

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



DLN: 93493102000223

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the 2	011 ca	lendar year, or tax year beginning 0	5-01-2011 and ending 05	5-31-2012			
B Ch	eck ıf ap	plicable	C Name of organization NATIONAL SCIENCE TEACHERS ASSOCIAT	ION		D Emp	oloyer id	entification number
☐ Add	ress cha	ange					60552	
┌ Na	me chan	nge	Doing Business As			E Tele	phone n	umber
┌ Init	ıal returi	n	Number and street (or P O box if mail is	not delivered to street address)	Room/suite		3)243-	
Г Тег	mınated	I	1840 WILSON BOULEVARD	,		G Gros	s receipts	s \$ 32,565,981
_	ended re	eturn pending	City or town, state or country, and ZIP + ARLINGTON, VA 222013092	4				
			F Name and address of principa	l officer		H(a) Is this a gro	un retur	n for
			DAVID L EVANS			affiliates?	up retui	⊤Yes ▽ No
			1840 WILSON BOULEVARD ARLINGTON, VA 222013092			11/h) A II - 66:1: - A		
			,			H(b) Are all affiliat		ded? Yes No t (see instructions)
I Ta	x-exem _l	pt status	▽ 501(c)(3) □ 501(c)() ◄ (insert	no)	527	H(c) Group exem		
J W	ebsite	: ► ww	W NSTA ORG					
K For	n of ora	anızatıon	Corporation Trust Association	Other 🕨		L Year of formation	1960	M State of legal domicile DC
	rt I		mary	OTHER P		2 roar or roundation	1500	Totale of legal defined be
			escribe the organization's mission or	most significant activities	5			_
			MOTE EXCELLENCE AND INNOVA			D LEARNING FOR	ALL	
<u>ĕ</u>	-							
Activities & Governance	-							
₹	2 0	heck th	is box দ if the organization discor	tinued its operations or di	sposed of	more than 25% of	ts net a	nssets
উ	1		of voting members of the governing b				з	13
న ఆ			of independent voting members of th				4	11
ĕ	1		mber of individuals employed in cale				5	123
\$	1		mber of volunteers (estimate if nece		,		6	726
क्			related business revenue from Part \				7a	1,272,111
			lated business taxable income from				7b	0
				·		Prior Year		Current Year
e E	8	Contril	outions and grants (Part VIII, line 1	h)			5,042	14,877,495
	9		m service revenue (Part VIII, line 2		16,35		11,795,991	
Reven	10		ment income (Part VIII, column (A)	3 ,			8,961	103,338
æ	11		revenue (Part VIII, column (A), line			1,791,703		2,177,513
	12	Totalr	evenue—add lines 8 through 11 (mu	22,93		28,954,337		
	13		and similar amounts paid (Part IX,				7,906	3,162,372
	14		ts paid to or for members (Part IX, c			,,	0	3,102,372
	15		es, other compensation, employee be					
8		5-10)			,,	10,00	2,483	10,243,685
Expenses	16a	Profes	sional fundraising fees (Part IX, colu	mn (A), line 11e)			0	0
ੜੀ	ь	Total fur	ndraısıng expenses (Part IX, column (D), line	25) - 430,981				
_	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e) .		13,27	6,146	11,851,114
	18	Totale	expenses Add lines 13–17 (must ed	jual Part IX, column (A), lı	ne 25)	24,07	6,535	25,257,171
	19	Reveni	ue less expenses Subtract line 18 f	rom line 12		-1,14	2,403	3,697,166
Net Assets or Fund Balances						Beginning of Cur Year	rent	End of Year
6 Kg	20	Totala	ssets (Part X, line 16)			32,87	4,039	34,157,699
A A	21		nabilities (Part X, line 26)			15,25		14,942,698
žĪ	22		sets or fund balances Subtract line			17,61	9,527	19,215,001
Pai	rt II	Sign	ature Block					
know	ledge a ledge.	**** Signa	erjury, I declare that I have examined the fight is true, correct, and complete. Decl ** ture of officer D L EVANS EXECUTIVE DIRECTOR				mation o	
			or print name and title					
Paid		Preparer' signature	TERRI MCKNIGHT CPA	Date	sel		er's taxpa	ayer identification number s)
Preparent Use	arer's	ıf self-en	nme (or yours GELMAN ROSENBERG & Fi	REEDMAN		EIN Þ	52-1392	008
USE (Jilly		and ZIP + 4 4550 MONTGOMERY AVE	SUITE 650N		81	no k '	201) 051 0000
			BETHESDA, MD 20814293					301) 951-9090
May	the IRS	discus	s this return with the preparer showi	n above? (see instructions)			▼ Yes

Par	t III		t of Program Servi edule O contains a resp			I	
SCIE	NATIC NCE T	y describe the NAL SCIENC EACHING AN	e organization's mission E TEACHERS ASSOCI ND LEARNING FOR ALL	ATION'S (NS NSTA WAS I	TA) MISSION IS TO	PROMOTE EXCELLENCE A TIMULATE, IMPROVE, AND	AND INNOVATION IN COORDINATE SCIENCE
PROI STIM IMPF INCF	MOTE I IULATI ROVIN REASE,	THE IMPROV ION AND CO G SCIENCE T	EMENT OF EDUCATIO ORDINATION OF SCIE EACHING WITH THE S DUCATION, THE KNO	NAL SYSTEM ENCE TEACHI SCHOOLS, AN	S AND PROCESSES NG, TO APPRISE TH D GENERALLY TO D	LL ACTIVITIES IN FURTHE IN THE SCHOOLS IN ANY HE GENERAL PUBLIC OF PO O ANY AND ALL ACTS AN G UPON THE GENERAL PU	MANNER TO ASSIST SUC DSSIBLE MEANS OF D THINGS WHICH MAY
							_
2	Did th	ie organization	n undertake any signific	ant program se	ervices during the vea	ar which were not listed on	
	the pr	nor Form 990 s," describe th	or 990-EZ? nese new services on So				ΓYes Γ No
3	servic	es?	n cease conducting, or r · · · · · · · · · · · · · · · · · ·		nt changes in how it c	onducts, any program · · · · · · ·	┌ Yes ┌ No
4	expen	ses Section!	501(c)(3) and 501(c)(4) organizations	s and section 4947(a	hree largest program service)(1) trusts are required to re ch program service reported	port the amount of
4a	ADMII SCHO LEARN NASA ANALY HOST STUD SCIEN ENHA LOCAI WITH	RACTS AND GRANISTERED PD OPOL TEACHERS, ANING CENTER (NEXPLORER SCHOOLD FOR THE PROPERTY OF TH	PORTUNITIES FOR SCIENCE YEAR-LONG PROGRAM PROV YEAR-LONG PROGRAM PROV LC) SELECTED SUPPORT MAT FOLL (NES) DATABASES, INCL I OF EXISTING SCIENCE PROC TERED 8 LARGE-SCALE, NATION DESIGNED AND COMMUNICA HAT ENHANCE SCIENCE EDU- DUCATION, ENVIRONMENTAL OF STUDENT TEAMS DEVELOPED CLEAN TECHNOLOGY COMPENSTITUENCY AND TO STUDEN	EDUCATORS THE IDING PD AND ME FEILLS WHICH AFELP DESK FOR T GRAMS IDENTIFY! (IONALLY-KNOWN ATED INNOVATIVE CATION IN THEIR COMPETITION EM DACTIONABLE SOITTION, AND HON ITS, TEACHERS, A	NCE EDUCATION PROFESSINITIATIVES UNDERTAKE ENTORING SUPPORT TO E. RE ALLIGNED WITH NASA I EACHER PARTICIPANTS, P. NG AREAS OF IMPROVEME COMPETITIONS AND GRANTECHNOLOGIES THAT COSCHOOLS OR SCHOOL DISPOWERED STUDENTS TO LUTIONS FOR SUSTAINABINE ENERGY EDUCATION C.ND SCHOOLS NSTA LEARN	3,064,625) (Revenue \$ SIONAL DEVELOPMENT (PD) PROGINION INCLUDE AN INTENSE FIVE-DAY ARLY CAREER SCIENCE TEACHERS EARTH AND SPACE SCIENCE CURRICULOUS STUDENT SYMPOSIA, SCIENCE EDUCE FOR PARTICIPATING SCHOOL INTENSION FOR SCIENCE EDUCE	PROGRAM FOR ELEMENTARY , MADE AVAILABLE FOR NSTA ICULA, DESIGNED AND MAINTAINE IENCE ADVISORY TO OBJECTIVELY DISTRICTS COMPETITIONS - ATORS AND STUDENTS INCLUDING TED PROJECTS DEVELOPED BY R INNOVATE PROJECTS THAT CT THE PLANET FOCUSED ON THEI TION, A TEACHER'S SCIENCE LAB FERED TO VARIOUS AGE GROUPS SIONAL DEVELOPMENT (EPD)
	DOCU	IMENT PD GROW ERENCES, PARTI		STANDARDS-BAS L MODEL FOR SCA	ED, SYMPOSIA AND WEB I	S, INCLUDING A SUITE OF PRACTI PRESENTED BY SCIENCE AND EDUC) (Revenue \$	
	CONF TEACI ON SO HAND FOLLO INVAL CONF SIGNI THRO	ERENCES AND M HING STRATEGY, CIENCE EDUCATI S-ON WORKSHO DW-UP AFTER TH UABLE SOURCE (ERENCES), NSTA FICANT DEPTH T UGH THE FULL C ERENCES ON FO	EETINGS OPEN TO MEMBER A AND RESEARCH TO ENHANC ON AND THREE AREA CONFE PS AS WELL AS SPECIAL INVT E CONFERENCE ONLINE), AN OF CURRICULUM AND OTHER A PRESENTS PROFESSIONAL E ITHESE DAY-LONG PROGRAMS ONFERENCE AGENDA NSTA	AND NONMEMBER E AND EXPAND TH RENCES ON SCIENTED SPEAKERS, EN D THE EXHIBITION PRODUCTS AS A EVELOPMENT INS GOFFER PARTICIP NATIONAL AND AR	SCIENCE EDUCATORS, N: HE INDIVIDUAL'S PROFESS NCE EDUCATION NSTA CO DUCATIONAL FIELD TRIPS, N OF SCIENCE EDUCATION IN IMPORTANT ADDITION TITUTES-FOCUSED, CONT ANTS A UNIQUE LEARNING EA CONFERENCES MAY A	STA CONFERENCES OFFER THE LA' IONAL GROWTH EACH YEAR NSTA DIFFERENCES ARE DESIGNED WITH SHORT COURSES, NSTA SYMPOSI N MATERIALS IS THE LARGEST EXH TO THE NATIONAL CONFERENCE A 'ENT-BASED, PARTNERED PROGRA G OPPORTUNITY THAT INCLUDES A LSO FEATURE ONE-DAY TOPICAL R RKSHOPS, SPEAKERS PRESENT FI	TEST IN SCIENCE CONTENT, HOSTS A NATIONAL CONFERENCE INNOVATIVE PRESENTATIONS AN IA (WHICH PROVIDE ONLINE IBITION OF ITS KIND AND IS AN GENDA (AND SELECTED AREA MS THAT EXPLORE KEY TOPICS IN I PERSONALIZED PATHWAY ESEARCH DISSEMINATION
4 c	BAND CONT EDUC BOOK AWAR	SHING AND SALE FROM PRE-KIND ENT FROM 2000 ATORS ACROSS T S ANNUALLY, IN 18 ED-WINNING CON	DERGARTEN THROUGH COLLE TO THE PRESENT EACH YEA FHE UNITED STATES AND, IN BOTH PRINT AND ELECTRONI	GE - BOTH IN PR R, THAT ARCHIVE CREASINGLY, WO IC FORM PROVIDI	INT AND ONLINE IT HAS E IS ACCESSED BY NSTA M RLDWIDE PUBLICATIONS NG RESOURCES USED BY) (Revenue \$ PEER-REVIEWED MEMBER JOURNA SUILD AN ONLINE JOURNAL ARCHIV EMBERS, AS WELL AS BY TENS OF ENCOMPASSES NSTA PRESS, WHIC THE SCIENCE EDUCATION COMMU BLICATIONS CREATE THE NSTA RE	/E THAT INCLUDES ALL PUBLISHED THOUSANDS OF ADDITIONAL CH PRODUCES MORE THAN 20 NEV INITY THE PRESS DEVELOPS
	(Code	e DDICALS) (Expenses \$	1,516,023	including grants of \$) (Revenue \$	869,677)
	(Code	e Essional develo) (Expenses \$ OPMENT	996,267	ıncludıng grants of \$	47,252) (Revenue \$	445,969)
	(Code	e BERSHIP SERVICE) (Expenses \$	721,778	ıncludıng grants of \$) (Revenue \$	3,475,759)
	(Code	e NAL ADVERTISING) (Expenses \$	575,797	including grants of \$) (Revenue \$	74,848)
	(Code	e R PUBLICATIONS) (Expenses \$	543,720	including grants of \$) (Revenue \$	232,028)
	(Code) (Expenses \$	172,731	ıncludıng grants of \$	50,495) (Revenue \$)
	(Code	e SLATIVE AFFAIRS) (Expenses \$	261,177	ıncludıng grants of \$) (Revenue \$)
	(Code) (Expenses \$	241,817	ıncludıng grants of \$) (Revenue \$	359,090)
	(Code	e REGISTRY OF TEA) (Expenses \$ ACHERS	59,477	ıncludıng grants of \$) (Revenue \$)
		er program ser enses \$	vices (Describe in Sch 5,088,787 inc	edule O) luding grants o	of \$ 97	7,747) (Revenue \$	5,457,371)
			/ice expenses►\$	19.922.12			, , , - : - 1

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$.	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 472			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		No
h	account)?	-14		110
D	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit 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	<u></u>		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		Νo
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 13 Enter the number of voting members included in line 1a, above, who are 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 14 Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Νo If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MOIRA FATHY BAKER 1840 WILSON BOULEVARD ARLINGTON, VA 222013092 (703) 243-7100

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) PATRICIA SIMMONS PRESIDENT	5 00	х		Х				0	0	0
(2) ALAN MCCORMACK RETIRING PRESIDENT	4 00	х		Х				33,058	0	0
(3) KAREN OSTLUND PRESIDENT ELECT	4 00	х		Х				12,172	0	0
(4) MELVINA JONES DIRECTOR	2 00	х						750	0	0
(5) LINDA LACEY DIRECTOR	2 00	х						0	0	0
(6) THOMAS LORD DIRECTOR	2 00	х						109	0	0
(7) MICHAEL LOWRY DIRECTOR	2 00	х						400	0	0
(8) ELIZABETH MULKERRIN DIRECTOR	2 00	х						0	0	0
(9) LISA NYBERG DIRECTOR	2 00	х						0	0	0
(10) KATHY PROPHET DIRECTOR	2 00	х						800	0	0
(11) CHRISTINE ROYCE DIRECTOR	2 00	х						3,550	0	0
(12) KATHRYN SCANTLEBURY DIRECTOR	2 00	х						0	0	0
(13) KATHY WRIGHT DIRECTOR	2 00	х						300	0	0
(14) LEROY LEE TREASURER	3 00			х				12,000	0	0
(15) FRANCIS Q EBERLE EXECUTIVE DIRECTOR	37 50			х				225,671	0	41,359
(16) MOIRA FATHY BAKER ASSOCIATE ED, COO/CFO	37 50			х				190,648	0	33,224
(17) DAVID BEACOM ASSOCIATE ED, PUBLISHER	37 50				х			173,514	0	24,892

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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(18) ZIPPORAH MILLER ASSOCIATE ED, PROF PROG	37 50					х		146,013	0	17,209
(19) EDWARD ROCK ASSOCIATE ED, MKTG/SALES	37 50					х		145,854	0	26,595
(20) ANN KORANDO DIRECTOR, MAJOR GIFTS	37 50					Х		138,777	0	25,269
(21) DAMARIES BLONDONVILLE SR DIR , PROFESSIONAL DEV	37 50					х		119,091	0	24,529
(22) TODD WALLACE ASSISTANT ED, INFO TECH	37 50					Х		118,946	0	30,544
1b Sub-Total							<u> </u> ▶⊺		I	<u> </u>
c Total from continuation sheets t							<u>-</u>			
							 	1,321,653	0	223,621
2 Total number of individuals (inclu \$100,000 of reportable compens	dıng but not lım	ıted to	those	e list) who	received more tha	n	Yes No

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPC PRINT SERVICES 9122 EAGLE WAY SUITE 100 ARLINGTON, VA 22201	PRINTING SERVICES	797,495
APTIFY 7900 WESTPARK DR 5TH FL TYSONS CORNER, VA 22102	IT CONSULTING	424,634
TASCO INC 9 JAY GOULD COURT WALDORF, MD 20602	PUB FULFILLMENT & STORAGE	422,666
WOODLANDS RESORT & CONF 2301 N MILLBEND DR WOODLANDS, TX 77380	MEETING SPACE & CATERING	421,515
SMG MOSCONE CENTER 747 HOWARD STREET 5TH FL SAN FRANCISCO, CA 94103	MEETING & EXHIBITION FACILITY	215,740
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►17

Part v		Statement of Revenue					
		Endows had a server as		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
芸芸	1a	Federated campaigns	1a				
图图	Ь	Membership dues	1b				
ું.	c	Fundraising events	1c				
€ 등	d	Related organizations	1d				
<u>™</u>	e	Government grants (contributions)	1e 1,375,348				
들풍	f	All other contributions, gifts, grants, and	1f 13,502,147				
至		similar amounts not included above					
훈	g	Noncash contributions included in	1				
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ \(\frac{16,168}{}{} \) Total. Add lines 1a-1f		14,877,495			
Ų 10							
e E			Business Code				
Yen Yen	2a	CONFERENCES/MEETINGS	900099	6,288,620	3,950,716	231,430	2,106,474
윤	Ь	MEMBERSHIP DUES	900099	3,440,857	3,440,857		
-SE	C	ADVERTISING	900099	1,211,455	232,027	979,428	
<u>~</u>	d	PROF DEVELOPMENT	900099	445,969	445,969		
3	e	SCILINKS	900099	359,090	359,090		
Program Serwce Revenue	f	All other program service revenue		50,000	50,000		
Š		Total Addison 25 25		44 705 001			
	g 3	Total. Add lines 2a-2f		11,795,991			
		Investment income (including div and other similar amounts)		210,001			210,001
	4	Income from investment of tax-exempt l	· · · · ·				
	5	Royalties		165,019		11,704	153,315
		(i) Real	(II) Personal	,		,	,
	6a	Gross rents 530,76					
	ь	Less rental 368,64	3				
	_	expenses Rental income 162,12	3				
	C	or (loss)					
	d	Net rental income or (loss)		162,123		49,549	112,574
	_	(i) Securities	(II) Other				
	7a	Gross amount 1,083,58 from sales of	4				
		assets other than inventory					
	ь	Less cost or 1,190,24	7				
		other basis and sales expenses					
	С	Gain or (loss) -106,66					
	d	Net gain or (loss)		-106,663			-106,663
e E	8a	Gross income from fundraising events (not including					
₹		\$ of contributions reported on line 1	c)				
ě		See Part IV, line 18					
Other Revenue			a				
the	ь	Less direct expenses	b				
Ö	c	Net income or (loss) from fundrais	sing events 🕨				
	9a	Gross income from gaming activit See Part IV, line 19					
	.	Land do t	a				
	b	Less direct expenses Net income or (loss) from gaming	b activities •				
	С 10а		activities				
	104	Gross sales of inventory, less returns and allowances .	a 2,004,440				
	Ь	Less cost of goods sold	3,886,668 b 2,052,754				
	c	Net income or (loss) from sales of	_,,	1,833,914	1,810,000		23,914
		Miscellaneous Revenue	Business Code	-			
	11a	MISCELLANEOUS	900099	16,457			16,457
	ь		-				
			-				
	d	All other revenue	-				
	a e	Total. Add lines 11a-11d					
				16,457			
	12	Total revenue. See Instructions	•	28,954,337	10,288,659	1,272,111	2,516,072

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX		(B)	(c)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	234,764	234,764		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,919,608	2,919,608		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	8,000	8,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	786,305	200,007	580,813	5,485
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,770,173	5,027,417	1,521,739	221,017
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	629,059	462,062	149,219	17,778
9	Other employee benefits	1,511,186	806,482	674,194	30,510
10	Payroll taxes	546,962	378,787	153,783	14,392
11	Fees for services (non-employees)				
а	Management				
b	Legal	31,202	11,668	16,701	2,833
С	Accounting	94,780	23,915	70,865	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	36,478		36,478	
g	Other	2,654,896	2,131,395	499,921	23,580
12	Advertising and promotion	700,236	672,872	12,511	14,853
13	Office expenses	1,527,902	1,426,334	99,652	1,916
14	Information technology	342,540	132,406	207,003	3,131
15	Royalties				
16	Occupancy	202,416	369,023	-176,922	10,315
17	Travel	1,289,359	874,474	371,028	43,857
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,243,953	2,182,383	50,150	11,420
20	Interest	220,131		220,131	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308,270	155,012	153,258	
23	Insurance	120,214	51,669	68,545	
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 O)				
а	PRINTING & PUBLICATIONS	1,134,257	1,124,644	9,489	124
b	EQUIP RENTAL & MAINT	638,476	574,567	47,909	16,000
С	DUES & SUBSCRIPTIONS	117,754	111,255	6,102	397
d	TAXES	107,241	1,150	95,009	11,082
е					
f	All other expenses	81,009	42,228	36,490	2,291
25	Total functional expenses. Add lines 1 through 24f	25,257,171	19,922,122	4,904,068	430,981
26	Joint costs. Check here ► ☐ 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		-	-	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,721,576 6,431,168 1 1 4.639.330 2 10.403.719 2 Savings and temporary cash investments 3 4,595,577 6,235,161 3 755.116 4 635.686 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 1,721,014 8 1.701.668 9 243,200 206,475 Prepaid expenses and deferred charges 11,988,829 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 5,351,435 b Less accumulated depreciation 6,356,599 10c 6,637,394 6,413,158 7,490,742 11 11 490,641 12 12 88,233 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 173,439 91,842 15 15 32,874,039 34,157,699 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,886,667 2,098,724 17 17 Accounts payable and accrued expenses . 18 18 19 6,948,228 19 5,994,687 20 1.785.000 20 1.610.000 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1,140,000 23 1,040,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,494,617 25 4,199,287 D 26 15,254,512 26 14,942,698 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 7,429,113 Unrestricted net assets 9,304,206 8,315,321 28 11,785,888 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 17.619.527 33 19.215.001 34 Total liabilities and net assets/fund balances 32.874.039 34 34.157.699

Pal	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,9	954,33
2	Total expenses (must equal Part IX, column (A), line 25)	2			257,17
3	Revenue less expenses Subtract line 2 from line 1	3		3,6	597,16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,6	519,52
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,1	101,69
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		19,2	215,00
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

NATIONAL SCIENCE TEACHERS ASSOCIATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

S	ection A. Public Support	c organization	ians to quanty u	nder the tests	iisted below, pie	200	inpicte i	art III.)
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,740,43	3 6,333,789	7,225,523	3,475,042	14	1,877,495	37,652,282
2	grants ") Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
4	to the organization without charge Total. Add lines 1 through 3	5,740,43	3 6,333,789	7,225,523	3,475,042	14	1,877,495	37,652,282
5	The portion of total contributions by each person (other than a governmental unit or publicly							16,366,941
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							10,300,941
6	Public Support. Subtract line 5 from line 4							21,285,341
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	Amounts from line 4	5,740,433	6,333,789	7,225,523	3,475,042	14	,877,495	37,652,282
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,084,184	950,201	837,751	877,833		905,786	4,655,755
9	Net income from unrelated business activities, whether or not the business is regularly carried on	48,234		72,350	154,749		39,850	315,183
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	14,608	138	5,004	12,369		16,457	48,576
11	Total support (Add lines 7 through 10)							42,671,796
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		89,970,751
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	Ifth tax year as a !	501(c)(3	3) organız	ation, ▶┌
S	ection C. Computation of Pul	blic Support I	Percentage					
14	Public Support Percentage for 201	1 (lıne 6 column	(f) divided by line	11 column (f))		14		49 880 %
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15		60 980 %
16a	33 1/3% support test—2011. If the and stop here. The organization quantum				ine 14 is 33 1/3%	or more	e, check tl	his box ► ✓
	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported							
L	organization 10%-facts-and-circumstances test			_				▶ □
U	15 is 10% or more, and if the organization Explain in Part IV how the organization	nızatıon meets th	ne "facts and circu	mstances" test, o	check this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizations	tion did not checl	k a box on line 13,	16a, 16b, 17a o	17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
	Explanation						

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493102000223

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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).

- ◆ 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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, line 35c (Proxy Tax), then

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

vame or	the or	ganization	
NATIONAL	SCIENC	E TEACHERS	ASSOCIATION

Employer identification number

52-6055229

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	⁷ organization.

- in opposition to candidates for public office in Part IV 2 Political expenditures
- 3 Volunteer hours

Р

art I-B	Complete if the	organization is	exempt under	section 50)1(c)(3).
---------	-----------------	-----------------	--------------	------------	-----------

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Chedule C (F	FOIN 990 OF 990-L2) 2011	Page
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (under section 501(h)).	election
Check	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,	address, EI

4	Check	\sqcap	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)
_	~ I	$\overline{}$	

	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
.a	Total lobbying expenditures to influence public of	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	138,881	
c	Total lobbying expenditures (add lines 1a and 1	o)	138,881	
d	Other exempt purpose expenditures	24,600,331		
e	Total exempt purpose expenditures (add lines 1	24,739,212		
f	Lobbying nontaxable amount Enter the amount to	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
			0	

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

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

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
C	Total lobbying expenditures	107,924	70,393	109,805	138,881	427,003				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures									

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493102000223

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Inspection

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi			Emple	oyer identificati	on numb	er
NA	TIONAL SCIENCE TEA	ACHERS ASSOCIATION		52-6	055229		
Pa			dvised Funds or Other Similar Fu			Comple	te ıf the
	organiz	zation answered "Yes" to Form 99	00, Part IV, line 6. (a) Donor advised funds		b) Funds and oth	201 2000	ıntc
1	Total number a	t and of year	(a) Donor advised funds) Fullus allu oti	iei accou	1111.5
2		ributions to (during year)					
3		its from (during year)	1,500				
4		e at end of year	26,986				
5	Did the organiz	ation inform all donors and donor adv	isors in writing that the assets held in don organization's exclusive legal control?	or advis	ed	✓ Yes	┌ No
6	used only for c conferring impe	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other	purpose	V Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" to	<u>o Form</u>	990, Part IV <u>,</u>	line 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year	<u> </u>	certified	l historic structu		a
					Held at the E	nd of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage i	restricted by conservation easements		2b			
C	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfear	erred, released, extinguished, or terminate	d by the	e organization du	uring	
4	Number of stat	es where property subject to conserva	ation easement is located ►				
5		nization have a written policy regarding the conservation easements it holds	g the periodic monitoring, inspection, hand ?	dling of v	violations, and	┌ Yes	┌ No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ients du	ring the year 🛌		
7	A mount of expe ► \$		ng, and enforcing conservation easements	s during	the year		
8	Does each con		?(d) above satisfy the requirements of sec	tion:		┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
Par			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar A	ssets.	
1a	If the organizat	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	ch in fur			e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii s				
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			- \$		
2		·	orical treasures, or other similar assets fo	or financ	ial gain, provide	the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	HECHOIIS OF ALL	., mis	COLL	cai ii		 05/ 01 0			71000	23 (CC	munacu)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that ar	e a significa	int u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the c	organization	's ex	empt purpo	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontribu	utions	or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			Amou	ınt	
С	Beginning balance							1c		Aiilou		
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
	Did the organization include an amount on Fo	orm 990 Part V lin	م 210 م	,			L				Yes	□ No
	If "Yes," explain the arrangement in Part XIV	•	c ZI'							'	. 43	, 140
b Par			n and	Wer	od "Vo	s" to	Form 990	Par	t IV line	10		
rai	Endowment I ands. Complete	(a)Current Year)Prior '			o Years Back		Three Years B)Four Y	ears Back
1a	Beginning of year balance			-								
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as					•				
a	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are hel	d and a	dministered	for	the		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•								3b		
	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	nds							
	t VI Land, Buildings, and Equipme		0, Pa	art X	, line :	10.	I					
	Description of property		90, Pa	(a)	, line : Cost or is (inves	r other	(b) Cost or o basis (othe		(c) Accumu depreciat		(d) Bo	ok value
Part			90, Pa	(a)	Cost or	r other		r)				
Part	Description of property		90, Pa	(a)	Cost or	r other	basis (othe	r) ,697	depreciat			1,889,697
Part 1a L b B	Description of property		90, Pa	(a)	Cost or	r other	basis (othe 1,889	r) ,697	depreciat	ion		1,889,697
Part 1a L b B c L	Description of property and		90, Pa	(a)	Cost or	r other	basis (othe 1,889	,697 ,614	depreciat	ion		1,889,697 4,192,272
la L b B c L d E	Description of property and		00, Pa	(a)	Cost or	r other	basis (other	,697 ,614 ,198	depreciat 3,6	47,342		1,889,697 4,192,272

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	, ,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
POSTRETIREMENT BENEFIT OBLIGATION	4,199,287	
l l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,199,287	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,954,33
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,257,17
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,697,16
4	Net unrealized gains (losses) on investments	4	-419,10
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,682,59
9	Total adjustments (net) Add lines 4 - 8	9	-2,101,69
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,595,47
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	27,296,60
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-1,621,25
3	Subtract line 2e from line 1	3	28,917,85
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 36,478		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	36,47
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,954,33
•	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	25,220,69
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	25,220,69
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 36,478		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	36,47
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,257,17

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED MAY 31, 2012, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		DEOBLIGATION OF PRIOR YEAR CONTRIBUTIONS - 1,202,150 ACTUARIAL LOSS IN NET ASSETS -480,440 TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,682,590
PART XII, LINE 2D - OTHER ADJUSTMENTS		DEOBLIGATION OF PRIOR YEAR CONTRIBUTIONS INCLUDED -1,202,150 IN REVENUE ON THE AUDITED FINANCIAL STATEMENTS EXCLUDED FROM CURRENT YEAR REVENUE FOR 990 REPORTING PURPOSES

DLN: 93493102000223

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	e of the organization	COCIATION				Employer ident i	fication number
NAI	IONAL SCIENCE TEACHERS AS	SOCIATION				52-6055229	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete	e if the organiza	ation answered
1	For grantmakers. Does the o			is to substantiate the	amount	of the grants o	or
	assistance, the grantees' elig						
	the grants or assistance?						✓ Yes
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant	funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expenditures for region/investments in region
	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CLEAN [.] PROGR <i>A</i>		20,120
	NORTH AMERICA	0	0	GRANT TO RECIPIENT LOCATED IN REGION			8,000
	Sub-total Total from continuation sheets	0	C)			28,120

0

0

to Part I

c Totals (add lines 3a and 3b)

28,120

(a) Name of

1

Use Part V if additional space is needed.

(c) Region

(d) Purpose of

grant

(b) IRS code

section

(i) Method of

valuation

organization	and EIN (if applicable)				dısbursement	assistance	assistance	(book, FMV, appraisal, other
		NORTH AMERICA	SHELL AWARD	8,000				
Enter total nu tax-exempt b	mber of recipion	ent organizations li for which the grante	sted above that are se or counsel has p	e recognized as chariti provided a section 501	es by the foreign o (c)(3) equivalency	country, recognized letter	as . ►	1
Enter total nu	mber of other	organizations or ei	ntities				. ▶	0
							Schedule	F (Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.....

(f) Manner of

cash

(g) A mount of

of non-cash

(h) Description

of non-cash

(e) A mount of

cash grant

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +		<u> </u>	+		
'	 	+	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
,		T					
-					1		
		+ + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		SCHEDULE F, PART I, LINE 2 NSTA GRANTEES ARE SELECTED BASED ON A VARIETY OF CRITERION DEPENDING ON INDIVIDUAL PROGRAM REQUIREMENTS ALL RECIPIENTS OF NSTA GRANT FUNDS MUST SUBMIT A PROPOSAL AND/OR BUDGET TO SUPPORT AND EXPLAIN THE NEED AND USE OF FUNDS GRANTEE SUBMISSIONS ARE REVIEWED AND EVALUATED BY THE APPROPRIATE PROGRAM DIRECTOR, DESIGNEE OR COMMITTEE FOR THOSE PROGRAMS THAT OFFER AWARDS, EACH PROGRAM HAS A SET OF CRITERIA FOR DETERMINING THE AWARD WINNER APPROPRIATE TO THEIR AWARD PROGRAM NSTA BUSINESS OFFICE STAFF IS RESPONSIBLE FOR MONITORING THE FOLLOWING GRANTEE ACTIVITIES - VERIFY THE DEVELOPMENT OF THE SUBGRANT DOCUMENTS TO ENSURE INCLUSION OF ALL APPROPRIATE REGULATIONS, REQUIREMENTS, AND DISCLOSURES - REVIEW ALL CERTIFICATIONS, REPORTS AND CORRESPONDENCE CONCERNING AUDIT COMPLIANCE - MONITOR PERIODIC PROGRESS REPORTS AND INVOICES (IF APPLICABLE) FROM SUBGRANTEES FOR COMPLIANCE WITH THE TERMS OF THE AGREEMENT - DISSATISFACTION WITH SUBGRANTEE PROGRESS OR INVOICING METHODS IS REPORTED TO APPROPRIATE NSTA ASSOCIATE DIRECTOR FOR DISCIPLINARY ACTION - MONITORING SUBGRANTEE BUDGETS, WHICH INCLUDES REQUESTING SUPPORTING DOCUMENTATION TO DETERMINE WHETHER EXPENSES ARE ALLOWABLE AND WITHIN THE SCOPE OF THE PROJECT

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

DLN: 93493102000223

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL SCIENCE TEACHERS ASSOCIATION Employer identification number

52-6055229

Part I General Inforn	nation on Grants a	and Assistance				•	
1 Does the organization main the selection criteria used							✓ Yes
2 Describe in Part IV the or	ganızatıon's procedure	s for monitoring the use	of grant funds in the U	nited States			
Form 990, Part I	V, line 21 for any re	Governments and (ecipient that received) if additional space is	more than \$5,000.	Check this box if no	one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHRISTA MCAULIFFE SCHOOL167 HANCOCK AVE JERSEY CITY,NJ 07307	69-0220683	GOVERNMENT	10,000				DISNEY AWARD
(2) COVENTRY LOCAL SCHOOLS3257 CORMANY ROAD AKRON,OH 44319	34-6000791	GOVERNMENT	8,000				DISNEY AWARD
(3) LYNN PUBLIC SCHOOLS 90 COMMERCIAL ST LYNN,MA 01905	04-6001397	GOVERNMENT	10,000				DISNEY AWARD
(4) SOLDAN INTERNATIONAL STUDIES HIGH SCHOOL918 UNION BLVD ST LOUIS,MO 63108	43-6003220	GOVERNMENT	8,000				SHELL AWARD
(5) COLD SPRING ELEMENTARY SCHOOL 9201 FALLS CHAPEL WAY POTOMAC,MD 20854	52-6000999	GOVERNMENT	5,000				AHEEC AWARD
(6) JEFFERSON COUNTY PUBLIC SCHOOLS1829 DENVER WEST DRIVE BLDG 27 GOLDEN, CO 80401	84-6002817	GOVERNMENT	5,000				AHEEC AWARD
(7) CARTER COUNTY BOARD OF EDUCATION150 WARRIOR DRIVE OLIVE HILL, KY 41164	61-6001284	GOVERNMENT	5,500				AHEEC AWARD
(8) EKALAKA SCHOOL DISTRICTPO BOX 458 EKALAKA,MT 59324	81-6000107	GOVERNMENT	15,000				AHEEC AWARD
(9) WARREN CONSOLIDATED SCHOOLS 31300 ANITA DRIVE WARREN,MI 48093	38-6002567	GOVERNMENT	5,000				AHEEC AWARD
(10)EDVANTIA500 VIRGINIA ST E STE 500 CHARLESTON,WV 25325	55-0484812	501(C)(3)	12,500				NSTA AWARD

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EXPLORAVISION AWARDS	112	82,500	13,066	FM∨	HD CAMCORDERS
(2) DUPONT AWARDS	47	16,900			
(3) DISNEY AWARDS	63	76,000			
(4) CLEANTEACH AWARDS	35	21,188			
(5) CORP AWARDS	26	10,420			
(6) PARTICIPANT SUPPORT	2448		2,699,534		TRAVEL AND REGISTRATION FEES FOR INDIVIDUALS TO ATTEND NSTA CONFERENCE

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NSTA GRANTEES ARE SELECTED BASED ON A VARIETY OF CRITERION DEPENDING
MONITORING GRANTS		ON INDIVIDUAL PROGRAM REQUIREMENTS ALL RECIPIENTS OF NSTA GRANT FUNDS MUST SUBMIT A PROPOSAL
IN THE U S		AND/OR BUDGET TO SUPPORT AND EXPLAIN THE NEED AND USE OF FUNDS GRANTEE SUBMISSIONS ARE
		REVIEWED AND EVALUATED BY THE APPROPRIATE PROGRAM DIRECTOR, DESIGNEE OR COMMITTEE FOR THOSE
		PROGRAMS THAT OFFER AWARDS, EACH PROGRAM HAS A SET OF CRITERIA FOR DETERMINING THE AWARD
		WINNER APPROPRIATE TO THEIR AWARD PROGRAM NSTA BUSINESS OFFICE STAFF IS RESPONSIBLE FOR
		MONITORING THE FOLLOWING GRANTEE ACTIVITIES -VERIFY THE DEVELOPMENT OF THE SUBGRANT
		DOCUMENTS TO ENSURE INCLUSION OF ALL APPROPRIATE REGULATIONS, REQUIREMENTS, AND DISCLOSURES -
		REVIEW ALL CERTIFICATIONS, REPORTS AND CORRESPONDENCE CONCERNING AUDIT COMPLIANCE - MONITOR
		PERIODIC PROGRESS REPORTS AND INVOICES (IF APPLICABLE) FROM SUBGRANTEES FOR COMPLIANCE WITH
		THE TERMS OF THE AGREEMENT - DISSATISFACTION WITH SUBGRANTEE PROGRESS OR INVOICING METHODS IS
		REPORTED TO APPROPRIATE NSTA ASSOCIATE DIRECTOR FOR DISCIPLINARY ACTION - MONITORING
		SUBGRANTEE BUDGETS, WHICH INCLUDES REQUESTING SUPPORTING DOCUMENTATION TO DETERMINE
		WHETHER EXPENSES ARE ALLOWABLE AND WITHIN THE SCOPE OF THE PROJECT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493102000223

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the org	ganization	1
IATIONAL	SCIENCE	TEACHERS	ASSOCIATION

Employer identification number

52-6055229

Pa	rt I Questions Regarding Compensation	า				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization organization organization organization.					
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	ত	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	Regs :	section 53 4958-4(a)(3)? If "Yes," describe	_		l <u>.</u> .
		_		8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) FRANCIS Q EBERLE	(I) (II)	223,239 0	0	2,432 0	24,895 0	16,464 0	267,030 0	
(2) MOIRA FATHY BAKER	(I) (II)	187,568 0	0 0	3,080 0	21,030 0	12,194 0	223,872 0	
(3) DAVID BEACOM	(ı) (ıı)	172,234 0	0 0	1,280 0	19,345 0	5,547 0	198,406 0	
(4) ZIPPORAH MILLER	(I) (II)	144,019 0	0	1,994 0	15,842 0	1,367 0	163,222	
(5) EDWARD ROCK	(ı) (ıı)	145,408 0	0 0	446 0	16,114 0	10,481 0	172,449 0	
(6) ANN KORANDO	(I) (II)	108,396 0	30,000 0	381 0	12,177 0	13,092 0	164,046 0	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 7	ANN KORANDO RECEIVED BONUS COMPENSATION OF \$30,000 THIS AMOUNT HAS BEEN REFLECTED IN PART II, LINE 6(B)(II)

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102000223

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public **Inspection**

NATIONAL SCIENCE TEACHERS ASSOCIATION	NC						5	2-60552	29		
Part I Excess Benefit Tran							organı	zations c	nly).	ine 40h	
1 (a) Name of disqu			163 0111011	(b) Description of tra							(c)
				(b) Description of the							No
2 Enter the amount of tax impos		_		_	· · · · · · · · · · · · · · · · · · ·				-		'
section 4958					e organization .				\$ —— \$		
Part II Loans to and/or F											
Complete if the organiz					, Part IV , line 26	, or Forr	n 990-E		, lıne 38	a	
(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)Orig principal a		(d)Balance due	(e) I defau			d or	(g)Written agreement?	
	То	From				Yes	No	Yes	No	Yes	No
				b .							
Total				<u>► \$</u> ested F	Persons.						
Complete if the orga	nızatıd	on ansv	<u>wered "Yes</u>	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(en interested per ganization	rson	(c) A m	ount of gr	ant or ty	pe of assi	stance
						+					

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organizati	on answered "Yes" on I	-orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) PAGE KEELEY	FORMER BOARD PRESIDENT	37,234	ROYALTIES		No
(2) LINDA FROSCHAUER	FORMER BOARD PRESIDENT	31,302	CONSULTING		No
(3) BAKER COMMUNICATIONS	MARTIN BAKER, OWNER OF BAKER COMMUNICATIONS, IS MARRIED TO NSTA'S CFO	12,264	VIDEO & AUDIO SERVICES		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102000223

OMB No 1545-0047

Open to Public
Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
National Science Teachers Association

52-6055229

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	NSTA HAS INDIVIDUAL, INSTITUTIONAL, AND OTHER DESIGNATED MEMBERSHIP CATEGORIES ALL INDIVIDUAL MEMBERS IN GOOD STANDING IN ANY ESTABLISHED CATEGORY ARE ELIGIBLE TO VOTE

Identifier	er Return Reference Explanation					
	FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS ARE ELECTED BY ELECTRONIC BALLOTS BALLOTS ARE EMAILED TO EACH VOTING MEMBER OF NSTA AT LEAST THIRTY DAYS PRIOR TO THE LAST DATE FOR RETURN OF BALLOTS				

	ldentifier	Return Reference	Explanation					
I		FORM 990, PART VI, SECTION A, LINE 7B	BY LAW CHANGES MUST BE APPROVED BY THE MEMBERS					

Identifier	Return Explanation Reference							
	FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF ACCOUNTING/CONTROLLER COMPILED THE NECESSARY DATA TO PREPARE THE FEDERAL FORM 990 WHICH WAS REVIEWED BY THE COO/CFO NSTA THEN ENGAGED AN INDEPENDENT CPA FIRM TO PREPARE THE 990 THE DRAFT FORM 990 WAS FIRST REVIEWED BY THE DIRECTOR OF ACCOUNTING/CONTROLLER AND THE COO/CFO THE NEXT LEVEL OF REVIEW CONTINUED TO NSTA'S AUDIT COMMITTEE FINALLY, THE DRAFT 990 WAS PROVIDED TO THE BOARD ONCE REVIEWED AND APPROVED, THE DRAFT 990 WAS SENT BACK TO THE CPA FIRM IN ORDER TO BE FINALIZED AND SUBMITTED TO TO THE IRS						

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	FOR NSTA EMPLOYEES ALL NEW EMPLOYEES AND EXISTING EMPLOYEES ARE ASKED TO READ THE POLICY AND SIGN AN ACKNOWLEDGMENT THAT THEY HAVE READ THE POLICY AND AGREE TO ABIDE BY ITS TERMS, AND TO FILL OUT A DISCLOSURE STATEMENT EITHER AFFIRMING NO CONFLICTS OR LISTING CONFLICTS OF INTEREST THESE TASKS ARE COMPLETED BY EACH EMPLOYEE INITIALLY AT THE TIME OF HIRE WHEN OTHER DOCUMENTS ARE COMPLETED IN THE FALL EACH YEAR, HUMAN RESOURCES (HR) SENDS OUT THE POLICY AND STATEMENT AGAIN TO EACH EMPLOYEE REQUESTING THAT THEY UPDATE THEIR FILES BY LISTING ON THE STATEMENT ANY NEW POTENTIAL CONFLICTS OR TO AFFIRM THEY HAVE NO CONFLICTS AND ALSO BY RESIGNING THE ACKNOWLEDGMENT AND RETURNING TO HR HR FORWARDS ANY COMPLETED DISCLOSURE STATEMENTS WHICH LIST CONFLICTS TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW AND APPROPRIATE ACTION FOR NSTA BOARD AND RELEVANT COMMITIES MEMBERS, THE BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY DURING THE SUMMER BOARD MEETING THEY ARE ASKED TO READ AND PRINT THE SIGNATURE PAGE AND RETURN THE FORM DURING THE MEETING THIS MEETING IS THE FIRST OPPORTUNITY FOR THE ENTIRE GROUP TO VIEW, SIGN AND THEN RETURN IT THE SIGNED FORMS ARE FILED IN THE EXECUTIVE OFFICE COMMITIES ARE PROVIDED THE POLICY AT THEIR FIRST MEETING OF EACH FISCAL YEAR OR AT THE BEGINNING OF THE FISCAL YEAR BY MAIL OR E-MAIL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	FOR EQUITABLE SALARY ADJUSTMENTS AT HIGHER TIER LEVELS OF MANAGEMENT, THE HR DIRECTOR PROVIDES SALARY COMPARISONS OF SIMILAR POSITIONS, USUALLY DRAWN FROM THE MOST RECENTLY PUBLISHED NON-PROFIT SURVEYS, AND/OR COMPARISONS WITH SIMILAR EXECUTIVE POSITIONS' COMPENSATION INFORMATION AS DRAWN FROM PUBLICLY ACCESSIBLE 990 FORMS FILED BY SIMILAR NONPROFITS THESE COMPARISONS ARE PRODUCED IN SPREADSHEET FORM AND ARE PROVIDED TO THE EXECUTIVE DIRECTOR AND EXECUTIVE STAFF AT NSTA FOR INTERNAL SALARY DECISIONS AND TO THE BOARD FOR EXECUTIVE DIRECTOR SALARY DECISIONS CURRENTLY THE BOARD ONLY APPROVES THE EXECUTIVE DIRECTOR SALARY, IN CLOSED SESSION THE PRESIDENT THEN PROVIDES THE HR DIRECTOR WITH A LETTER AUTHORIZING ANY CHANGE TO THE EXECUTIVE DIRECTOR SALARY THE EXECUTIVE DIRECTOR HAS APPROVED THE SALARIES OF THE CFO AND OTHER EXECUTIVE STAFF THE SALARY COMPARISONS FOR THE CFO AND THE OTHER ASSOCIATE EXECUTIVE DIRECTOR POSITIONS ARE PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO ANY COMPENSATION REVISIONS OTHER THAN ORGANIZATION-WIDE COST OF LIVING ADJUSTMENTS

Identifier	Return Explanation Reference					
	,	NSTA'S BY LAWS, OPERATING CONFLICT OF INTEREST, WHISTLEBLOWER POLICIES AND FEDERAL FORM 990 ARE AVAILABLE TO THE PUBLIC ON ITS MAIN WEBSITE ALL GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST THE FEDERAL FORM 990 CAN ALSO BE VIEWED AT WWW GUIDESTAR ORG				

ldentifier	Return Reference	Explanation
	'	NET UNREALIZED LOSSES ON INVESTMENTS -419,102 DEOBLIGATION OF PRIOR YEAR CONTRIBUTIONS -1,202,150 ACTUARIAL LOSS IN NET ASSETS -480,440 TOTAL TO FORM 990, PART XI, LINE 5 -2,101,692

Identifier	Return Reference	Explanation							
		FORM 990, PART VII, SECTION A SOME BOARD MEMBERS RECEIVE STIPENDS FROM NSTA FOR THEIR WORK RELATED TO STUDENT COMPETITIONS THIS COMPENSATION IS NOT RELATED TO EITHER INDIVIDUAL'S POSITION ON THE BOARD THE PRESIDENT, HOWEVER, DOES RECEIVE COMPENSATION RELATED TO HIS/HER POSITION ON THE BOARD THIS COMPENSATION HAS BEEN REFLECTED ON PART VII, SECTION A							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493102000223

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL SCIENCE TEACHERS ASSOCIATION				Employei	r identification number		
				52-6055	229		
Part I Identification of Disregarded Entities (Comple	ete if the organizatio	n answered "Yes"	' on Form 990, P	art IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
1836 WILSON BLVD ARLINGTON, VA 22201	MANAGING THE CONSTRUCTION OF A POTENTIAL NEW OFFICE BUILDING	VA	0	0	N/A		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	rations (Complete in tax year.)	f the organization	n answered "Yes'	" on Form 990,	Part IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	atus (f) Direct controlling entity	Section 5 cont	g) 12(b)(13) rolled ization
						Yes	No
				+		+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 50	0135Y		Schedule R (Form 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		
b	Gift, grant, or capital contribution to related organization(s)			1b		
С	Gift, grant, or capital contribution from related organization(s)			1c		
d	Loans or loan guarantees to or for related organization(s)			1d		
е	Loans or loan guarantees by related organization(s)			1e		
f	Sale of assets to related organization(s)			1f		
g	Purchase of assets from related organization(s)			<u>1g</u>		
h	Exchange of assets with related organization(s)			1h		
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		
j	Lease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		
I	Performance of services or membership or fundraising solicitations by related organization(s)			11		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		
n	Sharing of paid employees with related organization(s)			1n		
0	Reimbursement paid to related organization(s) for expenses			10		
р	Reimbursement paid by related organization(s) for expenses			1p		
q	Other transfer of cash or property to related organization(s)			1q		
r	Other transfer of cash or property from related organization(s)			1r		
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	icluding covered relati	onships and transact	ion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		unt
(1)						
(2)						
(3)						
(4)						
(4)						
(5)						
(-)		1	1	I		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 52-6055229

Name: NATIONAL SCIENCE TEACHERS ASSOCIATION

(Code) (Expenses \$	1,516,023	including grants of \$) (Revenue \$	869,677)
PERIODICALS		, ,			, ,
(Code) (Expenses \$	996,267	including grants of \$	47,252) (Revenue \$	445,969)

4d. Other program se	ervices				
(Code MEMBERSHIP SERVI) (Expenses \$	721,778	including grants of \$) (Revenue \$	3,475,759)
(Code IOURNAL ADVERTIS) (Expenses \$ SING	575,797	including grants of \$) (Revenue \$	74,848)

4d. Other program service	es				
(Code OTHER PUBLICATIONS) (Expenses \$	543,720	including grants of \$) (Revenue \$	232,028)
(Code A WA RDS) (Expenses \$	172,731	including grants of \$	50,495) (Revenue \$)

4d. Other program se	ervices				
(Code LEGISLATIVE AFFA)) (Expenses \$ IRS	261,177	including grants of \$) (Revenue \$)
(Code SCILINKS) (Expenses \$	241,817	including grants of \$) (Revenue \$	359,090)

4d. Other program	n services				
(Code) (Expenses \$	59,477 including gra	ants of \$) (Revenue \$)
U S REGISTRY O	FTEACHERS				

Software ID: Software Version:

EIN: 52-6055229

Name: NATIONAL SCIENCE TEACHERS ASSOCIATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTA MCAULIFFE SCHOOL167 HANCOCK AVE JERSEY CITY,NJ 07307	69- 0220683	GOVERNMENT	10,000				DISNEY A WA RD
COVENTRY LOCAL SCHOOLS 3257 CORMANY ROAD AKRON,OH 44319	34- 6000791	GOVERNMENT	8,000				DISNEY A WA RD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNN PUBLIC SCHOOLS90 COMMERCIAL ST LYNN, MA 01905	04- 6001397	GOVERNMENT	10,000		,		DISNEY AWARD
SOLDAN INTERNATIONAL STUDIES HIGH SCHOOL918 UNION BLVD ST LOUIS, MO 63108	43- 6003220	GOVERNMENT	8,000				SHELL A WA RD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLD SPRING ELEMENTARY SCHOOL9201 FALLS CHAPEL WAY POTOMAC, MD 20854	52- 6000999	GOVERNMENT	5,000				AHEEC AWARD
JEFFERSON COUNTY PUBLIC SCHOOLS1829 DENVER WEST DRIVE BLDG 27 GOLDEN, CO	84- 6002817	GOVERNMENT	5,000				A H E E C A W A R D

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTER COUNTY BOARD OF EDUCATION150 WARRIOR DRIVE OLIVE HILL, KY 41164	61- 6001284	GOVERNMENT	5,500				AHEEC AWARD
EKALAKA SCHOOL DISTRICTPO BOX 458 EKALAKA,MT 59324	81- 6000107	GOVERNMENT	15,000				AHEEC AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN CONSOLIDATED SCHOOLS31300 ANITA DRIVE WARREN,MI 48093	38- 6002567	GOVERNMENT	5,000				AHEEC AWARD
EDVANTIA500 VIRGINIA ST E STE 500 CHARLESTON, WV 25325	55- 0484812	501(C)(3)	12,500				NSTA AWARD