a representative named on line 2 to receive **BUT NOT TO ENDORSE** OR CASH, refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below

- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☒ **X**
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☒ **X**
- c If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s) If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED

Lynn A. Courier
Signature

2/6/02 Interim Pres. & CEO
Date Title (if applicable)

Print Name

Signature

Date

Title (if applicable)

Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent - enrolled as an agent under the requirements of Treasury Department Circular No. 230
 - d Officer - a bona fide officer of the taxpayer's organization
 - e Full-Time Employee - a full-time employee of the taxpayer
 - f Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 103(d)(1) of Treasury Department Circular No. 230)
 - h Unenrolled Return Preparer - an unenrolled return preparer under section 107(c)(viii) of Treasury Department Circular No. 230

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED

Designation - Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No	Signature	Date
b	MO	Judith E. Murphy	1/21/02
b	MO	Jeffrey D. R...	1/21/2002