2949333514319

CHANGE OF ACCOUNTING PERIOD

98 Return of Organization Exempt From Income Tax

Under-section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Form **990**

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

•	A F	or the	e 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	g DEC	31, 2017	
	_	heck if	C Name of organization		Employer identific	cation number
	aj	neck if	9 Hame of organization	ا ا	p.o.yo. 100.1011	
		Addre	ASSOCIATION FOR MIDDLE LEVEL EDUCATION			
	\vdash	_chang Name			31-0	865702
	\vdash	_ chang Initial return	No. 1 A Car D.O. have formed as and delivered as about address December	/suite E	Telephone numbe	
	H	Final	A151 RYRCHTUR PARKWAY SHITTE 300	,,,,,,,		895-4730
		return termir ated		G	Gross receipts \$	2,050,836.
		Amen	ded wednervii.e oh 13081	<u> </u>	(a) Is this a group re	
	干	Application		\overline{a}	for subordinates	. — —
	_	pendi	SAME AS C ABOVE	´ Дн	(b) Are all subordinates in	
•	ı T	ax-ex		7. 7		list (see instructions)
•			te: WWW.AMLE.ORG	//	(c) Group exemptio	n number 🕨
						M State of legal domicile: OH
			Summary			
		1	Briefly describe the organization's mission or most significant activities MIDDLE S	SCHOO	L PROGRAM	
	Governance		DEVELOPMENT			
	ā	2	Check this box If the organization discontinued its operations or disposed of r	more tha	in 25% of its net ass	sets
	Š	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	14
	ق ھ	4	Number of independent voting members of the governing body (Part VI, line 1)		4	14
	ဖွ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	11
9	[漢		Total number of volunteers (estimate if necessary)		6	250
2019	Activities		Total unrelated business revenue from Part VIII, column (C), line 12		7a	67,642.
_	_	b	Net unrelated business taxable income from Form 990-1, line 34	1	7b	0.
0			RECEIVED		Prior Year	Current Year
FEB	ē	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	13,390.	7,080.
Ш	evenu	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,249,286. 29,210.	16,094.
	اڇَ	10	Investment income (Part VIII, column (A), lines 3, 4, and /d)		167,328.	78,329.
SCANNED			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 10 CDEN 117	 	2,459,214.	2,007,739.
Z	\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) lines 2	+	5,000.	8,000.
Z			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	3,000.	0,000.
\ddot{c}			Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		905,068.	397,313.
S	ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	ē		Total fundraising expenses (Part IX, column (D), line 25)			
	Expens		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,847,149.	1,855,319.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,757,217.	2,260,632.
			Revenue less expenses Subtract line 18 from line 12		<298,003.>	<252,893.>
	or es			Begini	ning of Current Year	End of Year
	Assets of Balance	20	Total assets (Part X, line 16)		1,611,830.	1,609,445.
	Ass	21	Total liabilities (Part X, line 26)		1,110,835.	1,302,617.
	計		Net assets or fund balances Subtract line 21 from line 20		500,995.	306,828.
	įŖα	ŗţĮIJ	Signature Block			
			alties of perjury, I declare that I have examined this retarn, including accompanying schedules and st			y knowledge and belief, it is
	true,	corre	ct, and complete of claration of proparer (other titlen affice) is based on all information of which pre	eparer has	any knowledge.	
			IN MANUA DE WANDON			3-18
	Sigr	1	Signature of officer		Date	
	Her	В	WILLIAM D. WAIDELICH, EXECUTIVE DIRECTOR Type or print name and title			
				Date	Check	T PTIN
	n		Print/Type preparer's name Preparer's signature		/08/18 self-employ	
	Paid Dron		NATOSHA DILLEY Firm's name CLARK, SCHAEFER, HACKETT & CO.	<u> </u>	Firm's EIN	31-0800053
	•	arer Only	Firm's address 4449 EASTON WAY, SUITE 400		THIM S ENV	<u> </u>
	Jac	oniy	COLUMBUS, OH 43219		Phone no 61	4-885-2208
	Mar	the !	RS discuss this return with the preparer shown above? (see instructions)		Tr none no. o x	X Yes No
		11-2			·	Form 990 (2017)
						, , , ,

Form	1 990 (2017) ASSOCIATION FOR MIDDLE LEVEL EDUCATION 31-0865702 Page 2
[Pa	rt[III] Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE ASSOCIATION FOR MIDDLE LEVEL EDUCATION IS DEDICATED TO IMPROVING
	THE EDUCATIONAL EXPERIENCES OF ALL STUDENTS AGES 10-15 BY PROVIDING
	VISION, KNOWLEDGE AND RESOURCES TO EDUCATORS AND LEADERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$1, 191, 705. including grants of \$) (Revenue \$1, 019, 688.)
	ANNUAL CONFERENCE - HOLDS ANNUAL CONFERENCE FOR EDUCATORS INVOLVED IN
	MIDDLE LEVEL EDUCATION.
4b	(Code) (Expenses \$ 213,857. including grants of \$) (Revenue \$ 361,841.)
	MEMBERSHIP/SUBSCRIPTION- OFFER ANNUAL MEMBERSHIPS TO EXISTING, PAST AND
	PROSPECTIVE MEMBERS IN MIDDLE LEVEL EDUCATION. OFFER JOURNALS AND
	NEWSLETTERS TO MEMBERS AND SUBSCRIBERS REGARDING MIDDLE LEVEL
	EDUCATION.
	<u> </u>
_	200 266 0 000 1 275 060 1
4c	(Code) (Expenses \$ 289,266. including grants of \$ 8,000.) (Revenue \$ 375,960.)
	PROFESSIONAL DEVELOPMENT- PROVIDES WORKSHOPS, ONSITE CLASSES, SCHOOL
	ASSESSMENT TOOLS AND ONLINE RESOURCES REGARDING MIDDLE LEVEL EDUCATION.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 222,291. including grants of \$) (Revenue \$ 159,022.)
	Total program service expenses ► 1,917,119.
-70	Form 990 (2017)
	10111000 (2017)

31-0865702

Form 990 (2017) ASSOCIATION

[Part IV] Checklist of Required Schedules

			103	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
	If "Yes," complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	-		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٠	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ
þ	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 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ادمما		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- '''		
124		12a		х
h	Schedule D, Parts XI and XII 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 and XII is optional	12b	ļ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19	990	(2017)
		rorm	330	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a			-	
200	transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I	25a		X
h	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
Z.	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			ا م
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		30		Х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?			
31		31		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		X
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
05-	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
27	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		38	х	
	Note. All Form 990 filers are required to complete Schedule O			2017)

Page 5

Form 990 (2017) ASSOCIATION FOR MIDDLE LEVEL EDUCATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable Die hit the organization comply with backing with soft or reportable payments to vendors and reportable gamming (gambling) with mining to prize winning to prize winning to the organization or Form W-3. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return In If a least one is reported on line 2a, did the organization feel all required federal employment tax returns? All the last one is reported on line 2a, did the organization feel all required federal employment tax returns? Note. If the sum of lines 1 and 2as greater than 250, you may be required to e-file fee instructions) Bit If 'Yes, 1 and the organization of 151,000 or more during the year? Bit If 'Yes, 1 and the calendar year, did the organization feel of 151,000 or more during the year? Bit If 'Yes, a street the name of the foreign country were an experiment on Schedule 0 As At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry (such as a bank account, securities account, or other financial Accounts (FBAR) See instructions for fifting requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) We are not tax the comparization and any time during the tax year? By the did any translate party notify the organization fire form 888671 If 'Yes,' to line 5a or 5b, did the organization fire form 888672 If 'Yes,' to line 5a or 5b, did the organization fire form 888672 If 'Yes,' did the organization mixture on that we not tax deductible as charitable contributions and partly for profits of the organization solicitation and partly for which it was required to the form 82827 If 'Yes,' did the organization mixture is except to 155 mate partly as a torin-butine and partly for possible organization solicitation and pa		Check if Schedule O contains a response or note to any line in this Part V			
to Enter the number reported in Box 3 of Form 1996 Enter -0, find applicable be finer the number of Forms W20 oncluded in line 1s. Enter -0, 4 and applicable be fine the number of Forms W20 oncluded in line 1s. Enter -0, 4 and applicable be find the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of amplyoyses reported on Form W3, Transmittal of Wage and Tax Statements. 11 In In In International Control of Part W3, Transmittal of Wage and Tax Statements. 2 In It In International Control of Part W3, Transmittal of Wage and Tax Statements. 2 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 2 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 3 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 3 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 4 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 5 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 5 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 5 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 5 In It International Control of Part W3, Transmittal of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax Statements. 5 In It International Control of Wage and Tax				Vas	No.
b Enter the number of Forms W2G included in the 1a Enter O+ not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and responsable gaming (gambling) winnings to prize winners? 2a Enter the number of amployees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the called register of the property of the organization is a single property of the organization and property of the property of the organization is a single property of the organization is a single property of the organization and property of the organization is a single property of the organization organizatio	10	Enter the number reported in Box 3 of Form 1096. Enter Out not applicable.		103	
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tele 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Ust the organization have wentated business gross income of \$1,000 or more dumped the year? 3b If Yee, "has it filed a form 990-T for this year? If *\no, *to line 3b, provide an explanation in Schedule O. 3b If Yee, "has it filed a form 990-T for the year? If *\no, *\text{to line 3b, provide an explanation in Schedule O. 3c If Yee, "has it filed a form 990-T for the year? If *\no, *\text{to line 3b, provide an explanation on Schedule O. 3c If Yee, "has the definition of the foregro country." ★ 5a Was the organization a party to a prohibet tax schediter transaction at any time during the tax year? 5a Was the organization a party to a prohibet tax schediter transaction at any time during the tax year? 5b If Yee, "to line 5a or 5b, did the organization file Form 8898-T? 5c If Yee," "to line 5a or 5b, did the organization file Form 8898-T? 5b If Yee, "do the organization that were not tax deductible as charitable contributions under section 170(c). a bit the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Yee," and the organization network of the value of the poods or services provided? 5c If Yee, "do the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 5c If Yee, "do the organization make any taxishing donor advised funds. Did adonor advised fund maintained by the N/A sponsoring organiza					
gambing) wnnings to prize winners? a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b if at least one is exported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to — (might general employment tax returns? Note at the sum of lines 1 and 2a is greater than 250, you may be required to — (might general employment tax returns? Note 1 files as the file of Form 950 of for the year "1 him," to file as 20, you may be required to — (might general employment tax returns? Note 1 files as the file of Form 950 of for the year "1 him," to file as 20, your way be required to — (might general employment tax as the file of Form 950 of form 1 files of the organization for the files of the distributions for fileng requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductibles of Form 88867? See the organization shall may receive deductible contributions under section 170(c). If If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and partly for goods and services provided to the payor? The proposition of the value of the goods or services provided? Obtained the organization receive a payment in excess of \$75 mate partly as a contribution and partly for goods and services provided to the payor. If If Yes, "indicate the number of Forms 82822 filed during t		Enter the manner of the manner			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, file for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) By Carlos Did the organization have lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) By Carlos Did the organization have lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) By Carlos Did He vegation of the see of the	·		1c	$\overline{\mathbf{x}}$	
file for the calendary year ending with or within the year covered by this return Mote. If the sum of lines 1 and 2 as ignator than 250, you may be required federal employment tax returns? Note. If the sum of lines 1 and 2 as ignator than 250, you may be required to a-file (see instructions) a bit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," and it file a form 900 off for the year "I "him," to file a file. Thin," to file a file. Thin, to a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4 bit "Yes," and the man end the foreign country be seen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 bit "Yes," and the organization in the foreign country be seen in the file of the program of the file of the foreign accounts of the file of the foreign accounts of the foreign Bank and Financial Accounts (FBAR) 5 bit "Yes," and the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the foreign 88817. 5 bit "Yes," and the organization include whe very solicitation an express statement that such contributions or gifts were not tax deductibles a charnable contributions? 6 bit "Yes," and cadeutible? 7 organizations that may receive deductible contributions under section 170(c). 8 bit "Yes," and cade the foreign accounts of the very solicitation an express statement that such contributions organization received a contribution organization file promise	22				
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ASSOCIATION FOR MIDDLE LEVEL EDUCATION 31-0865702 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Upon request Own website Another's website 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 during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2017)

WILLIAM D. WAIDELICH - 614-895-4730

4151 EXECUTIVE PARKWAY, SUITE 300, WESTERVILLE.

43081

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

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

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

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

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

Check this box if neither the organization	on nor any related	or any related organization compensate						ated any current officer, director, or trustee				
(A)	(B)	(B) (C)						(D)	(E)	(F)		
Name and Title	Average	(do	not c	POSI heck r	ition nore	l than c	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week	\vdash	T			17.00	T	from	from related	other		
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	90.0	stee			sate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization		
	organizations	Individual trustee or director	Institutional trustee		ıyee	ш		(** _** -** -**		and related		
	below	Idual	tutton	l e	Key employee	est co	₌			organizations		
	line)	į	Insti	Officer	Key	Highest compensated employee	Former					
(1) NANCY RUPPERT	2.00							_	_	_		
PRESIDENT		X		Х		Ш		0.	0.	0.		
(2) PAM MILLIKAN	2.00			l				_	_	_		
PAST PRESIDENT		X		X				0.	0.	0.		
(3) CHAD SOUPIR	2.00	1							_	_		
TRUSTEE		X				<u> </u>	<u> </u>	0.	0.	0.		
(4) CHRISTINE THIELEN	2.00									•		
TRUSTEE		X	_				_	0.	0.	0.		
(5) EMILY RAPER	2.00											
TRUSTEE		X		Ш		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	0.	0.	0.		
(6) ERIN SCHOLES	2.00											
TRUSTEE		X					_	0.	0.	0.		
(7) JAMES BARNES	2.00								•			
TRUSTEE		X				L	<u> </u>	0.	0.	0.		
(8) KEN NICELY	2.00	l							0	•		
TRUSTEE		X	_		_	<u> </u>	<u> </u>	0.	0.	0.		
(9) REGINALD DAVENPORT	2.00									•		
TRUSTEE		X				L	_	0.	0.	0.		
(10) STEVE NORLIN-WEAVER	2.00	.								•		
TRUSTEE		X				_	<u> </u>	0.	0.	0.		
(11) LAURIE BARRON	2.00	l	,							•		
TRUSTEE		X	_				_	0.	0.	0.		
(12) GAIL ANDERSON	2.00	ļ							_	•		
TRUSTEE		X					_	0.	0.	0.		
(13) GAYLE ANDREWS	2.00	l							_			
TRUSTEE		Х	<u> </u>		L	L	Ŀ	0.	0.	0.		
(14) MICHELLE OWENS HAYWARD	2.00	1			l		1			_		
TRUSTEE		X	_	H	<u> </u>	<u> </u>	_	0.	0.	0.		
(15) DR. WILLIAM D. WAIDELICH	38.00	1						165 000		26 714		
EXECUTIVE DIRECTOR/SECRETA		\vdash		X		<u> </u>	\vdash	167,200.	0.	36,714.		
		1_			$ldsymbol{ld}}}}}}$	L.		<u> </u>				
		}										
		ь_		<u> </u>	I	Ь		1		Form 990 (2017)		

Form 990 (2017)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hi	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	(do	not c	(0 Pos heck	C) ition more	1 than	one	(D) Reportable	(E) Reportable			(F)	-
		week					s both		compensation from	compensation from related		ar	nount other	or
		(list any	or director						the	organization		l .	pensa	
		hours for related	e or dir	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	1	om the	
		organizations	Individual trustee	Institutional trust		yee	uad mc		(17 27 1000 101100)			_	d relat	
		below	Ividual	ttellor	Officer	Кеу етрюуее	hest co	in er		-		orga	anızatı	ons
	hours for related organizations organizations below line) holds below line holds below line) holds below line ho								 					
							l							
										···				
			<u> </u>	<u> </u>			L	L						
		-	_		┢		┢	-	,			\vdash		
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						_	1							
			<u> </u>				<u> </u>							
							1							
		ļ	L	_		_								
									•					
1h	Sub-total	<u> </u>	<u> </u>	<u> </u>		L		┕	167,200.		0.	3	6,7	14.
	Total from continuation sheets to Part VI	I, Section A						>	0.		0.		· , · ·	0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	167,200.		0.	3	6,7 <u>:</u>	14.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			4
	compensation from the organization									-			Yes	1 No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	or h	highest compensated er	nplovee on				
	line 1a? If "Yes," complete Schedule J for s			,	,		, ,		,	,,		3_		X
4	For any individual listed on line 1a, is the su	•		-					•	he organization				
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•		elate	ed organization or individ	dual for services				x
Sec	tion B. Independent Contractors	piete Schedule	111	or St	ICH (jers	OH							
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
	the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin	the organization's tax y	ear				
	(A) Name and business	address							(B) Description of s	ervices	c)) eamos	C) nsation	n
ARA	AMARK SFS							┪	CONFERENCE FO					
	1 ARCH STREET, PHILADE	LPHIA,	PA	1	91	07		- 1	BEVERAGE			33	6,6	77.
	RKEY'S AUDIO VISUAL LLO								CONFERENCE A	V AND				
413	33 WESTWARD AVE, COLUME	US, OH	<u>43</u>	<u>22</u>	8			4	PRESENTERS_			16	5,5	<u>54.</u>
								\dashv						
								Ţ						
			- 4 -			41.		4 - 1	-h	46			-	
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization).	•	ot III	nited	10°	thos 2		tea	above) who received mo	ore than				
	T. T													

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue ifts, Grants r Amounts 1 a Federated campaigns 1b Membership dues c Fundraising events 1c 1d d Related organizations \mathbf{r}' 4 k e Government grants (contributions) 1e f All other contributions, gifts, grants, and 7,080. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 7,080. h Total. Add lines 1a-1f Business Code 019,688. 019,688. 2 a ANNUAL CONFERENCE 541900 L Program Service Revenue b PROF. DEVELOPMENT PROG 541900 375,960. 375,960. c MEMBERSHIPS 541900 294,614 294,614. 148,747. d PROGRAM SPONSORSHIPS 541900 81,105. 67,642. 541900 67,227. 67,227. e SUBSCRIPTIONS f All other program service revenue 906,236. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 16,094. 16,094. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See 712 Part IV, line 19 300. b Less direct expenses 412. 412. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 120,714 and allowances 42,797. b Less cost of goods sold 77,917. 77,917 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 2,007,739.1,916,511. 67,642. 16,506. Total revenue. See instructions.

Form 990 (2017)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (Λ).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			7	-
	and domestic governments. See Part IV, line 21	8,000.	8, <u>000</u> .		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22		_		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 014	150 020	45 004	
_	trustees, and key employees	203,914.	158,830.	45,084.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) Other salaries and wages	156,924.	121,415.	35,509.	
7 8	Pension plan accruals and contributions (include	130,324.	721, 4130	33,303.	
6	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,168.	14,387.	781.	
10	Payroll taxes	21,307.	16,291.	5,016.	
11	Fees for services (non-employees)	,,-	,	,	
а.	Management				
b	Legal	7,613.		7,613.	
С	Accounting	80,703.		80,703.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,894.		2,894.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	155,781.	45,175.	110,606.	
12	Advertising and promotion	71,894.	71,297.	597.	
13	Office expenses	33,776.	8,365.	25,411.	
14	Information technology	43,412.	2 072	43,412.	
15	Royalties	2,073. 81,628.	2,073.	81,628.	
16	Occupancy	64,742.	24,377.	40,365.	
17	Travel	04,742.	24,311.	40,303.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	1,267,814.	1,258,771.	9,043.	
19 20	Interest	2,20,,0210		- /	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,043.	3,130.	11,913.	
23	Insurance	5,529.		5,529.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDITORIAL FEES	12,600.	12,600.		
b	DUES & SUBSCRIPTIONS	9,364.	8,500.	864.	
c	MISCELLANEOUS EXPENSES	453.		453.	
ď	ALLOCATION OF INDIRECT	0.	163,908.	<163,908.>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,260,632.	1,917,119.	343,513.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fiffollowing SOP 98-2 (ASC 958-720)				5 000 (004)

732010 11-28-17

ar	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part)			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		229,362	1	158,722
	2	Savings and temporary cash investments		12,719	2	22,759
- 1	3	Pledges and grants receivable, net			3	
- 1	4	Accounts receivable, net	132,684	4	342,636	
	5	Loans and other receivables from current and fo	rmer officers, directors,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6\$
		trustees, key employees, and highest compensa	ited employees Complet			
ı		Part II of Schedule L			5	
ı	6	Loans and other receivables from other disquali	fied persons (as defined i	ınder		
		section 4958(f)(1)), persons described in section	puting			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ا ب		employees' beneficiary organizations (see instr)		_	6	
233613	7	Notes and loans receivable, net		7		
۱ ۱	8	Inventories for sale or use		37,956		31,387
	9	Prepaid expenses and deferred charges		204,853	9	140,707
	10a	Land, buildings, and equipment cost or other	1	ľ		
		basis Complete Part VI of Schedule D	10a 448,		_	
	b	Less accumulated depreciation	10b 431,			16,715
1	11	Investments - publicly traded securities		945,753	11	875,164
1	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
ı	14	Intangible assets	7,659		41	
ı	15	Other assets See Part IV, line 11		12,961	_	21,314
4	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,611,830		1,609,445
	17	Accounts payable and accrued expenses		280,030		562,698
	18	Grants payable	002 127	18_	722 121	
	19	Deferred revenue	823,137	_	733,131	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete		-	21	
	22	Loans and other payables to current and former				
		key employees, highest compensated employee	s, and disqualified perso	15	-	
		Complete Part II of Schedule L	1 - d 10 - d 4	7,668	22	6,788
1	23	Secured mortgages and notes payable to unrela	•	7,008	23	0,700
1	24	Unsecured notes and loans payable to unrelated			24	<u> </u>
ı	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	•	of .		
		Schedule D	17-24) Complete Fart A	01	25	
	26	Total liabilities. Add lines 17 through 25		1,110,835		1,302,617
†	20	Organizations that follow SFAS 117 (ASC 958), check here X		120	
		complete lines 27 through 29, and lines 33 an	<i>"</i>			
3	27	Unrestricted net assets		500,995	27	306,828
	28	Temporarily restricted net assets			28	
: 1					29	
: I	29				1	
	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 958), check here	:	1	
	29	Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨	· 🔲 📗		
		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	SC 958), check here 🕨		30	
	30	Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds	·		30 31	
The space of	30 31	Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	guipment fund		1	
ivet Assets of Fully Dalaites	30	Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds	guipment fund	500,995	31 32	306,828

Form	990 (2017) ASSOCIATION FOR MIDDLE LEVEL EDUCATION	31	-0865702	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
			0.00		20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,26		
3	Revenue less expenses Subtract line 2 from line 1	3	<252		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,9	
5	Net unrealized gains (losses) on investments	5		,24	
6	Donated services and use of facilities	6	6	4,9	<u>75.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30	6,8	<u> 28.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		-	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	: audıt,		<u> </u>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury 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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 31-0865702 ASSOCIATION FOR MIDDLE LEVEL EDUCATION Part I 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (I) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other i your gove ning document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION FOR MIDDLE LEVEL EDUCATION 31-0865702 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					-	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge				/		
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions			/	1		
	by each person (other than a			/		i l	
	governmental unit or publicly			/]	i	
	supported organization) included			/			
	on line 1 that exceeds 2% of the			/			
	amount shown on line 11,			/		j	
	column (f)						
	Public support. Subtract line 5 from line 4				_	<u> </u>	
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		,	, ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			<u></u>			-
8	Gross income from interest,		/				
	dividends, payments received on		/				
	securities loans, rents, royalties,	1	/				
	and income from similar sources	<u> </u>					
9	Net income from unrelated business		/				
	activities, whether or not the		/				
	business is regularly carried on						
10	Other income Do not include gain		/				
	or loss from the sale of capital		/				
	assets (Explain in Part VI)		/				
	Total support. Add lines 7 through 10		L/			<u> </u>	
	Gross receipts from related activities,					12	 -
13	First five years. If the Form 990 is for		first, second, thire	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	. —
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage			<u>"</u>	
	Public support percentage for 2017 (I			olumn (f))		14	%
	Public support percentage from 2016	,		(-//		15	<u></u> %
	33 1/3% support test - 2017. If the	7		n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						▶□
t	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	- 1					▶□
17a	10% -facts-and-circumstances test	<i>y</i> · · · ·	· · ·		e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						• ▶□
t	10% -facts-and-circumstances test					17a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>▶□</u>
		1			Sch	edule A (Form 990	or 990-EZ) 2017

732022 10-06-17

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support	elow, please comp	nete Part II)						
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Gifts, grants, contributions, and	(4) 2010	10/2017	(0) 20 10	(6) 2010	10) = 0 + 1	1,7 : 5 : 4.		
•	membership fees received. (Do not								
	include any "unusual grants ")	28,923.	20,998.	16,995.	13,390.	7,080.	87,386.		
•	Gross receipts from admissions,	20,525.	20,330.	10,333.	13,330.	7,0000	0773001		
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	2813893.	3316568.	2743750.	2326659.	1916511.	<u> 13117381.</u>		
3	Gross receipts from activities that				i				
	are not an unrelated trade or bus-								
	iness under section 513	944.	1,069.	553.	521.	712.	3,799.		
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
_		2843760.	3338635.	2761298.	2340570.	1924303	13208566.		
	Total. Add lines 1 through 5	2043700.	3330033.	2/012/0.	23403700	17243031	#3200300.		
7 a	Amounts included on lines 1, 2, and	1,797.	1,976.	1,656.	1,619.	984.	8,032.		
	3 received from disqualified persons	1,/9/.	1,3/0.	1,030.	1,013.	304.	0,032.		
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
_	Add lines 7a and 7b	1,797.	1,976.	1,656.	1,619.	984.	8,032.		
_		1,7576		1,0501	i		13200534.		
	Public support. (Subtract line 7c from line 6)		4	- •	di r		2 125541		
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	ndar year (or fiscal year beginning in)	2843760.	3338635.	2761298.	2340570.	192/303	13208566.		
	Amounts from line 6	2043/00.	3330033.	2/01290.	2340370.	1924303.	<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,859.	47,324.	46,931.	31,078.	16,094.	219,286.		
h	Unrelated business taxable income				<i>'</i>	· · · · · ·			
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975			109,487.	87,912.	67 642	265,041.		
	· ·	77,859.	47,324.	156,418.		83,736.			
	Add lines 10a and 10b Net income from unrelated business	11,039.	47,324.	130,410.	110,330.	03,730.	404,327.		
''	activities not included in line 10b, whether or not the business is		158.				158.		
12	regularly carried on Other income. Do not include gain		130.				130.		
12	or loss from the sale of capital								
	assets (Explain in Part VI)	2021610	2206117	2017716	2450560	2000020	12602051		
	Total support. (Add lines 9, 10c, 11, and 12)	2921619.	3386117.	2917716.		·	13693051.		
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	ı 501(c)(3) organıza	ation,		
	check this box and stop here								
Sec	tion C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2017 (I	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	<u>96.40 %</u>		
	Public support percentage from 2016 ction D. Computation of Investigation					16	95.72 %		
	Investment income percentage for 20			e 13, column (fl)		17	3.54 %		
						18	3.24 %		
	18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. 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								
138									
L									
0	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
~~	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
		n dia not check a	box on line 14, 19	i, or 190, check th			0.000 571 000		
73202	3 10-06-17		15		Sch	eaule A (Form 991	0 or 990-EZ) 2017		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

Section A	A. All Supporting Organizations
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)
	and Bill you checked 12b of Part I, complete Sections A and Cill you checked 12c of Part I, complete

	tion A. All Supporting Organizations			
		<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
•	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status.			
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	<u> </u>	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			\neg
•	(b) and (c) below	<u></u>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			\neg
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? f			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			- 1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
52	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? f "Yes,"	-10		-
Vu	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b_		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
-	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		 ,
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		—,
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u></u>	—	
_	supporting organizations)? If "Yes," answer 10b below	_10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)	וטטו		

	dule A (Form 990 or 990-EZ) 2017 ASSOCIATION FOR MIDDLE LEVEL EDUCATION 31-08	<u>6570</u>	2 P	<u>age 5</u>
Pa	t IV Supporting Organizations (continued)		T	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		<u> </u>
	below, the governing body of a supported organization?	11a	ļ	Ь—
b	A family member of a person described in (a) above?	11b	<u> </u>	!
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		···	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ļ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		<u></u>	l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		1
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions.).	
2	Activities Test Answer (a) and (b) below.	,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
•	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) helpin	<u> </u>		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-	 	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		\vdash
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-2L	 	
	of its supported organizations? [f "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

	edule A (Form 990 or 990-EZ) 2017 ASSOCIATION FOR MIDDLE rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			31-0865702 Page 6
				in Part VI \ See instructions All
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Fait VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co	ompiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	• =	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting o	organization (see
	instructions)			

Sche	dule A (Form 990 or 990⋅EZ) 2017 ASSOCIATION For Type III Non-Functionally Integrated 509(OR MIDDLE LEVEL	DISTRICTION 3	1-0865702 Page 7
		aj(o) oupporting orga	(Continued)	Current Year
	on D - Distributions			Current fear
	Amounts paid to supported organizations to accomplish exer			·
2	Amounts paid to perform activity that directly furthers exemp	it purposes of supported		
_	organizations, in excess of income from activity	o of augmented arganizations	<u>.</u>	
3	Administrative expenses paid to accomplish exempt purpose	es or supported organizations	<u></u>	
4_	Amounts paid to acquire exempt-use assets		· 	
5	Qualified set-aside amounts (prior IRS approval required)			-
6	Other distributions (describe in Part VI) See instructions		·	
-7	Total annual distributions. Add lines 1 through 6.			_
8	Distributions to attentive supported organizations to which the	ie organization is responsive		
_	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount		-	()
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015		,	m.
е	From 2016			•
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	•		
ī	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$!
а	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2013			ه
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part	VI Su Pa line Se	ipplemer	ntal Info n A, lines Section I es 5, 6, ar	ormatic s 1, 2, 3b, D. lines 2	9 n. Providing 20, 4b, 4 and 3, Pa	de the explan c, 5a, 6, 9a, 9 art IV, Section	ations req b, 9c, 11a E, lines 1	uired by Part I a, 11b, and 11c c, 2a, 2b, 3a, a	c, Part IV, Section	, line 17a or on B, lines 1 ine 1, Part \	17b, Part III, line 12 and 2, Part IV, Sec /, Section B, line 1e, nal information	tion C,
PAR'	r III	, SHOR	T YE	AR EX	PLANA	ATION:		_				
THE	ORGA	NIZATI	ON I	S FIL	ING A	SHORT	YEAR	RETURN	BECAUSE	IT IS	CHANGING	
ITS	YEAR	END.									•	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_		DDLE LEVEL EDUCATION	31-0865702
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
	Impermissible private benefit?	•	Yes No
Pai		ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	red conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a	· ·	
u	listed in the National Register	intel 1/25/00, and not on a mistoric structure	7 2d
3	Number of conservation easements modified, transferred, rele	asead extinguished or terminated by the o	
	year >	sased, extinguished, or terminated by the o	iganization defing the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	•	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
٥	Starr and volunteer mours devoted to monitoring, inspecting,	mandaling of violations, and emorning conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing consensation	on easements during the year
•	\$ \$	ming of violations, and emoroting conservation	m casemones during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h)	(A)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservation	on escaments in its revenue and evnense et	
9	Include, if applicable, the text of the footnote to the organization		
	Conservation easements	ion s illiancial statements that describes the	e Organization's accounting to
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Otho	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		nt and halance shoot works of art
Ia	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		e of public service, provide, in Fart XIII,
L			nd halanca chaot works of art. historical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in turtherance of public	c service, provide the following amounts
	relating to these items		~ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		jain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

		TION FOR M							65702			
Pai	tilli Organizations Maintaining C											
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the t	following that	t are a sign	uficant u	ise of its c	ollection it	ems		
	(check all that apply)											
a	Public exhibition	C	, <u> </u>		hange progra	ams						
þ	Scholarly research	6	• []	Other								
¢	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ie organizatio	on's exemp	t purpo	se in Part	XIII			
5	During the year, did the organization solicit of	or receive donations	of art, h	storical treas	sures, or othe	er sımılar a	ssets		_			
F====	to be sold to raise funds rather than to be m								Yes	No		
Pai	TIV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or			
	reported an amount on Form 990, Pa	rt X, line 21										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contributions	s or other as:	sets not inc	cluded		_			
	on Form 990, Part X?								Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table								
	Amount											
¢	Beginning balance						1c					
q	Additions during the year						1d					
6	Distributions during the year						1e					
f	Ending balance											
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liability	2		Yes	No		
<u>_b</u>	If "Yes," explain the arrangement in Part XIII											
Par	Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part				 			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	I) Three y	ears back	(e) Four ye	ears back		
1a	Beginning of year balance											
Ь	Contributions		ļ 									
¢	Net investment earnings, gains, and losses											
q	Grants or scholarships											
6	Other expenditures for facilities		i									
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)) held as							
a	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
c	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held an	ıd admınıster	ed for the	organiza	ition	_			
	by								Y	es No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(u)			
Ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b			
_4	Describe in Part XIII the intended uses of the	organization's endo	wment t	funds								
(<u>P</u> ar	t¡VI∎ Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, lin <u>e 11</u> a S	ee Form 990	, Part X, lin	ie 10					
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d T	(d) Book v	alue		
		basis (investr	nent)	basis	(other)	depr	eciation					
1a	Land											
b	Buildings											
	Leasehold improvements			2	8,586.		28,5	36.		0.		
ď	Equipment				7,586.		72,0		15,	507.		
	Other				2,492.		31,28			208.		
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. colun	nn (B), line 10	Oc.)			▶		715.		

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ASSOCIATION FOR MIDDLE			2 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	_2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Sta	atements With Expense	s per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	40 1	4c	
	0.)	5	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 Part XIII Supplemental Information.	8.)	<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar			
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SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ASSOCIATION FOR MIDDLE LEVEL EDUCATION

Employer identification number 31-0865702

P	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1 1		i i				
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	X Discretionary spending account Personal services (such as, maid, chauffeur, chef)	J						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	<u> </u>				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	L				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's							
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			}				
	establish compensation of the CEO/Executive Director, but explain in Part III							
	Compensation committee X Written employment contract	ł		1				
	Independent compensation consultant X Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
				i				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization	<u> </u>						
a Receive a severance payment or change-of-control payment?								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?								
c Participate in, or receive payment from, an equity-based compensation arrangement?								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1						
	contingent on the revenues of							
а	The organization?	_5a		_X_				
b	Any related organization?	5b		<u>X</u>				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of							
а	The organization?	6a		_X				
b	Any related organization?	6b		X				
	If "Yes" on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لـــــا				
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_ <u>X</u> _				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53 4958-6(c)?	9						
LHA		le J (Form	1 990)	2017				

Schedule J (Form 990) 2017

ASSOCIATION FOR MIDDLE LEVEL EDUCATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(j)(B)	in column (B) reported as deferred on prior Form 990
(1) DR. WILLIAM D. WAIDELICH	Θ	165,117.	0	2,083.	28,951.	7,763.	203,914.	0
EXECUTIVE DIRECTOR/SECRETA	: €	0	0	0.	0	.0	0	0.
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

Tonk to	ILLIAM										Schedule J (Form 990) 2017
SCHEDULE J: UNRELATED COMPENSATION	EAFLANATION: EDUCATIONAL SERVICE CENTER OF CENTRAL ONTO (AN UNRELATED ORGANIZATION) PAID COMPENSATION TO AMLE'S EXECUTIVE DIRECTOR, WILLIAM	D. WAIDELICH.			•						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

ASSOCIATION FOR MIDDLE LEVEL EDUCATION

Employer identification number 31-0865702

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDE PUBLICATIONS, ADVOCACY AND ASSOCIATION DEVELOPMENT, AND VARIOUS OTHER CONFERENCES REVENUE \$ 159,022. EXPENSES \$ 222,291. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS ARE MADE UP OF MIDDLE SCHOOL PROFESSIONALS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION VOTE TO ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS OF THE ASSOCIATION VOTE TO ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO THE FORM 990 BEING FILED WITH THE IRS, THE EXECUTIVE DIRECTOR/SECRETARY AND OUR FINANCIAL CONSULTANT REVIEW THE TAX RETURN IN A COPY OF THE FORM IS PROVIDED VIA E-MAIL TO ALL BOARD ITS ENTIRETY. MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND KEY EMPLOYEES OF THE ASSOCIATION ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM. THESE FORMS AND ANY CONFLICTS ARE REVIEWED DURING BOARD MEETINGS.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ASSOCIATION FOR MIDDLE LEVEL EDUCATION	Employer identification number 31-0865702
THE BOARD REVÎEWS AND EVALUATES THE EXECUTIVE DIRECTOR'S	COMPENSATION
ANNUALLY BY ANALYZING GOALS SET FOR THE EXECUTIVE DIRECTOR	R AND COMPENSATION
REPORTED ON FORM 990 OF OTHER SIMILAR ORGANIZATIONS. THE	EXECUTIVE
DIRECTOR THEN REVIEWS THE COMPENSATION FOR ALL EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	·
THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERST	r POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	
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	· 7 -