Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 07/01 , 2003, and ending 06/30/2004

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

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
2228 BALL DRIVE

City or town, state or country, and ZIP + 4
ST. LOUIS, MO 63146

D Employer identification number
43-1569124

E Telephone number
(314) 432-4330

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H *and* **I** *are not applicable to section 527 organizations*

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? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶ WWW.PATNC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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.**

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 15,361,275.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	341,378.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	700,406.	
	d	Total (add lines 1a through 1c) (cash $ 1,041,784. noncash $)			1d 1,041,784.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 4,548,534.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 81,968.
	5	Dividends and interest from securities			5
	6 a	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
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 8,746,865.	8a	(B) Other	
	b	Less cost or other basis and sales expenses 9,532,085.	8b		
	c	Gain or (loss) (attach schedule) -785,220.	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d -785,220.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a	Gross sales of inventory, less returns and allowances STMT 1.	10a	942,124.	
	b	Less cost of goods sold STMT 2.	10b	259,939.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 682,185.
	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 5,569,251.
Expenses	13	Program services (from line 44, column (B))			13 4,954,612.
	14	Management and general (from line 44, column (C))			14 1,317,964.
	15	Fundraising (from line 44, column (D))			15 107,422.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 6,379,998.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -810,747.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 5,672,364.
	20	Other changes in net assets or fund balances (attach explanation) STMT 3.			20 1,053,614.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 5,915,231.

SCANNED DEC 22 2004

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2003)

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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 page 22 of the instructions)

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 $ 700.)	22	700.	700.	STMT 4	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	289,971.		289,971.	
26 Other salaries and wages	26	2,622,447.	2,096,369.	473,867.	52,211.
27 Pension plan contributions	27	106,705.	73,356.	33,333.	16.
28 Other employee benefits	28	282,005.	189,591.	87,369.	5,045.
29 Payroll taxes	29	213,102.	167,837.	41,725.	3,540.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	352,530.	334,337.	17,811.	382.
34 Telephone	34	35,121.	18,059.	17,025.	37.
35 Postage and shipping	35	111,807.	76,996.	22,572.	12,239.
36 Occupancy	36	324,079.	263,249.	57,265.	3,565.
37 Equipment rental and maintenance	37	46,833.	36,940.	9,403.	490.
38 Printing and publications	38	142,362.	120,094.	13,146.	9,122.
39 Travel	39	472,629.	441,670.	29,979.	980.
40 Conferences, conventions, and meetings	40				
41 Interest	41	16,152.	12,981.	3,030.	141.
42 Depreciation, depletion, etc (attach schedule)	42	93,396.	70,981.	19,800.	2,615.
43 Other expenses not covered above (itemize) STMT 5	43a	1,270,159.	1,051,452.	201,668.	17,039.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	6,379,998.	4,954,612.	1,317,964.	107,422.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ 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 page 25 of the instructions.)

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	STMT 6 (Grants and allocations $ 700.)	2,450,742.
b	(Grants and allocations $)	465,098.
c	(Grants and allocations $)	785,360.
d	(Grants and allocations $)	473,163.
e	Other program services (attach schedule) STMT 7 (Grants and allocations $)	780,249.
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	4,954,612.

Part IV Balance Sheets (See page 25 of the instructions.)

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	451,675.	46	931,196.
	47a	Accounts receivable 47a 789,223.			
	b	Less. allowance for doubtful accounts 47b 7,919.	984,760.	47c	781,304.
	48a	Pledges receivable 48a 230,097.			
	b	Less allowance for doubtful accounts 48b	475,160.	48c	230,097.
	49	Grants receivable	174,232.	49	148,140.
	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	358,905.	52	348,875.
	53	Prepaid expenses and deferred charges	34,688.	53	10,428.
	54	Investments - securities (attach schedule) STMT 8. ▶ ☐ Cost ☒ FMV	3,855,675.	54	3,710,246.
	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 900,779.			
	b	Less accumulated depreciation (attach schedule) 57b 315,157.	667,253.	57c	585,622.
	58	Other assets (describe ▶)		58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)	7,002,348.	59	6,745,908.
Liabilities	60	Accounts payable and accrued expenses	486,370.	60	528,124.
	61	Grants payable		61	
	62	Deferred revenue STMT 9.	106,954.	62	169,202.
	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)		64b	
	65	Other liabilities (describe ▶ STMT 10)	736,660.	65	133,351.
	66	**Total liabilities** (add lines 60 through 65)	1,329,984.	66	830,677.
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	4,439,038.	67	5,091,628.
	68	Temporarily restricted	1,190,741.	68	781,018.
	69	Permanently restricted	42,585.	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, column (B) **must** equal line 21)	5,672,364.	73	5,915,231.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)	7,002,348.	74	6,745,908.

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	6,968,349.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 1,053,614.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) STMT 11 $ 345,484.		
	Add amounts on lines (1) through (4) ▶	b	1,399,098.
c	Line a minus line b ▶	c	5,569,251.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	5,569,251.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	6,705,080.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) STMT 12 $ 325,082.		
	Add amounts on lines (1) through (4) ▶	b	325,082.
c	Line a minus line b ▶	c	6,379,998.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	6,379,998.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 17		289,971.	11,732.	NONE

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? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

			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
78a	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
80a	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 ▶ PARENTS AS TEACHERS INTERNATIONAL and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions. 81a NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b	N/A	
82a	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 in Part III) 82b N/A			
83a	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	
84a	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?	85b	N/A	
	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			
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 on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE			
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			
90a	List the states with which a copy of this return is filed ▶NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b 64			
91	The books are in care of ▶ CAROLYN BIER Telephone no ▶ 314-432-4330 Located at ▶ 2228 BALL DRIVE ZIP + 4 ▶ 63146			
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			

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: *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					1,376,272.
b INTERNATIONAL CONF					403,372.
c OTHER CONTRACTS					12,861.
d RECERT/AFFIL FEES					227,990.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					2,528,039.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	81,968.	
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	-785,220.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					682,185.
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-703,252.	5,230,719.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					4,527,467.

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 page 34 of the instructions.)

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)
	STMT 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
STMT 19	%		37,816.	NONE
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(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 Sign

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

▶ Signature of officer President + CEO Date 12-3-04

Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
12-1-04		P00325547

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2003

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 2228 BALL DRIVE	SENIOR DIRECTOR 40/WEEK	71,885.	3,594.	NONE
BOB ORF 2228 BALL DRIVE	IT MANAGER 40/WEEK	67,800.	3,390.	NONE
PAT SIMPSON 2228 BALL DRIVE	DIRECTOR OF MKTG 40/WEEK	62,400.	3,120.	NONE
MARSHA GEBHARDT 2228 BALL DRIVE	FACE PROJECT DIR 40/WEEK	60,000.	2,935.	NONE
JOHN STANDLEE 2228 BALL DRIVE	PROGRAMMER ANALYST 40/WEEK	55,000.	NONE	NONE
Total number of other employees paid over $50,000 ▶	9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 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 (See page 2 of the instructions.)

			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 ▶ $ 6,767. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	X	
	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			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
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)? STMT 20	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) STMT 21	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,612,967.	1,867,237.	1,460,868.	1,604,443.	6,545,515.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	5,126,749.	4,584,401.	2,725,661.	3,259,002.	15,695,813.
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	107,613.	102,042.	109,595.	140,129.	459,379.
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	6,847,329.	6,553,680.	4,296,124.	5,003,574.	22,700,707.
24 Line 23 minus line 17	1,720,580.	1,969,279.	1,570,463.	1,744,572.	7,004,894.
25 Enter 1% of line 23	68,473.	65,537.	42,961.	50,036.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	140,098.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	2,065,211.
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶	26c	7,004,894.
d Add. Amounts from column (e) for lines 18 459,379. 19 _____ 22 _____ 26b 2,065,211. ▶	26d	2,524,590.
e Public support (line 26c minus line 26d total) ▶	26e	4,480,304.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	63.9596 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year.

(2002) _____ (2001) _____ (2000) NOT APPLICABLE (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) **Do not file this list with your return.** 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

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add Line 27a total _____ and line 27b total _____ ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test Enter amount from 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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
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	34b		
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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" 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 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		STMT 22
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements STMT 23	X		3,850.
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body STMT 24	X		2,917.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			6,767.

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 12 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

DESCRIPTION	AMOUNT
SALES OF MATERIALS	942,124.
TOTAL	942,124.

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	358,905.
PURCHASES	249,909.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	608,814.
MINUS ENDING INVENTORY	348,875.
COST OF GOODS SOLD	259,939.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,053,614.
TOTAL	1,053,614.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
PARENT EDUCATORS	NONE N/A	ALLOCATION FOR SCHOLARSHIPS	700.
		TOTAL CONTRIBUTIONS PAID	700

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
STAFF DEVELOPMENT	40,182.	19,196.	20,676.	310.
MANAGEMENT INFORMATION SYSTEMS	82,173.	20,713.	61,460.	NONE
TEMPORARY SERVICES	14,528.	3,163.	11,365.	NONE
PROFESSIONAL FEES	50,278.	36,309.	13,481.	488.
INSURANCE	11,399.	5,950.	5,369.	80.
TRAINING FACILITIES	89,543.	81,034.	8,494.	15.
OUTSIDE SERVICES	482,772.	447,458.	19,812.	15,502.
REPAIRS AND MAINTENANCE	3,160.	419.	2,735.	6.
BOARD EXPENSE	38,291.	NONE	38,291.	NONE
DUES & SUBSCRIPTIONS	11,600.	1,926.	9,594.	80.
INTERNATIONAL CONFERENCE	390,788.	390,788.	NONE	NONE
BAD DEBT EXPENSE	422.	NONE	422.	NONE
UTILITIES	55,023.	44,496.	9,969.	558.
TOTALS	1,270,159.	1,051,452.	201,668.	17,039.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
A) TRAINING-THE NUMBER OF PAT PROGRAMS AT 6/30/04 WAS 3,065 IN 50 STATES, THE VIRGIN ISLANDS, PUERTO RICO AND 7 FOREIGN COUNTRIES. PARENT EDUCATORS TRAINED FROM 7/1/03-6/30/04 WAS 7,139. NUMBER OF TRAINING INSTITUTES HELD 7/1/03-6/30/04 WAS 333.	700.	2,450,742.
B) PROGRAM DEVELOPMENT-DEVELOPMENT OF ADDITIONAL PROFESSIONAL DEVELOPMENT OPPORTUNITIES: LITERACY KIT AND TRAINING, SUPERVISION VIDEOS, TRAINING AND WORKBOOKS.		465,098.
C)OUTREACH-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.		785,360.
D) RESEARCH - 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 NEW PROGRAM STANDARDS GUIDE WAS COMPLETED AND SITE TESTED THIS YEAR.		473,163.
TOTAL	700.	4,174,363.

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
STATE SYSTEMS/CERTIFICATION - LINKING STATE LEADERS WITH THE CENTER AND ASSURING PAT PROGRAMS AND PARENT EDUCATORS MEET THE CENTER'S STANDARDS.		780,249.
TOTALS		780,249.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
MUTUAL FUNDS	3,710,246.
TOTALS	3,710,246.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED TRAINING REVENUE	129,382.
DEFERRED CERTIFICATION FEES	39,820.
TOTALS	169,202.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
AMOUNT DUE TO DESE	132,990.
AMOUNT DUE TO PAT INT'L	361.
LINE OF CREDIT	NONE
TOTALS	133,351.

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

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	259,939.
PARENTS AS TEACHERS INTERNATIONAL TRAINING REV	85,545.
TOTAL	345,484.

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

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	259,939.
PARENTS AS TEACHERS INTERNATIONAL EXPENSES	65,143.
TOTAL	325,082.

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
MARYLEE ALLEN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
HONORABLE ROSEANN BENTLEY 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
SENATOR CHRISTOPHER S. BOND 2228 BALL DRIVE ST. LOUIS, MO 63146	LIFE MEMBER 1-2 HRS/WK	NONE	NONE	NONE
MARIA D. CHAVEZ 2228 BALL DRIVE ST. LOUIS, MO 63146	SECRETARY 1-2 HRS/WK	NONE	NONE	NONE
BARBARA CLINTON 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
T. BERRY BRAZELTON, M.D. 2228 BALL DRIVE ST. LOUIS, MO 63146	LIFE MEMBER 1-2 HRS/WK	NONE	NONE	NONE
CYNTHIA G. BROWN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
HARVEY R. COLTEN, M.D. 2228 BALL DRIVE ST. LOUIS, MO 63146	VICE CHAIR 1-2 HRS/WK	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
CAROL BRUNSON DAY 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
REP. RICHARD A. GEPHARDT 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
JO ANN HARMON 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
DOROTHY V. HARRIS 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
KENT KING 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
CAROLYN W. LOSOS 2228 BALL DRIVE ST. LOUIS, MO 63146	CHAIR 1-2 HRS/WK	NONE	NONE	NONE
ARTHUR L. MALLORY 2228 BALL DRIVE ST. LOUIS, MO 63146	VICE CHAIR 1-2 HRS/WK	NONE	NONE	NONE
DAVID L. MORLEY 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	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
JANE NELSON 2228 BALL DRIVE ST. LOUIS, MO 63146	VICE CHAIR 1-2 HRS/WK	NONE	NONE	NONE
JOAN M. NEWMAN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
JANE K. PAINE 2228 BALL DRIVE ST. LOUIS, MO 63146	LIFE MEMBER 1-2 HRS/WK	NONE	NONE	NONE
ELAINE SHIVER 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
EDWARD F. ZIGLER 2228 BALL DRIVE ST. LOUIS, MO 63146	LIFE MEMBER 1-2 HRS/WK	NONE	NONE	NONE
DOUGLAS A. RIES 2228 BALL DRIVE ST. LOUIS, MO 63146	TREASURER 1-2 HRS/WK	NONE	NONE	NONE
GOVERNOR BOB HOLDEN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
SUSAN S. STEPLETON 2228 BALL DRIVE ST. LOUIS, MO 63146	CEO 40 HR/WEEK	137,075.	6,591.	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
VALERIE BELL 2228 BALL DRIVE ST.LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
ALICE WALKER DUFF 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
MARTIN MALDONADO-DURAN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
CAROLYN BIER 2228 BALL DRIVE ST. LOUIS, MO 63146	CFO 40 HR/WEEK	59,896.	2,995.	NONE
CHERYLE DYLE-PALMER 2228 BALL DRIVE ST. LOUIS, MO 61246	COO 40 HR/WEEK	93,000.	2,146.	NONE
CINDY BRINKLEY 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
LILY WONG FILLMORE 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
SUSAN K. GOLDBERG 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	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
KEVIN LIPPINCOTT 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
MARY ROSE MAIN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
ROBERT MANN 2228 BALL DRIVE ST. LOUIS, MO 63146	DIRECTOR 1-2 HRS/WK	NONE	NONE	NONE
	GRAND TOTALS	289,971.	11,732.	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 NATIONAL CENTER, INC IS TO FACILITATE IMPLENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING THEIR CHILDREN'S BEST FIRST TEACHERS. THESE REVENUES ARE INCIDENTAL TO PROVIDING THESE SERVICES.
93B	INCOME DERIVED FROM THE INTERNATIONAL CONFERENCE IS USED TO DEFRAY THE COST OF PLANNING/CONDUCTING SUBSEQUENT INTERNATIONAL CONFERENCES.
93C	THE MISSION OF PAT NATIONAL CENTER IS TO FACILITATE IMPLEMENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING THEIR CHILDREN'S BEST FIRST TEACHERS. THE REVENUES MAKE THESE SERVICES POSSIBLE.
93D	THESE FEES ARE OPTIONAL ON THE PART OF PAT PROGRAMS. THEY INCLUDE ANNUAL SUBSCRIPTIONS TO THE PAT NEWS AND REDUCED FEES FOR MATERIALS AND SERVICES OFFERED BY THE NATIONAL CENTER.
93G	THE MISSION OF PAT NATIONAL CENTER IS TO FACILITATE IMPLEMENTATION OF PROGRAMS THAT ASSIST PARENTS IN BECOMING THEIR CHILDREN'S BEST FIRST TEACHERS. THE REVENUES MAKE THESE SERVICES POSSIBLE.
102	DEVELOPMENT AND ADAPTION OF CURRICULUM MATERIALS IS ESSENTIAL TO MEETING THE NEEDS OF DIVERSE POPULATIONS SERVED BY PAT PROGRAMS.

STATEMENT 18

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
PAT INSTITUTE, LLC 2228 BALL DR. ST. LOUIS, MO 43-1569124	100.000000	TRAINING	37,816.	NONE
TOTAL INCOME			37,816.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990 PART V.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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

SCHEDULE A, PART VI-B - PAID STAFF OR MANAGEMENT

THE ORGANIZATION EMPLOYS A PUBLIC POLICY MANAGER WHO SPENDS A SMALL AMOUNT OF TIME ON ACTIVITIES CONSIDERED LOBBYING.

SCHEDULE A, PART VI-B - PUBLISHED OR BROADCAST STATEMENTS

PORTIONS OF NEWSLETTER AND WEB SITE ACTIVITIES RELATED TO LEGISLATION.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

THE ORGANIZATION RETAINED A LOBBYIST FOR ISSUES RELATED TO ITS MISSION.

FEDERAL FOOTNOTES

990, PART IV LINE 57

OFFICE FURNITURE AND EQUIPMENT	$682,497
LEASEHOLD IMPROVEMENTS	218,282
TOTAL	900,779
ACCUMULATED DEPRECIATION	315,157
NET FIXED ASSETS	$585,622

DEPRECIATION EXPENSE IS COMPUTED USING THE STRAIGHT-LINE METHOD OVER PERIODS RANGING FROM FIVE TO TEN YEARS. DEPRECIATION EXPENSE FOR THE YEAR ENDED 6/30/04 WAS:

OFFICE FURNITURE AND EQUIPMENT	$87,799
LEASEHOLD IMPROVEMENTS	5,597
TOTAL DEPRECIATION EXPENSE	$93,396

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: ***Form 990-T corporations*** *requesting an automatic 6-month extension - check this box and complete Part I only* . . . . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	PARENTS AS TEACHERS NATIONAL CENTER, INC	43-1569124
	Number, street, and room or suite no If a P O. box, see instructions 2228 BALL DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. ST. LOUIS, MO 63146	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T(sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02/15 , 2005 , to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 07/01 , 2003 , and ending 06/30 , 2004

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . $

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ CPA Date ▶ 11/11/2004

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

Rubin, Brown, Gornstein & Co. LLP 43-0765316
One North Brentwood St. Louis, MO 63105

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