

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



# Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2011 calendar year, or tax year beginning , 2011, and ending	g		•	,
В	Check	of applicable C	C	Employer	Identi	fication Number
	Па	ddress change MIDDLE GRADES COLLABORATIVE		45-4	629	016
	-	ame change 227 LEAP FROG HOLLOW	le le	Telephone		<del></del>
	$\vdash$	MONTPELIER, VT 05602		•		-1449
	$\vdash$	war return	⊢	002-	033	-1449
	$\vdash$	erminated	۔ ا			
		mended return		Gross rec		<del></del>
	XA		H(a) Is this a g			<b>≓""</b>
		SAPIL AS C ADOVE	H(b) Are all aff If 'No.' att	iliates includ ach a list (s		tructions) Yes No
<u>I</u>	Tax	exempt status 501(c)(3) X 501(c) ( 4 )    (Insert no ) 4947(a)(1) or 527	-,	(.		,
<u>J</u>	We	bsite: ► MIDDLEGRADESCOLLABORATIVE.ORG	H(c) Group exe	emption num	ber 🏲	
K		n of organization Corporation Trust Association Other L Year of Formati	on 2006	M Sta	te of le	egal domicile VT
Pa	rt i	Summary		<u> </u>		•
	1	Briefly describe the organization's mission or most significant activities MIDDLE_GI	RADES CO	OLLABO	RAT	IVE IS PART
a)		OF A UNIQUE COLLABORATION OF COLLEGES PROVIDING ONGOIN				
Š		FOR ASPIRING AND PRACTICING TEACHERS OF 10-15 YEAR OLD				
Ĕ,		GRADES COLLABORATIVE HAS OFFERED THE INSTITUTE, AIMED				
Š	2	Check this box ► If the organization discontinued its operations or disposed of mor				
Ö	3	Number of voting members of the governing body (Part VI, line 1a)			3	5
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	4
ij	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			6	0
ď		Total unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		i_	7b	0.
			Pric	or Year		Current Year
m	8	Contributions and grants (Part VIII, line 1h)		46,69		51,849.
Revenue	9	Program service revenue (Part VIII, line 2g)		82,70	14.	159,438.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue — add lines 8 through 1 (must equal Part VIII, column (A), line 12)		129,40	0.	211,287.
	13	Grants and amounts paled (Part IX, column (A), lines 1-3)				
	14	Benefits paid to or for members (Parth &, column (A), line 4)			_	
	15	Salaries, other compensation temployee benefits (Part IX, column (A), lines 5-10)				18,275.
Expenses	16a	Professional fundraising fees (Part IXacolumn (A), line 11e)				
Ĕ					$\neg \uparrow$	<del></del>
X		Total fundraising expenses (Part 1X, column (D), line 25)	<u> </u>			
_	17	Other expenses Charles, column (A), lines 11a-11d, 11f-24e)		102,72		136,090.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		102,72		154,365.
	19	Revenue less expenses Subtract line 18 from line 12		26,67		56,922.
sets or alancos			Beginning			End of Year
100	20	Total assets (Part X, line 16)		73,66	33.	130,585.
Net As	21	Total liabilities (Part X, line 26)			0.	0.
ž,	22	Net assets or fund balances Subtract line 21 from line 20		73,66	53.	130,585.
Pa	ırt II	Signature Block	• •			
_		alties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my	knowledge a	and hel	lef it is true correct and
соп	plete	alties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge	und back or my		3	-
		T. hal		5/1	5/	12
Sig	ın	Signature of officer	Date			
He	re	James F. Nagle, President				
		Type or print name and title			•	
-		Print/Type preparer's name Preparer's signature 0 Date		hadi 🗆	<u>.</u> T	PTIN
_	:		10	heck	"	
Pa		E. LELA MCCAFFREY, CPA GOVERNOUS 5/11/	⊥∠ se	elf employed	1	P00476486
	epar					0000011
US	e Or		Fi			-0300841
		MONTPELIER, VT 05602	P	hone no	(802	2) 223-6261
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)				X Yes No

**SCANNED** JUN ? 0 2012

BAA For Paperwork Reduction Act Notice, see the separate instructions.

1

Form 990 (2011)

Form	990 (2011) MIDDLE GRADES COLLABORATIVE	45-46	2901	6		Page 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission SEE SCHEDULE 0					
				. <b>_</b>		
				·		
2	Form 990 or 990-EZ?	n the prior		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.	_	$\Box$		<b></b>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set if 'Yes,' describe these changes on Schedule O.	rvices?		Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arothers, the total expenses, and revenue, if any, for each program service reported	ices, as mea mount of gra	asured ints an	by ex id allo	cation	es is to
4a	(Code R. ) (Expenses \$ 147,212. including grants of \$ ) (OMIDDLE GRADES COLLABORATIVE IS PART OF A UNIQUE COLLABORATION OF ONGOING PROFESSIONAL DEVELOPMENT FOR ASPIRING AND PRACTICING TEATOLDS. SINCE 1991, THE MIDDLE GRADES COLLABORATIVE HAS OFFERED THE PROVIDING THIS SUPPORT AND, IN ADDITION, HELPING EDUCATORS EARN TEACHING ENDORSEMENT. ALTHOUGH MIDDLE GRADES COLLABORATIVE IS BAVERMONTERS AND TEACHERS WELL BEYOND OUR STATE'S BORDERS HAVE FOUR BE A MEANINGFUL AND IMPORTANT PROFESSIONAL DEVELOPMENT EXPERIENCE.	ACHERS O HE INSTI THEIR M ASED IN IND THE	ES P F 10 TUTE IDDL VERM	ROV -15 , A E G	IDIN YEA IMEL RADE	R O_AT_ SS OTH
	BECOMES OF EACH					
40	(Code (Expenses \$					, 
4 0	(Code) (Expenses \$ including grants of \$) (	Revenue \$	5			)
				· <del></del>		
					- <b>-</b> -	
				·		
	d Other program services (Describe in Schedule O)					
40	(Expenses \$ including grants of \$ ) (Revenue \$				)	
46	e Total program service expenses ► 147, 212.			<del></del>		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u> </u>
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_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		<u> </u>
١	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	_	X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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 (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) MIDDLE GRADES COLLABORATIVE

Part IV | Checklist of Required Schedules (continued)

	The state of the s			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
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? <i>If 'Yes,' complete Schedule J</i>	23		<u> </u>
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ı	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		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ı	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35Ь		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2011)

Form 990 (2011) MIDDLE GRADES COLLABORATIVE

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	7		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	] 1c	X	
1 1			
2a 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  2a	<u>o</u>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	7	1	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	1	
•	1		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	60	<del> </del>	
7 Organizations that may receive deductible contributions under Section 170(c).	1		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		1
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u></u>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			-
· · · · · · · · · · · · · · · · · · ·			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b	_		
c Enter the amount of reserves on hand	+		<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		

Form 990 (2011) MIDDLE GRADES COLLABORATIVE 45-4629016 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 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 Х since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 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 more Х 7 a members of the governing body?  ${f b}$  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8Ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 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? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х SEE SCHEDULE O 12c 13 Х 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х X 15 b b Other officers of 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 Х taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form <b>990</b> (	2011)	MIDDLE	GRADES	COLLABORATIVE

45-4629016

age 7

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

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

#### 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	nor any	related	d org	ganı	zatıc	on con	nper	nsated any current offi	cer, director, or truste	ee
(A) Name and title	(B) Average hours per week	Po (do not check n unless person and a dire		Pos ck mo son is direc	tor/tr	an one n an offi ustee)		compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W-2/1099 MISC)	from the organization and related organizations
(1) MARY JACKMAN SULLIVAN										
DIRECTOR	2	Х						3,000.	0.	0.
(2) JAMES NAGLE										
PRESIDENT/TREAS	2	X		Х				7,000.	0.	0.
(3) PENNY BISHOP										
SECRETARY	2	Х		X				1,275.	0.	0.
(4) KATHLEEN BRINGAR										
DIRECTOR	2	Х						0.	0.	0.
(5) MARYANNE NEWSOM-BRIGHTO										
BOOKKEEPER	10	ļ		X				7,000.	0.	0.
_Ø										
_(8)										
										· - d · 11-
(10)										· · · · · · · · · · · · · · · · · · ·
(11)										
(12)										<del> </del>
(13)										
(14)							-			
								·		

Form 990 (2011) MIDDLE GRADES COLLABORATI	[VE								45-462901	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A) Name and title	(B) Average hours per	box offi	, unle	Pos heck ss pe	rson	than is both or/trust	n an	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi zations	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	(W 2/1099 MISC)	from the organization and related organizations
	Sch O)		ů			ē				
(15)										
(16)										
(17)										
<u>(81)</u>	İ									
(19)									-	
(20)										
(21)										
(22)										
(23)								-		
(24)										
(25)										
1 b Sub-total	<u> </u>	1		L	1	·	<b>&gt;</b>	18,275.	0.	0.
c Total from continuation sheets to Part VII, Section	A						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited	t to the	sa li	stoc	laho		who	***	18,275.	0.	0.
from the organization • 0	10 110	36 11	3100	abt	JVE)	WIIO	160	erved more than t		ole compensation
					_					Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust adividua	tee, al	кеу	emp	oloye	ee, o	r hig	gnest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portable nan \$15	e co 50,00	mpe 30?	nsat If 'Y	ion 'es' d	and comp	othe olete	er compensation fi e Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompens complet	satio e So	n fro ched	om a ule .	any i	unrel suci	ated h pe	d organization or i	ndıvıdual	5 X
Section B. Independent Contractors									4100.000	
Complete this table for your five highest compensation from the organization. Report compensation.	ed inde nsation	pen for	dent the o	con	itrac ndar	tors yea	that r en	received more the ding with or within	an \$100,000 of the organization's	tax year.
(A) Name and business addres	s							Description		(C) Compensation
										<del></del>
										· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	_	lımı	ted	to th	nose	liste	d al	bove) who receive	d more than	
#100,000 in compensation from the organization	<u> </u>								. <u>l</u>	

		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a	777-12-2			<u> </u>
AN	b Membership dues 1b				
P S	c Fundraising events 1c				
F 8	d Related organizations 1 d				
S, G	e Government grants (contributions) 1e 51,699.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 150.				
A D	g Noncash contributions included in lns 1a-1f \$				
$\overline{}$	h Total. Add lines 1a-1f	51,849.			
3	Business Code				-
3	2a REGISTRATION FEES	159,403.	159,403.		
2	b MISCELLANEOUS	35.	35.		
ž.	c				
꼾	d				
₩.	e				· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE REVENUE	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f ▶	159,438.			<u> </u>
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	•-	-		
	() Securities (6) Other				
	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	-	-		
Щ	8a Gross income from fundraising events (not including \$				
REVENUE	of contributions reported on line 1c)				
	See Part IV, line 18				
OTHER	b Less direct expenses b				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	-			
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances			<del></del>	-
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
l	Miscellaneous Revenue Business Code			<del>-</del>	<del>-</del>
	11a				
	b		-		
	c		··.		
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	211,287.	159,438.	0.	0.

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX	<del></del>	
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	18,275.	11,275.	7,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
í	a Management				
1	Legal				
	Accounting				
(	d Lobbying				
(	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	g Other	24,225.	24,225.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	153.		153.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest Province to a # hate		<del></del>		
	Payments to affiliates		<del></del>	-	<u> </u>
22	Depreciation, depletion, and amortization				
23 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 O.)				
	a TUITION	53,774.	53,774.		
	b ROOM AND BOARD	35,704.	35,704.		
	GEAR-UP FOR KIDS	7,758.	7,758.		
	d MISCELLANEOUS	5,896.	5,896.		
	e All other expenses	8,580.	8,580.		
	Total functional expenses. Add lines 1 through 24e	154,365.	147,212.	7,153.	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				
	SOP 98-2 (ASC 958-720)				
				<u> </u>	

га	n x	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	73,663.	1	130,585
	2	Savings and temporary cash investments		2	===,/==
ļ		Pledges and grants receivable, net	,	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	<u> </u>
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S E T S	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	-		<u> </u>
	h	Less: accumulated depreciation 10b		10 c	
		Investments – publicly traded securities	· .	11	
		Investments – other securities. See Part IV, line 11		12	***
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	.,.	14	
		Other assets See Part IV, line 11		15	
1		Total assets. Add lines 1 through 15 (must equal line 34)	73,663.	16	130,585
$\dashv$	17	Accounts payable and accrued expenses	13,003.	17	130,303
1		Grants payable		18	
1	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· <u>·</u>
A B I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	-	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
- 1		27 through 29 and lines 33 and 34.			<u>-</u> -
ASSE		Unrestricted net assets	73,663.	27	130,585
		Temporarily restricted net assets		28	
š	29	Permanently restricted net assets		29	·
R		Organizations that do not follow SFAS 117, check here   and complete			
DZC		lines 30 through 34.		_`	ar ne
Ŋ	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ĕ	33	Total net assets or fund balances	73,663.	33	130,585
\$	34	Total liabilities and net assets/fund balances	73,663.	34	130,585.

Form **990** (2011)

Form 990 (2011) MIDDLE GRADES COLLABORATIVE 45-46290	16	Pa	age 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	2	11, 2	<u> 287.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	1	54,3	365.
3 Revenue less expenses Subtract line 2 from line 1		56,9	22.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		73,6	63.
5 Other changes in net assets or fund balances (explain in Schedule O) 5			0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1	30,5	85.
Part XII Financial Statements and Reporting	<del></del>	/	
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	_	Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 3b		
BAA	Form	990 (	2011)

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

## 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
MIDDLE GRADES COLLABORATIVE

Employer identification number

45-4629016

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
MIDDLE GRADES COLLABORATIVE IS PART OF A UNIQUE COLLABORATION OF COLLEGES PROVIDING
ONGOING PROFESSIONAL DEVELOPMENT FOR ASPIRING AND PRACTICING TEACHERS OF 10-15 YEAR
OLDS. SINCE 1991, THE MIDDLE GRADES COLLABORATIVE HAS OFFERED THE INSTITUTE, AIMED
AT_PROVIDING THIS SUPPORT AND, IN ADDITION, HELPING EDUCATORS EARN THEIR MIDDLE
GRADES TEACHING ENDORSEMENT. ALTHOUGH MIDDLE GRADES COLLABORATIVE IS BASED IN
VERMONT, BOTH VERMONTERS AND TEACHERS WELL BEYOND OUR STATE'S BORDERS HAVE FOUND THE
INSTITUTE TO BE A MEANINGFUL AND IMPORTANT PROFESSIONAL DEVELOPMENT EXPERIENCE.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
DRAFT OF 990 WAS SENT TO BOARD FOR REVIEW BEFORE FINALIZATION.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
ANY CONFLICTS ARE IDENTIFIED AND THE PARTY INVOLVED STEPS ASIDE FROM THE DECISION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE UPON REQUEST, AND ALL FORM 990S ARE AVAILABLE ON
GUIDESTAR.ORG.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~