

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and endin	g JUN 30, 20	)11
<b>B</b> c	heck if	C Name of organization	D Employer ide	entification number
a	pplicable	ASSOCIATION FOR MIDDLE LEVEL EDUCATION	ļ	
	Addres change	(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)		
	Name change	Doing Business As	31	L-0865702
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	<del></del>	
	Termin ated	,		L4-895-4730
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	5,109,085.
	Applica tion pendin	WESTERVILLE, OIL 45001	H(a) Is this a gro	
	pendin	F Name and address of principal officer. WILLIAM D. WAIDELICH	for affiliates	
		SAME AS C ABOVE	H(b) Are all affiliat	
<u> </u>	ax∙exe	mpt status X 501(c)(3)		ach a list (see instructions)
		e: ► WWW.AMLE.ORG		nption number
			Year of formation: 197	7 3 M State of legal domicile: OH
Ра	rt I	Summary	TOTAL DROOF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Activities & Governance		Briefly describe the organization's mission or most significant activities. ${f MIDDLE}$	SCHOOL PROGR	CAM
r.	2	Check this box   if the organization discontinued its operations or disposed of	more than 25% of its r	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3 18
ဌ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 18
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 34
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6 250
Ę	7 a <sup>-</sup>	Total unrelated business revenue from Part VIII, column (C), line 12		7a 198,926.
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b 0.
			Prior Year	Current Year
ē.	8 (	Contributions and grants (Part VIII, line 1h)	252,47	
Revenue	9	Program service revenue (Part VIII, line 2g)	4,909,37	
اچ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	8,06	
۳ ا	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	492,91	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,662,83	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 8,499.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1 504 50	0. 0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,724,53	
sue		Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
Expenses		Total fundraising expenses (Part IX, column (DQIne 25)	0.000.46	0 045 000
۳	t.	Other expenses (Part IX, column (A), lines 14a-11a, Mf24f)VCU	2,982,42	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,706,95	
ω.	19	Revenue less expenses Subtract line 18 from MAY2 4 1 2012	955,87	
5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			Beginning of Current	
Net Assets or Fund Balances		Total assets (Part X, line 16)	3,635,77	
듩		Total liabilities (Part X, line 26)	1,825,78	
		Net assets or fund balances Subtract line 21 from line 20	1,809,98	33. 2,145,888.
		Signature Block	totamanta and to the book	t of my knowledge and ballof A
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s		
uue,	correc	a, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-15-12
o:		Signature of officer	Date	1215
Sigr	- 1	WILLIAM D. WAIDELICH, EXECUTIVE DIRECTOR	24.0	
Here	e	Type or print name and title		<del></del>
		Print/Type preparer's name Preparer's signature	Date Che	ck PTIN
Paid	, I	DANIEL WANDER  Daniel L Wander CPA	05/14/12 of self-	<u></u>
	arer	Firm's name SS&G, INC	Firm's Ell	
	Only	Firm's address 300 SPRUCE ST., SUITE 250	111111111111111111111111111111111111111	
	····,	COLUMBUS, OH 43215	Phone no	o. (614) 488-3126
Mav	the IE	S discuss this return with the preparer shown above? (see instructions)	11 110110 110	X Yes No
	01 02-22			Form <b>990</b> (2010)
	ve e		_ 1	2 (2010)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission.	
	THE ASSOCIATION FOR MIDDLE LEVEL EDUCATION IS DEDICATED TO IMPE	
	THE EDUCATIONAL EXPERIENCES OF YOUNG ADOLESCENTS BY PROVIDING V	
	KNOWLEDGE AND RESOURCES TO ALL WHO SERVE THEM IN ORDER TO DEVEL	LOP
	HEALTHY, PRODUCTIVE AND ETHICAL CITIZENS.	·
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 1,202,299 • including grants of \$ ) (Revenue \$ 1,202,299 • including grants of \$ )	,967,506.
	ANNUAL CONFERENCE - HOLDS ANNUAL CONFERENCE FOR EDUCATORS INVOI	
	MIDDLE LEVEL EDUCATION.	
		<del></del>
		·
45	(Code ) (Expenses \$ 1,020,096 • including grants of \$ 8,499 • ) (Revenue \$	991,952.
4b	(Code ) (Expenses \$ 1,020,096 including grants of \$ 8,499 ) (Revenue \$ PROFESSIONAL DEVELOPMENT - PROVIDES WORKSHOPS, ONSITE CLASSES,	
	ASSESSMENT TOOLS AND ONLINE RESOURCES REGARDING MIDDLE LEVEL EI	
	ASSESSMENT TOOLS AND UNLINE RESOURCES REGARDING MIDDLE DEVEL ED	JUCATION.
4c	(Code) (Expenses \$ 1 , 072 , 240 • including grants of \$) (Revenue \$ 1	
	MEMBERSHIP/SUBSCRIPTIONS - OFFER ANNUAL MEMBERSHIPS TO EXISTING	
	AND PROSPECTIVE MEMBERS IN MIDDLE LEVEL EDUCATION. OFFER JOURN	NALS AND
	NEWSLETTERS TO MEMBERS AND SUBSCRIBERS REGARDING MIDDLE LEVEL	
	EDUCATION.	
4d	Other program services. (Describe in Schedule O.)	
74	(Expenses \$ 412,015. including grants of \$ ) (Revenue \$ 372,352.)	
4e	Total program service expenses ► 3,706,650.	
46	Total program service expenses P	Form <b>990</b> (2010)

Form 990 (2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<del>-</del>		<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ا ا		
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	ŀ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		İ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	-	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱.,	х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	<del>ات</del>		<del></del> -
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	İ	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		<del></del>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>-:-</del>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	لييا	
		Form	990 (	2010)

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(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		,	v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?	24		X
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		$\frac{x}{x}$
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33		
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38		

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 108 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 34 2a filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9ь **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Ol 1 (O 1 1 1 O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			X
500	Check if Schedule O contains a response to any question in this Part VI			42
Sec	tion A. Governing Body and Management	1	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 18		res	IAO
1a	1.0			
b	Enter the Hamber of Young members included in line 14, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l	-	x
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا م ا		x
_	of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<del></del>		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		Х	
	governing body?	7a		х
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.		X	_
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			₹.
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		v	:
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	l
	in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ئـ ـ ـ ـ
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	,,
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	ERIN SHABDUE - 614-895-4730			_
	4151 EXECUTIVE PARKWAY, SUITE 300, WESTERVILLE, OH 43081			

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

Check if Schedule O contains a response to any question in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	hect	(all officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
NANCY POLISENO										
TRUSTEE AND PRESIDENT ELECT	2.00	X		X				0.	0.	0
JOAN JARRETT										_
PRESIDENT AND PAST PRESIDENT	2.00	X	<u>L</u> _	X	L		L	0.	0.	0.
JEFF LA ROUX		1						_		_
TRUSTEE AND PRESIDENT ELECT	2.00	Х		X	_	_	_	0.	0.	0.
REGGIE JACKSON		l								
TRUSTEE	2.00	Х			_		_	0.	0.	0.
STEPHANIE STROW		l								_
TRUSTEE	2.00	X	_		L	<u> </u>	_	0.	0.	0 .
KATHLEEN MCCAFFREY					l		İ		,	
TRUSTEE	2.00	X	<u> </u>	_	ļ	<b>.</b>	<u> </u>	0.	0.	0
DOYIN COKER-KOLO	1 2 22								٥.	_
TRUSTEE	2.00	X	_	$\vdash$	⊢	H	_	0.	U •	0
JANET GRIFFITH TRUSTEE	2.00	x						0.	0.	0.
JAMES BARNES	2.00	^	-		$\vdash$		┢	0.	0.	
TRUSTEE	2.00	x						0.	ο.	0.
STEVE NORLIN-WEAVER	2:00	1	┢	<del> </del>	-	-			<u>.</u>	
TRUSTEE	2.00	x				l		0.	0.	0.
PAM MILLIKAN			H							
TRUSTEE	2.00	X		ŀ				0.	0.	0.
SHELLEY JOAN WEISS										
TRUSTEE	2.00	Х						0.	0.	0.
TARIQ AKMAL										
TRUSTEE	2.00	X						0.	0.	0 .
CAROLE CARLSON										
TRUSTEE	2.00	X						0.	0.	0 .
VICKI DENMARK										
TRUSTEE	2.00	X					L	0.	0.	0
ASHLEY SMITH, JR.	_								_	_
TRUSTEE	2.00	X	$ldsymbol{ld}}}}}}$				<u> </u>	0.	0.	0 .
CATHIE THIBODEAU										_
PAST PRESIDENT	2.00	X		Х	L_		L	0.	0.	0 (Form <b>990</b> (2010

Form 990 (2010)

(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

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Part VII   Section A. Officers, Directors, T (A)	(B)			(0	C)			(D)	(E)		_	(F)	
Name and title	Average hours per	(с	heck	Pos all t			ly)	Reportable compensation	Reportable compensation		am	timate nount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	<b>(</b> )	comp fro orga and	other pensa om the anizat d relat inizati	e ion ed
JAN BURGESS TRUSTEE	2.00	x						0.		٥.			0.
CAROL DEETS		<del></del>	-				-			+	-		
TRUSTEE	2.00	Х						0.		0.			0.
MICHAEL MUIR	2 00	Į.								٦١			^
TRUSTEE LYNN SCEARCY	2.00	X	-		١.,	┢	_	0.		<u>0 . </u>			0.
TRUSTEE	2.00	x						0.		ا. ہ			0.
ED VITTARDI		m					Г						
TRUSTEE	2.00	X						0.		0.			0.
DAVID PUCKETT TRUSTEE	2.00	x						0.		0.			0.
DREW ALLBRITTEN	2.00	┝	$\vdash$			┢	$\vdash$	0.		<del>"  </del>			0.
EXECUTIVE DIRECTOR/SECRETARY	40.00			X				100,781.		0.	1	1,6	22.
BETTY GREENE-BRYANT INTERIM EXECUTIVE DIRECTOR	40.00			X				10,050.		0.		1.5	79.
M. ANN EICHEL		H				t				-		_,-	
CFO/TREASURER	40.00			X				123,755.		0.		7,0	46.
1b Sub-total								234,586.		0.	2	0,2	47.
c Total from continuation sheets to Part	VII, Section A							234,586.		0.	2	<u>n 2</u>	$\frac{0.}{47.}$
d Total (add lines 1b and 1c)  2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wl	no re					0,2	
compensation from the organization											1	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	plo	yee,	or t	nighest compensated er	nployee on	[	3	7000	X
4 For any individual listed on line 1a, is the			omp	ensa	ation	n and	d ot	her compensation from	the organization	ı			
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		Ļ	4		X
5 Did any person listed on line 1a receive of	•				-		elat	ed organization or indivi	dual for services				X
rendered to the organization? If "Yes," co Section B. Independent Contractors	mpiete Scheaui	e J i	or st	icn <sub>i</sub>	pers	son				i	5	1	Α
Complete this table for your five highest of the organization.     NONE	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	tion f	rom	
(A) Name and busines	s address							(B) Description of s	ervices	Co	O) negmo	;) nsatio	n
							7				•		
							$\dashv$		<del></del>				
							_				_	-	
							$\exists$						_
							- 1		i				
2 Total number of independent contractors	(including but r	ot li	mıte	d to	_	se lis	sted	above) who received m	ore than				

ASSOCIATION FOR MIDDLE LEVEL EDUCATION (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

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Part VIII Statement of Revenue (D) (C) (A) (B) Revenue excluded from Total revenue Related or Unrelated tax under sections 512, exempt function business revenue revenue 513, or 514 1 a Federated campaigns b Membership dues 1b c Fundraising events 1d d Related organizations 12,453. e Government grants (contributions) f All other contributions, gifts, grants, and 13,803. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 26,256 h Total. Add lines 1a-1f Business Code 1,566. ,879,599.1,878,033 2 a ANNUAL CONFERENCE 541900 Program Service Revenue b MEMBERSHIP 541900 ,107,447.1,107,447. c PROF DEVELOPMENT 541900 991,952. 991,952. 303,052. d SUBSCRIPTIONS 541800 105,692. 197,360. 541900 88,803 e PROGRAM SPONSORSHIPS 88,803. f All other program service revenue 4,370,853. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,603. 3,603 other similar amounts) Income from investment of tax-exempt bond proceeds 15,713. 15,713. 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 2,076. Part IV, line 19 692. b Less: direct expenses 1,384 1,384. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 690,584 and allowances ь 318,232. b Less, cost of goods sold 372,352. 372,352 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 198,926. 4,790,161.4,544,279. 20,700. Total revenue. See instructions.

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# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	8,499.	8,499.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,	104 000	00 006	04 006	
	trustees, and key employees	124,032.	99,226.	24,806.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 200 606	006 070	212 716	
7	Other salaries and wages	1,200,686.	986,970.	213,716.	
8	Pension plan contributions (include section 401(k)	16 672	27 050	0 000	
_	and section 403(b) employer contributions)	46,672.	37,850. 99,536.	8,822.	<del></del>
9	Other employee benefits	116,569.	99,536.	17,033.	
10	Payroll taxes	110,355.	90,430.	13,343.	
11	Fees for services (non-employees)				
_	Management	61,629.		61,629.	
b	Legal	23,374.		23,374.	
	Accounting	23,3/4.		23,3/4.	
	Lobbying  Professional fundraising convices. See Port IV, line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	150,237.	80,003.	70,234.	<del></del>
	Other Advertising and promotion	430,132.	425,862.	4,270.	<del></del> -
12 13	Advertising and promotion Office expenses	364,036.	274,628.	89,408.	
14	Information technology	44,059.	1,699.	42,360.	·-·-
15	Royalties	11,033.			
16	Occupancy	282,521.	3,930.	278,591.	
17	Travel	324,291.	210,684.	113,607.	
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	867,319.	862,851.	4,468.	
20	Interest	7,744.		7,744.	-
21	Payments to affiliates	· -			
22	Depreciation, depletion, and amortization	147,052.	16,953.	130,099.	
23	Insurance	12,941.		12,941.	
24	Other expenses. Itemize expenses not covered			-	
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	EDITORAL FEES	87,712.	87,712.		
b	DUES & SUBSCRIPTIONS	35,963.	31,782.	4,181.	
С	ALLOC. OF INDIRECT EXP.	0.	386,909.	-386,909.	
d	BAD DEBT EXPENSE	1,655.		1,655.	
е					
f	All other expenses	6,337.	1,126.	5,211.	
25	Total functional expenses. Add lines 1 through 24f	4,453,815.	3,706,650.	747,165.	0
26	Joint costs. Check here In If following SOP				
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				F 000 (0010

**Balance Sheet** Part X (A) End of year Beginning of year 1,073,510. 441,407. 1 Cash - non-interest-bearing 987,308. 989,497. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 487,133. 343,424. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net 146,351. 219,617. 8 Inventories for sale or use 8 311,829. 330,159. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 1,087,014. 10a basis Complete Part VI of Schedule D 703,667. 487,122. 383,347. 10b 10c b Less accumulated depreciation 1,233,249 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 50,923. 63,630. 15 15 Other assets. See Part IV, line 11 3,635,772. 3,912,734. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 498,628. 313,293. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,327,161. 1,302,349. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 151,204. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 1,825,789. 1,766,846. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. **Vet Assets or Fund Balances** 2,145,888. 1,809,983. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,809,983. 2,145,888. 33 Total net assets or fund balances 3,912,734. 3,635,772. Total liabilities and net assets/fund balances

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Pa	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  rt XIII Financial Statements and Reporting	1 2 3 4 5 6	4,79 4,45 33 1,80	3,8 6,3 9,9 -4	15. 46. 83. 41.
	Check if Schedule O contains a response to any question in this Part XII				
	Check is Schedule O Contains a response to any question in this transfer			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	÷0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ed on a			
	separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis		_		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>

### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Open t

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

**2010**Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION FOR MIDDLE LEVEL EDUCATION (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

Employer identification number 31-0865702

Part I	Reason	for Public Char	i <b>ty Status</b> (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.			_	
he orgar	nization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i	).				
2	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🔲			tal service organization	•	ın section	170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospita	l's nam	ne,
	city, and stat		•		•				•	•		
5 🔲	•		benefit of a college or ur	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in		<del></del>
• —	_	(b)(1)(A)(iv). (Comple	<u>-</u>			,	9-1					
6 🗆	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗔		_	eives a substantial part					or from the	neneral n	uhlic desc	cribed	ın
'	=	(b)(1)(A)(vi). (Comple		oi ita aupp	orthonia	governine	siitai ui iit t	n nom the	general p	ublic desc	JIDEG I	
• 🗀			•	(Camplata	Dort II \							
8 L 9 X	•		section 170(b)(1)(A)(vi).	•	•					4		from
9 122	•	•	eives. (1) more than 33		• •				•	_	•	
		•	nctions - subject to certa	•	'	•				_		
			axable income (less sect	uon o i i ta	x) Ironi bu	isinesses i	acquired t	y the orga	ii iization a	iter Julie .	30, 191	. J.
10		509(a)(2). (Complete	•	at far aubl	a aafatu l		- E00/aV	41				
10	-	-	perated exclusively to te	•				-			-6	
11 📖	-	-	perated exclusively for the		•				-			or
	•		ations described in secti		•		2) See <b>se</b> (	ction 509(	<b>a)(3).</b> One	ck the box	tnat	
		·· · · · · · · · · · · · · · · · · · ·	organization and compl		_				ر ال	T	O41	
. []	a L Type		· · ·	,,		tionally in			ئــا d	Type III - (		
е 📖			at the organization is not									
		-	han one or more publicly		~				9(a)(1) or s	ection 50s	3(a)(2).	
f			ten determination from t	the IRS tha	atitisa ly	pe I, Type	II, or Type	9 !!!				
		rganization, check th				_			_			ш
g			organization accepted ar								<u> </u>	<del></del>
			lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (	iii) below,	<u> </u>	Yes	No
	-		upported organization?							11g(i)	+-	├─
	•	•	n described in (i) above?		_					11g(ii)	1	<u> </u>
		•	person described in (i) o	* *						11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		1	I (iii) Type of	In		1		I () In	45.0			
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c in col. (i) h				(vi) ls organization	on in col. I		nount o	f
org	anızatıon		(described on lines 1-9	governing			ion in col. r support?	(i) organiz U.S	ed in the 📗	sup	port	
			above or IRC section				,					
			(see instructions))	Yes	No	Yes	No	Yes	No			
		:										
			<u> </u>	<del> </del>			<u> </u>		<del>  -</del>			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Pa	art II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v	vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	: 111 )			
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	- • •					
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				·		
	furnished by a governmental unit to		l			İ	
	the organization without charge						
4	Total. Add lines 1 through 3				_		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		İ	1			1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						<u> </u>
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		1				
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		1				
	activities, whether or not the						
	business is regularly carried on					ļ	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					<u> </u>	
11	Total support. Add lines 7 through 10		<u> </u>	<u>l</u>	<u> </u>	<del>                                     </del>	L
	Gross receipts from related activities	•	•			12	
13	First five years. If the Form 990 is for	J	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ		roontago	-			<u> </u>
						144	0/
	Public support percentage for 2010 (		=	column (t))		14	%
	Public support percentage from 2009			n line 12 and line	14 10 22 1/204 000	15	% and
ıba	33 1/3% support test - 2010.If the o	•			14 IS 33 1/3% OF F	nore, check this DC	x anu ▶☐
	stop here. The organization qualifies		ŭ		Llina 15 ic 20 1 /00	A or more sheet th	nic box
D	33 1/3% support test - 2009. If the o				i iiile 15 is 33 1/3%	o or more, check th	XOU SII
47-	and stop here. The organization qual				10 160 165	and line 1.4 is 100/	. P L
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					art iv now the orgai	nization
	meets the "facts-and-circumstances"	=			-	17a, and line 15 is	10% or
	<ul> <li>10% -facts-and-circumstances tes more, and if the organization meets the</li> </ul>	_					
	more, and in the organization meets th	ie iacio allu-cifci	ווווסומווטכט נכטנ, נ	いっさいしょう ひしん はいひ	Stup Here, Expidi	ווויוון בונוע ווטשע נוונ	•

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2010 (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u> </u>	7,000 1 4,000,0				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and			, ,	., ,	1 1	
	membership fees received (Do not						
	include any "unusual grants.")	1423280.	209,154.	95,212.	252,479.	26,256.	2006381.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	4839604.	5884944.	5621446.	6070677.	4743205.	27159876.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
_	furnished by a governmental unit to						
	the organization without charge				H		
6	Total. Add lines 1 through 5	6262884.	6094098.	5716658.	6323156.	4769461.	29166257.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					245.	245.
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b					245.	245.
8	Public support (Subtract line 7c from line 6.)						29166012.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	6262884.	6094098.	5716658.	6323156.	4769461.	29166257.
10a	Gross income from interest,				- "		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	90,599.	111,942.	51,173.	8,665.	19,316.	281,695.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b	90,599.	111,942.	51,173.	8,665.	19,316.	281,695.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain	·					
	or loss from the sale of capital assets (Explain in Part IV.)		65,729.	14,610.	35,032.	1,384.	
13	Total support (Add lines 9, 10c, 11, and 12)	6353483.	6271769.	5782441.	6366853.	4790161.	29564707.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (l	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	98.65 %
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	97.93 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>10</b> (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.95 %
18	Investment income percentage from 2	2009 Schedule A, I	Part III, line 17			18	1.15 %
198	a 33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright X$
t	33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14 <u>, 1</u> 9:	a, or 19b, check th	is box and see ins	tructions	<u></u>

### SCHEDULE C (Form 990 or 990-EZ)

•

# **Political Campaign and Lobbying Activities**

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

name of o	rganization ASSOCIA	TION FOR MIDDLE	PEARL EDOCK	T.TOM   Embi	oyer identification number
	(FORMER	LY NATIONAL MIDE	LE SCHOOL A	SSN.)	31-0865702
Part I-A	Complete if the orc	janization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2 Politic	de a description of the organizeal expenditures teer hours	zation's direct and indirect politi	cal campaign activities	ın Part IV ▶\$	
Part I-E	Complete if the org	janization is exempt und	der section 501(c)	(3).	
1 Enter	the amount of any excise tax	incurred by the organization un	der section 4955	<b>&gt;</b> \$	
2 Enter	the amount of any excise tax	incurred by organization manag	jers under section 4955	<b>▶</b> \$	
	•	n 4955 tax, did it file Form 4720	for this year?		☐ Yes ☐ No
	a correction made?				└── Yes └── No
Part I-C	s," describe in Part IV	anization is exempt und	der section 501(c)	except section 501	c)(3)
	<u> </u>	d by the filing organization for se		·	
	• •	nization's funds contributed to o	-		
	pt function activities	iizadorra farida doridibada to o	trior organizations for a	<b>▶</b> \$	
	•	Add lines 1 and 2 Enter here	and on Form 1120-POL	•	
line 1	·				
4 Did th	ne filing organization file Form	1120-POL for this year?			Yes No
made contr	payments. For each organizations received that were pr	nployer identification number (E ition listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organi a separate political org	zation's funds. Also enter th janization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2010  Part II-A   Complete if the org	(FOR	MERLY	NATIONAL MI	DDLE SCHOOL	ASSN.)31-0	0865702 Page 2
(election under sec	-		mpt under sectio	n sor(c)(s) and m	ea ronn 5766	
A Check If the filing organiza		• • • • • • • • • • • • • • • • • • • •	listed group			<del> </del>
		-	nd "limited control" pro	ovisions apply		
Limi	ts on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl			-			
c Total lobbying expenditures (add l	ines 1a an	d 1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1d	<b>d</b> )		<u>.</u>	
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bot	h columns		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
						ļ
g Grassroots nontaxable amount (er		•				<del></del>
h Subtract line 1g from line 1a. If zer						ļ
i Subtract line 1f from line 1c. If zero	•					<u> </u>
j If there is an amount other than ze		er line 1h or	line 1, did the organiz	ation file Form 4720		<b>—</b>
reporting section 4911 tax for this	year?			<b>0</b> .: <b>50</b> .(0.)		Yes No
		at made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount	<u></u>					
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

			a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of.		_	
а	Volunteers?	X	_	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	X		
С	Media advertisements?		X	
	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	<u> </u>	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X	ļ	9,007
j	Total. Add lines 1c through 1i		<u> </u>	9,007
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	. — — —	X	
	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	)(5), or se	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	<u> </u>
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines			
	"Yes."		· · · · · · · · · · · · · · · · · · ·	
1	Dues, assessments and similar amounts from members	_	1_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ıcal		
	expenses for which the section 527(f) tax was paid).			
	Current year		2a	
	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex			İ
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		
	expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pai	t IV Supplemental Information			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; a	nd Part II-B	, line 1: Als	o, complete this par
	ny additional information			
PA	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:			
ر م	SULTING, TRAVEL, PRINTING AND POSTAGE FEES TO INFI	TIENCE	እንጥተር	INTAT.
دان	SOLITING, TRAVEL, PRINTING AND POSTAGE FEES TO INFI	TOENCE	MATIC	MAU,
ST	ATE OR LOCAL LEGISLATION.			
	<del></del>		_	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION FOR MIDDLE LEVEL EDUCATION (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

Employer identification number 31-0865702

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		LY NATIONA								Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	<b>ts</b> (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a si	gnificant	use of its	collection	ı ıtems
	(check all that apply).									
а	Public exhibition	c	. 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	hey further tl	he organızat	ion's exer	npt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes_	L No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" to I	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other a	ssets not	ıncluded		_	
	on Form 990, Part X?								Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No.
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance							•		
b	Contributions									
С	Net investment earnings, gains, and losses									,
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	er end balance held a	as							
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
	··· - ··· · · · · · · · · · · · · · · ·	<del></del> %								
	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organiz	ation		
	by:	· ·					Ū		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	· · · · · · · · · · · · · · · · · · ·							<u> </u>	
Par							-		-	
	Description of investment	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
	•	basis (investr	ment)	basis		dep	reciation			
1a	Land									
b	Buildings						-			
С	Leasehold improvements			4	5,719.		36,7	16.		,003.
	Equipment			76	9,168.	4	32,1	79.	336	,989.
	Other			27	2,127.	2	34,7	72.		7,355.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	0(c).)				383	3,347.

Schedule D (Form 990) 2010

(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Page 3 Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation. (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation. (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4) (5) (6) (7)(8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3)(4) (5) (6) (7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) FIN 48 (ASC 740)

(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Page 4 Schedule D (Form 990) 2010 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 4,790,161. Total revenue (Form 990, Part VIII, column (A), line 12) 4,453,815. Total expenses (Form 990, Part IX, column (A), line 25) 2 33<del>6,346</del>. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -441.4 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 6 Investment expenses 6 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) -441.Total adjustments (net), Add lines 4 through 8 9 335,905 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 5,133,533. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 343,372. 2d d Other (Describe in Part XIV) 343,372. e Add lines 2a through 2d 2e 4,790,161. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIV) 0. 4c c Add lines 4a and 4b 4,790,161 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return <u>4,</u>797,628. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 343,813. d Other (Describe in Part XIV) 2d 343,813. 2e e Add lines 2a through 2d 4,453,815. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV.) 0. c Add lines 4a and 4b 4c 4,453,815. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, Also complete this part to provide any additional information. PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME TAXES ON UNRELATED BUSINESS INCOME, IF ANY, ARE PROVIDED AT THE APPLICABLE RATES ON INCOME FOR FINANCIAL REPORTING PURPOSES. NO TAX ON UNRELATED BUSINESS INCOME WAS INCURRED IN 2011 OR 2010 FISCAL YEARS. THE ASSOCIATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE OPEN AUDIT PERIODS ARE FOR THE FISCAL YEARS ENDED Schedule D (Form 990) 2010

(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Page 5 Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) IN 2008, 2009 AND 2010. IN EVALUATING INCOME TAX EXEMPT ACTIVITIES, MANAGEMENT BELIEVES ITS POSITION OF TAX-EXEMPT STATUS IS CURRENT BASED ON CURRENT FACTS AND CIRCUMSTANCES. IT IS THE POLICY OF THE ASSOCIATION TO INCLUDE IN OPERATING EXPENSE, PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES. THERE ARE NO PENALTIES OR INTEREST FROM TAXING AUTHORITIES INCLUDED IN OPERATING EXPENSES FOR THE YEARS ENDED JUNE 30, 2011 AND 2010. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 318,232. 25,581. SUBLEASE REVENUE NETTED WITH LEASE EXPENSES UNREALIZED LOSSES FROM INVESTMENTS -441. TOTAL TO SCHEDULE D, PART XII, LINE 2D 343,372. PART XIII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 318,232. SUBLEASE REVENUE NETTED WITH LEASE EXPENSES 25,581. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 343,813.

SCHEDULE I (Form 990)

OMB No 1545-0047

2 []

X Yes

(Form 990)	_	Grants and Other Assistance to Organizations,	
		Governments, and Individuals in the United States	01 07
Department of the Treasury	the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
Internal Revenue Service	ue Service	► Attach to Form 990.	Inspection
Name of the	Name of the organization	ASSOCIATION FOR MIDDLE LEVEL EDUCATION	Employer identification number
	,	(FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)	31-0865702
Part	General Inforn	Part   General Information on Grants and Assistance	
1 Does	the organization	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

criteria used to award the grants or assistance?

2 Des

(h) Purpose of grant or assistance					Schedule I (Form 990) (2010)
dditional space is neede (g) Description of non-cash assistance					
can be duplicated if a (f) Method of valuation (book, FMV, appraisal,					
(e) Amount of non-cash assistance					,
(d) Amount of cash grant					
(c) IRC section if applicable				ganizations	ions for Form 990.
55,000, Check this (b) EIN				nd government or s	, see the Instruct
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed  1 (a) Name and address of organization construction of government or government  1 (a) Name and address of organization (black) cash grant or government or government  1 (a) Name and address of organization (construction or government or governmen				<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

31-0865702

I (FOrm 990) (2010) (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010) Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE AS	ASSOCIATION		FOR MIDDLE LEVEL EDUCATION	OUCATION	
CONTRIBUTES MONEY DIRECTLY TO THE	SCHOOL IN WHICH		THE WINNING	TEAM	
PARTICIPATED IN THE TEAMS THAT MAKE	<b>A</b>	ERENCE PRO	DIFFERENCE PROGRAM. NO MONITORING	ONITORING IS	
DONE ON THE USE OF THE MONIES AS THEY	ARE	PURELY A C	ONTRIBUTION	PURELY A CONTRIBUTION AND NOT A	
GRANT.					

Schedule I (Form 990) (2010)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

ASSOCIATION FOR MIDDLE LEVEL EDUCATION (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.)

Employer identification number 31-0865702

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLICATIONS - OFFER NUMEROUS PUBLICATIONS RELATING TO MIDDLE LEVEL EDUCATION. EXPENSES \$ 412,015. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 372,352.** FORM 990, PART VI, SECTION A, LINE 4: AS OF JUNE 28, 2011. THE ASSOCIATION'S NAME WAS CHANGED FROM NATIONAL MIDDLE SCHOOL ASSOCIATION TO ASSOCIATION FOR MIDDLE LEVEL EDUCATION. ALSO, DUE TO THE ASSOCIATION'S NAME CHANGE, THE BOARD APPROVED AN UPDATED MISSION STATEMENT. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION'S MEMBERS CONSISTS OF MIDDLE SCHOOL PROFESSIONALS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION VOTE ON THE VOTING BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B. LINE 11: PRIOR TO THE FORM 990 BEING FILED WITH THE IRS, THE EXECUTIVE DIRECTOR/SECRETARY AND CONTROLLER REVIEW THE TAX RETURN IN ITS ENTIRETY. ALTHOUGH NOT REVIEWED IN DETAIL BEFORE FILING, A COPY OF THE FORM 990 IS PROVIDED VIA E-MAIL TO ALL BOARD MEMBERS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND KEY EMPLOYEES OF THE ASSOCIATION ARE REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST FORM.

THESE FORMS AND ANY CONFLICTS ARE REVIEWED DURING BOARD MEETINGS.

Schedule O (Form 990 or 990-EZ) (2010)	ge 2
Name of the organization ASSOCIATION FOR MIDDLE LEVEL EDUCATION Employer identification number (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702	oer
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND EVALUATES TH	E
EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY BY ANALYZING GOALS SET FOR THE	_
EXECUTIVE DIRECTOR AND COMPENSATION REPORTED ON FORM 990 OF OTHER SIMILAR	
ORGANIZATIONS. THE EXECUTIVE DIRECTOR THEN REVIEWS THE COMPENSATION FOR A	<u>LL</u>
EMPLOYEES.	
	_
FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE	
UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	—
NET UNREALIZED LOSSES ON INVESTMENTS: -44	<u>1.</u>
	—
	_
	—
	—
	—
	—
	_

# . 4562

**Depreciation and Amortization** (Including Information on Listed Property)

s. Attach to your tax return.

2010

Attachment

Department of the Treasury Internal Revenue Service (99

► See separate instructions.

Property of the tax total in

23

990

Identifying number

wame(s)	snown on return			Busine	ess or activity to wi	non this form relate	S	identifying number
	OCIATION FOR MIDDLE RMERLY NATIONAL MID				м 990 р	AGE 10		31-0865702
Pari	. 1						V hefore	
	<del></del>	y Onder Occuon 1	75 Hote, 11 ye	od Have arry no	ted property, t	complete rant	1	500,000
	aximum amount (see instructions)	d := 00m::00 /000		`			2	300,000.
	otal cost of section 179 property place	,		)			3	2,000,000
	nreshold cost of section 179 property			•			4	2,000,000
_	eduction in limitation. Subtract line 3 fi						5	
	illar limitation for tax year Subtract line 4 from line		-0- If married fil			(a) Floates		<del></del>
6	(a) Description of pro	perty		(b) Cost (busin	ess use only)	(c) Elected	i cost	4
							<del>.</del>	4
								4
								<u> </u>
7 L:	sted property Enter the amount from	line 29			7			
<b>8</b> To	otal elected cost of section 179 proper	ty. Add amounts	ın column (	c), lines 6 and	7		8	
9 Te	entative deduction Enter the smaller	of line 5 or line 8					9	<u> </u>
10 C	arryover of disallowed deduction from	line 13 of your 2	009 Form 45	62			10	
<b>11</b> B	usiness income limitation. Enter the sr	naller of business	s income (no	t less than ze	ro) or line 5		11	
<b>12</b> Se	ection 179 expense deduction. Add lir	es 9 and 10, but	do not ente	r more than li	ne 11		12	
13 C	arryover of disallowed deduction to 20	) 11. Add lines 9 a	and 10. less	line 12	▶ 13		•	
	Do not use Part II or Part III below for							
Par	Special Depreciation Allowar	nce and Other D	epreciation	(Do not inclu	de listed prop	erty.)		···
14 St	pecial depreciation allowance for quali		•	-				
•	e tax year	ned property (oti	ioi triari note	d property, p	11 501 110	e daming	14	
	roperty subject to section 168(f)(1) ele	otion					15	
		CHOIT					16	130,099
Par	ther depreciation (including ACRS)  t III MACRS Depreciation (Do not	t include listed or	roperty \ (Se	e inetrilictione	<u> </u>		1 10	130,7033
	MACINO Depreciation (Do not	include listed pr	<u> </u>	ection A	1			
47.14	4000 dadada a farancia da da da da da da da da da da da da da						1 47	<u> </u>
	ACRS deductions for assets placed in	-	-	•			7   17	
18 Hy	rou are electing to group any assets placed in servi					acrel Depressi	tion Suc	tom
	Section B - Assets	(b) Month and		or depreciation	r	neral Deprecia	ation Sys	tem
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	]						
С	7-year property	]						
d	10-year property	]						
е	15-year property							
f	20-year property							
g	25-year property	1			25 yrs	<u> </u>	S/L	
	20 ) 02 07 07 07 07 07 07 07 07 07 07 07 07 07	,			27.5 yrs	MM	S/L	
h	Residential rental property	<del>'</del>			27.5 yrs.	MM	S/L	
						MM	S/L	<del> </del>
i	Nonresidential real property			<del> </del>	39 yrs.		S/L	
	Section C - Assets P	/	Dumin a 201	O Tay Vaar II	oin a the Alter	MM		uotom
	<del> </del>	aced in Service	During 20 i	U Tax Year U	Sing the Aiter	native Depret		T T
<u>20a</u>	Class life	4			ļ		S/L	<del> </del>
b	12-year				12 yrs.		S/L	ļ
C	40-year	/			40 yrs.	MM	S/L	<u> </u>
Par	t IV Summary (See instructions.)							
21 Li	sted property. Enter amount from line	28					21	
22 To	otal. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	0 in column (c	), and line 21			

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

130,099.

Form 4562 (2010) (FORMERLY NATIONAL MIDDLE SCHOOL ASSN.) 31-0865702 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No Νo Yes (b) (c) (1) (e) (a) Type of property (g) Date Business Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first ) other basis period Convention deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % % 27 Property used 50% or less in a qualified business use. S/L -% % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (a) (b) (d) (c) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No Yes Nο Yes No Yes No Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI | Amortization (d) Code section (f) (a) (b) (c) (e) Description of costs Amortizable amount Amortization for this year Date amortizatio Amortization begins 42 Amortization of costs that begins during your 2010 tax year 43 16,953 43 Amortization of costs that began before your 2010 tax year 16,953 44 Total. Add amounts in column (f) See the instructions for where to report 44



DATE: 06/30/2011 DOCUMENT ID DESCRIPTION 201118000851 DOMESTIC/AM

DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)

FILING 50.00 EXPED

PENALTY

CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

METZ BAILEY & MCLOUGHLIN 33 E. SCHROCK RD. ATTN: KYLE J STROH WESTERVILLE, OH 43081

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

463215

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

### ASSOCIATION FOR MIDDLE LEVEL EDUCATION

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

201118000851

DOMESTIC/AMENDMENT TO ARTICLES

CONTRACTOR OF THE PARTY OF THE

United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of June, A.D. 2011.

Ohio Secretary of State

for Huster



# Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos state oh us e-mail: busserv@sos.state.oh.us Expedite this Form: (select one)

Mail Form to one Of the Following 2a

Oyes
PO Box 1390
Columbus, OH 43216
Requires an adaltional fee of \$100 \*\*\*
PO Box 1329
Columbus, OH 43216

# Certificate of Amendment by Shareholders or Members

(Domestic) Filing Fee \$50.00

(CHECK ONLY ONE (1)			
(1) Domestic for Profit	PLEASE READINSTRUCTIONS	(2) Domestic Nonprofit	_
☐ Amended	☐ Amendment	☐ Amended	☑ Amendment
(122-AMAP)	(125-AMDS)	(126-AMAN)	(128-AMD)
Complete the general infor	mation in this section for the box check	ked above.	
Name of Corporation	National Middle School Association		
Charter Number	463215		
Name of Officer	Joan Jarrett		
Πtle	President		
Please check if additional	provisions attached.		
he above named Ohio co	rporation, does hereby certify that:		
A meeting of the	shareholders	directors ( nonp	profit only)
members was duly calle	ed and held on May 31, 2011		
<b></b>		ate)	n -s *
	was present in person or by proxy, b	ased upon the quorum pr	esent, an affirmative '
te was cast which entitled	d them to exercise 100 %	6 as the voting power of the	ne corporation.
_			- H
		lOFS (nonprofit amended artic	
members who would be	e entitled to the notice of a meeting or	such other proportion not	less than a majority as the
<del></del>			
articles of regulations or	r bylaws permit.		• • • • • • • • • • • • • • • • • • • •
<del></del>	r bylaws permit.		*
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articles of regulations or			Ţ,
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articles of regulations or	ox is checked.	e and the same are harely	1: 5
articles of regulations or ause applies if amended bo esolved, that the following	ox is checked.  amended articles of incorporations b		1: 5
articles of regulations or ause applies if amended bo esolved, that the following	ox is checked.		1: 5

All of the	e following informat endment box is che	ion must be comple cked, complete the	eted if an amended box areas that apply.	is checked.	
FIRST:	The name of the	corporation is:	Association for Mic	ion .	
SECON	D: The place in the	State of Ohio whe	re its principal office is	located is in the City	of:
	Westerville		Fra	nklin	
	(city, village or towns	ship)		(county)	
THIRD:	The purposes of	the corporation ar	e as follows:		
FOURTH	: The number of si		rporation is authorized not apply to box (2))	to have outstanding	is:
	····	(5063 )	iot apply to box (2))		
	REQUIRED suthenticated	Jan	Soirett		6-24-11
(signed) by an authorized representative (See Instructions)		Authorized Rep	resentative		. Date
		Joan J	arrett, Presider	t	
		(Fillt Name)			
		Authorized Repr	resentative		Date
		(Print Name)		······································	
				<del></del>	

# Form 8868

(Rev. January 2011)

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

Internal Mo	vende del vice	i atc appi	100110111011011111111111111111111111111							
-	are filing for an Automatic 3-Month Extension, complet	-				X				
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of this	form).						
Do not o	complete Part II unless you have already been granted a	in automa	tic 3-month extension on a previously fi	iled Fo	rm 8868.					
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	oration				
	to file Form 990-T), or an additional (not automatic) 3-mor									
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	nsfers .	Associated With Cei	rtain				
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	ctronic filing of this f	orm,				
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits									
Part I	Automatic 3-Month Extension of Time	. Only su	bmit original (no copies needed).							
A corpo	ration required to file Form 990-T and requesting an auton	natic 6·mc	onth extension - check this box and con	npiete						
Part I on	nly			, ,,						
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and ti	rusts must use Form 7004 to request ar	n exter	sion of time					
Type or	Name of exempt organization	Employer identification number								
print		NATIONAL MIDDLE SCHOOL ASSOCIATION								
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your return. See instruction	4151 EXECUTIVE PARKWAY, NO. 300  City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	WESTERVILLE, OH 43081									
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1				
Applica	tion	Return	Application			Return				
is For			is For		Code					
Form 990			Form 990-T (corporation)		07					
Form 990-BL			Form 1041-A		08					
Form 990-EZ			Form 4720		09					
Form 990-PF			Form 5227		10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990-T (trust other than above)			Form 8870		12					
			EXECUTIVE PARKWAY,	SUI	TE 300 -					
	cooks are in the care of   WESTERVILLE, OF	1 430	81		·					
Telep	phone No. ► 614-895-4730		FAX No. 🕨							
<ul><li>If the</li></ul>	organization does not have an office or place of business	in the Un	nited States, check this box							
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN) If th	is Is fo	r the whole group, c	heck this				
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of all	memb	ers the extension is	for.				
<b>1</b>   r	equest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2012, to file the exempt				The extension					
is	for the organization's return for:	•	-							
► Calendar year or										
<b>•</b>	K tax year beginning JUL 1, 2010 , and ending JUN 30, 2011 .									
2 lf 1	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return Fina	al retur	n					
L	Change in accounting period									
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any							
nonrefundable credits. See instructions.				3a	\$	0.				
	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•				
es	timated tax payments made. Include any prior year overp			3b	\$	0.				
c Ba		yment wit	h this form, if required,	3b	\$	0.				