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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginn		and ending 06-30-20	009		
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization National Network Of I				D Employer i	dentification number
Address change use IRS Management Foundation								26-01258	
Г <sub>Nа</sub>	me cha	nge	print or	Doing Business As				E Telephone	number
┌ Inr	ial retu	rn	type. See Specific	Number and stores / s	- D.O. have formal or	not delivered to street add		(724) 764	-7200
_	minatio		Instruc- tions.	1000 3rd Street No 5	rro box irmaii is	s not delivered to street add	ress) Room/s	G Gross recei	i <b>pts</b> \$ 34,191,934
	ended		tions.						
				City or town, state or Beaver, PA 15009	country, and ZIP +	4			
<b>J</b> Ap	olication	pending							
				ne and address of Pr	incipal Officer		H(a) Is	this a group retu	
				VILSON BRD STREET SUITE	5		af	filiates?	ΓYes <b>Γ</b> No
				R,PA 15009			_ H(b) A	e all affiliates inclu	ded?
<b>I</b> Ta	x-exem	pt status	<b>▽</b> 501(c)	)(3) <b>◀</b> (insert no) 「	4947(a)(1) or	— <sub>527</sub>			st See instructions )
J W	eb sit	e: ► WW	WNNDSO	NLINE ORG				roup Exemption N	
K Tyn	e of ord	ianization	▼ Corporat	ıon	on Cother 🕨		I Vear o	of Formation 2005	<b>M</b> State of legal domicile PA
<b>К</b> Тур	e or org	janization	J* Corporat	ion trust) association	on other F		L rear c	i Formation 2003	state of legal dofficile. FA
Pa	rt I	Sumr	marv						
				e organization's mis:	sion or most sig	nıfıcant actıvıtıes			
e e		SEE SC	HEDULE O	)					
Ě									
Ě									
Governance	2	Check t	hıs box 🏲	ıf the organızatıon d	scontinued its	operations or disposed	l of more tha	in 25% of its asse	ets
	3	Number	of voting r	nembers of the gove	rnıng body (Par	t VI, line 1a)		. 3	8
Activities &	4	Number	ofındepen	ident voting member	s of the governi	ng body (Part VI, line	1b)	4	6
₩	5	Total nu	ımber of en	nployees (Part V , lın		5	360		
뙲	6	Total nu	ımber of vo	lunteers (estimate i		6	0		
ď.	7a	Total gr	oss unrela	ted busıness revenu	e from Part VII	I, line 12, column (C)		7a	0
	b	Net unre	elated busi	ness taxable income	from Form 990	)-T, line 34		7b	0
						Prior Year	Current Year		
<b>a.</b>	8	Contrib	outions and	d grants (Part VIII,	line 1h)			5,460	0
Revenue	9	Progra	m service	revenue (Part VIII,	line 2g)		9,295,004	10,968,085	
e Jeve	10	Invest	ment incor	ne (Part VIII, colum	ın (A), lınes 3, 4			0	
<b>—</b>	11	Other	revenue (P	art VIII, column (A)	), lines 5, 6d, 8d	, 9c, 10c, and 11e)		12,768,031	8,291,369
	12	Total r 12)	evenue—a	dd lines 8 through 1	1 (must equal P	art VIII, column (A), l	ine	22,068,495	19,259,454
	13		and simila	ar amounts paid (Par	t IX, column (A	), lines 1–3)		2,412,579	1,591,674
	14			r for members (Part				, ,	0
	15	Salarıe	s, other co	ompensation, employ	vee benefits (Pa	rt IX, column (A), lines	5 5 -		
\$		10)	,	, , ,	•	, , , , , , , , , , , , , , , , , , , ,		6,383,389	4,601,907
Expenses	16a	Profes	sional fund	raising fees (Part IX	, column (A), lıı		228,485	0	
ਡੌ	ь	(Total fu	ındraısıng exj	penses, Part IX, column (	(D), line 25 <u>0</u>	)			
_	17	Other	expenses (	(Part IX, column (A)	, lınes 11a–11d	, 11f-24f)		6,944,421	9,282,922
	18	Total e	xpenses—	add lines 13-17 (m	ust equal Part I	X, line 25, column (A)	)	15,968,874	15,476,503
	19	Revenu	ue less exp	enses Subtract line	18 from line 1	2		6,099,621	3,782,951
Net Assets or Fund Balances							Beg	inning of Year	End of Year
Set See	20	Total a	ıssets (Par	t X, line 16)				17,696,580	23,585,986
A.B.	21	Total li	iabilities (F	Part X, line 26)				5,329,186	7,216,741
<u> </u>	22	Netas	sets or fun	d balances Subtrac	t line 21 from lii	ne 20		12,367,394	16,369,245
Pa	rt II	Sign	ature Blo	ock					
									o the best of my knowledge
DI		l.		correct, and complete De	eclaration of prepai	er (other than officer) is ba	ised on all info I	rmation of which prep	arer has any knowledge
Plea Sign		**** Signa	** ature of office	ar .				2010-07-01 Date	
Her		[					L	. = . •	
			OF print nam	DA DIRECTOR e and title					
		<b>             </b>	<u>.</u>			Date	Check if	Dronore /- DTT	M (Soo Con Inst )
Б		Preparer' signature		1 KINDLER		Date	Check if self-	_   '	N (See Gen Inst )
Paid	- ul -		•				empolyed 🕨	J <sup>-</sup>	
	arer's		me (or yours	HOROVITZ RUDOY 8	& ROTEMAN LLC			EIN 🕨	
Use	only		and ZIP + 4	436 SEVENTH AVEN	UE SIXTH FLOOR			_	
				PITTSBURGH, PA 1	52191853			Phone no 🕨	(412) 391-2920
May	the IR	S discus	s this retu	rn with the preparer	shown above? (	See instructions) .			✓ Yes

#### Part III Statement of Program Service Accomplishments (See the instructions.)

4c 4d	Other program services (Describe (Expenses \$		) (Revenue \$	)
<b>4c</b>			ants of \$ (Revenue	· \$ )
<b>4c</b>	(Code ) (Expenses \$	s including gra	ants of \$ (Revenue	· • • )
<b>4</b> c	(Code ) (Expenses \$	including gra	ants of \$ (Revenue	· \$ )
<b>4</b> c	(Code ) (Expenses \$	including gra	ants of \$ ) (Revenue	; \$ )
4c	(Code ) (Expenses \$	s including gra	ants of \$ (Revenue	2 \$
	NNDS PROVIDES MANAGED SCHOOLS WITH FOR EDUCATION AND FREES THEM TO FOCK	CLASSROOM AND OFFICE SPACE BELO	, ,	
4b	(Code ) (Expenses \$	s 516,471 including gr	ants of \$ ) (Revenu	e \$ 509,716 )
	NNDS PROVIDES ITS EDUCATIONAL MANAGE IN WHICH THE MANAGED SCHOOLS ARE LOC BETTER COMMUNITIES FOR THE LOCAL STU	CATED ULTIMATELY, THROUGH GRANT	TS AND DISTRIBUTIONS TO THESE LOCAL O	
4a	(Code ) (Expenses \$			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947 (a)(1) trusts are r	equired to report the amount of gra	
	services?	chedule O		ΓYes Γ No
3	Did the organization cease conductin		n how it conducts any program	F., F.,
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services	on Schedule O		□ Yes □ No
2	Did the organization undertake any s	gnıfıcant program services duri	ng the year which were not listed o	n
	SEE SCHEDULE O			
1	Briefly describe the organization's mission			

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			163	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
		204	163	
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	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	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	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	Yes	
37	Did the organization conduct more than 5 percent 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,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	60			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	to ven	dors and reportable	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i i				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	360			
Ь	If at least one is reported in 2a, did the organization file all required federal employs <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
h	·					
_	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.	cport o	TOTCIGIT BATIK ATIA			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	ot Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	hat su	ch contributions or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		6+75	_		
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itribut	ion of \$ / 5 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	v prem	nums on a personal			
_	benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	file a F	orm 1098-C as			
_	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	17 .		9b		
10	Section 501(c)(7) organizations. Enter	1	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11		ı	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	-				
=	against amounts due or received from them )	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu <i>i</i>	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
-	year	12b				

No

Yes

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circum	stances,
processes, or changes in Schedule O. See instructions.	

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circu	mstances,					
1a	Enter the number of voting members of the governing body	1a		8					
Ь	Enter the number of voting members that are independent	1b		6					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		No		
3	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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ns?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken du	rıng the					
а	the governing body?				8a	Yes			
ь	each committee with authority to act on behalf of the governing body?				8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or				9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		_		10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		No		

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
		TOD		140

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available.

☐ own website ☐ another's website ☑ upon request

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MIMI WILSON 1000 3RD STREET BEAVER,PA 15009 (724) 764-7200

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* 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

		Posit	(C non ( hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID VUCKOVICH , DIR/MAINTEN	40 00	Х						59,200	0	3,991
DANIEL ZUPPE, DIRECTOR	5 00	X						13,333	0	11,266
MARY ELLEN BELLAY , DIRECTOR	5 00	Χ						0	10,500	0
STEPHANIE PENNINGTON , DIRECTOR	5 00	X						0	0	0
CHARLES CERJAK PRESIDEN , DIRECTOR	5 00	X						0	0	0
MARK NOLL, DIRECTOR	5 00	Х						0	0	0
VINCE DRAGO , DIRECTOR	5 00	Х						0	0	0
TONI SADECKY , DIRECTOR	5 00	Х						0	0	0
GEORGE PACINDA SECTREA, GEN MNGR/TREAS	40 00			Х				81,000	0	16,070
							_			
			_	⊢	-		-			

#### Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							Ш				
			-	$\vdash$							
							$\Box$				
1b Total							<b>-</b>	153,533	10,500	31,327	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
AVANTI MANAGEMENT GROUP LLC 517 BROADWAY AVENUE EAST LIVERPOOL, OH 43920	MANAGEMENT/MARKETING	3,005,998		
COTTRILL ARBUTINA & ASSOCIATES PC 1475 THIRD AVENUE NEW BRIGHTON, PA 15066	ACCOUNTING SERVICES	1,305,286		
SMITH JOHNSON GROUP INC 11778 S ELECTION ROAD DRAPER, UT 84020	TECHNICAL SERVICES	296,955		
VOX GLOBAL MANDATE 1201 CONNECTICUT AVENUE WASHINGTON, DC 20036	LOBBYING	228,605		
ODYSSEY SOFTWARE 2000 SMALLMAN STREET PITTSBURGH, PA 15222	TECHNICAL SERVICES	198,607		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization				

Part State
VIII

|--|

					(A)	(B)	(C)	(D)
					Total Revenue	Related or	Unrelated	Revenue
						Exempt	Business	Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated cam	paigns 1a			110101140		1012,010,01011
\$ \$	ь		es					
듄	"	Membership du	1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents					
<u>इ</u> इ.स.		D	1c					
ਣੰਵੂ	d	Related organiz						
n Sign	е	Government grants	s (contributions) <b>1e</b>					
엹	f	All other contribution similar amounts no	ons, gifts, grants, and					
≅ं इं€		similar amounts no	1f					
늍	g	Noncash contri	butions included in					
ဝမ		lınes 1a-1f \$ _						
_	h	Total (Add line	s 1a-1f)					
				Business Code				
Program Serwce Revenue	2a	MANAGEMENT SER	VICES	611,710	10,458,369	10,458,369		
Ken	ь	SIMILAR PURPOSE	FNTITY	531,120		509,716		
<u>æ</u>				331,120	303,710	303,710		
56	С							
₽	d							
S	e							
īa E	f	All other progra	am service revenue					
Š								
Δ	g	Total. Add lines  ▶ \$ 10,968,085	s 2a-2f					
	3		ome (including divi	dends interest				
			mounts)	·				
				▶				
	4	Income from inves	stment of tax-exempt b	ond proceeds				
	5	Rovalties						
		Γ	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Kedi	(II) I ersonar				
	ь	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	· ·	me or (loss)					
		Г	(1) C = = 1 mt = =	<b>▶</b>				
	<b>-</b> -	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gaın or (los	s)					
	0-		<u> </u>					
	8a	Gross income f events (not inc	rom fundraising ludina					
		\$						
Other Revenue			reported on line					
₹		1c) See Part IV	V,line 18 <i>Gif total exceeds</i>					
ě			a					
盂	ь	Less direct ex						
Ě	c		(loss) from fundrais	Ina events				
0				<b></b>				
	9a	Gross income f activities See						
		Complete Schedu						
		exceeds \$15,000	0					
			а					
	b	Less direct ex						
	С		(loss) from gaming a	activities <b>-</b>				
	10a	Grass salas of	inventory loss	-				
	100	Gross sales of returns and allo						
			а	23,123,069				
	b	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of		8,190,589	8,190,589		
		Miscellaneous		Business Code				
	11a	MISCELLANEC	US REVENUE	900,099	100,780	100,780		
	ь							1
	c							+
	[							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		T			]
	12	Total Paysana	Add lines 1h, 2g, 3	\$ 100,780	19,259,454	19,259,454	0	0
	**	8c,	Aud illes III, 29, 3	, <del>,</del> , , , , , , , , , , , , , , , , ,	,,			

# Form 990 (2008) Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns		).
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,591,674	1,591,674		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	184,860		184,860	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,433,458	2,403,284		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,095	61,487	22,608	
9	Other employee benefits	566,459	395,374	171,085	
LO	Payroll taxes	333,035	223,133	109,902	
.1	Fees for services (non-employees)				
а	Management	924,946	832,451	92,495	
b	Legal	65,627	32,813	32,814	
С	Accounting	1,340,888	965,439	375,449	
d	Lobbying	214,106		214,106	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	298,847	283,905	14,942	
2	Advertising and promotion	2,575,533	901,437	1,674,096	
3	Office expenses	727,668	618,767	108,901	
4	Information technology	588,713	541,616	47,097	
.5	Royalties				
6	Occupancy	1,142,866	1,028,579	114,287	
.7	Travel	222,100	155,470	66,630	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
.9	Conferences, conventions and meetings	14,068	7,034	7,034	
0	Interest	15,479	13,931	1,548	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	806,042	765,740	40,302	
23 24	Insurance				
	total expenses shown on line 25 below )				
а	BAD DEBT EXPENSE	270,989	270,989	0	
b	SALES TAX	75,050	750	74,300	
c					
d					
е					
d					
е					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,476,503	11,093,873	4,382,630	
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing				1		2,322,480
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			3,742,611	4		3,515,596
	5	Receivables from current and former officers, directors, trustees other related parties $Complete\ Part\ II\ of\ Schedule\ L$				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6			
	7	Notes and loans receivable, net		171	7			
	8	Inventories for sale or use			3,883,354	8		4,929,004
ţ	9	Prepaid expenses and deferred charges			13,000	9		
Assets	10a	Land, buildings, and equipment cost basis	10a	12,287,726				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	758,552	9,575,930	10c	1	1,529,174
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Passing Schedule D$	rt VII d	of		12		110,000
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	481,514	15		1,179,732		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,696,580	16	2	3,585,986
	17	Accounts payable and accrued expenses .	3,101,714	17		3,291,734		
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		-		22		
	23	Secured mortgages and notes payable to unrelated third parties			2,006,206	23		2,583,642
	24	Unsecured notes and loans payable				24		843,675
	25	Other liabilities Complete Part X of Schedule D			221,266	25		497,690
	26	Total liabilities. Add lines 17 through 25			5,329,186	26		7,216,741
\$ \$		Organizations that follow SFAS 117, check here ► 🔽 and complet hrough 29, and lines 33 and 34.	ete lin	es 27				
Balance	27	Unrestricted net assets			12,367,394	27	1	6,369,245
89	28	Temporarily restricted net assets				28		
몯	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and lines 30 through 34.	l comp	lete				
s or	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fur			32			
Net	33	Total net assets or fund balances		12,367,394	33	1	6,369,245	
<u> </u>	34	Total liabilities and net assets/fund balances			17,696,580	34	2	3,585,986
Pa	rt XI	Financial Statements and Reporting						
		1					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

### OMB No 1545-0047

# SCHEDULE A PI

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

		ork Of Digital : Foundation	Schools					26	-012582	8		
Par	τI	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					21.100.100			
1				nurches, or association of ch					(A)(i).			
2				t <b>ion 170(b)(1)(A)(ii).</b> (Attac								
3	Г			e hospital service organizati			tion 170(l	b)(1)(A)(i	i <b>ii).</b> (Attad	:h Schedu	ıle H )	
4		A medical i	research organı	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	Enter the	<b>!</b>
	•		name, city, and			•				. , ,		
5	Г	•		or the benefit of a college or	universit	y owned o	roperated	l by a gove	ernmental	unit desc	ribed in	
		Section 170	0(b)(1)(A)(iv).	(Complete Part II )		•	•					
6	$\Gamma$			overnment or governmental	unıt desci	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7				ally receives a substantial p						n the gen	eral pub	ıc
				<b>(1)(A)(vi)</b> (Complete Par			_			-	•	
8	$\Gamma$	A commun	ıty trust describ	ed in <b>Section 170(b)(1)(A)</b>	( <b>vi)</b> (Com	nplete Par	tII)					
9	<b>V</b>			ally receives (1) more than				ontribution	ns, membe	ership fee	s, and gi	oss
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 ta	x) from bu	ısınesse	s
		acquired by	y the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complete	e Part III	)			
10	$\Gamma$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	<b>(a)(4).</b> (S	ee instruc	tions )	
11	$\Gamma$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to	carry out	the purp	oses of
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>Section 509(a)(3).</b> Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h  a										
e	_			rtify that the organization is								
-	'	•	-	agers and other than one or			•			•	•	
		section 50		- <b>-</b>		,	<b>3</b>					/(-/
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	rType III	[ supporti	ng orgar	ızatıon,
		check this		as the organization accepted	d any gift	or contrib	ution from	any of the				ı
g		following pe		as the organization accepted	u any gni	or continu	ution nom	ally of the	=			
				r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	J(i)	
		(ii) a family	y member of a p	erson described in (i) above	7					11g	(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	ı) or (ıı) a	bove?				11g	(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports					
			r		T						1	
		ported (described on lines 1 - 9 organization in the organization							Is the	1	mount of	
						(described on lines 1-9   organization in   the organization   organization above or IRC section   col (i) listed in   in col (i) of your   col (i) organization			sup	port?		
		12411011	(See Instructions))			verning		ort?		U S ?		
						ment?					_	
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	<u>ced the box o</u>	n line 9 of Part	1.)			
	ction A. Public Support		T T				
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		9,350	21,300	92,137	42,750	165,537
	membership fees received (Do not include any "unusual grants")		9,330	21,300	92,137	42,730	103,337
2	Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that		3,694,644	22,573,137	29,295,147	34,091,148	89,654,076
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization'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						
6	Total Add lines 1-5		3,703,994	22,594,437	29,387,284	34,133,898	89,819,613
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						00.010.613
	line 6)						89,819,613
To	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6		3,703,994	22,594,437	29,387,284	34,133,898	89,819,613
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
4.5	carried on Other income Do not include gain or loss		+	+		+	
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						89,819,613
	12)						
14	First Five Years If the Form 990 is for the o	rganization's fi	rst, second, third	, fourth, or fifth t	ax year as a 50	)1(c)(3) organiza	
	check this box and <b>stop here</b>						<b>►</b> ✓
	mputation of Public Support Perce	entage					
15	Public Support Percentage for 2008 (line 8		ded by line 13 co	lumn (fl)		15	
		` ,	•	1411111 (17)		15	
16	Public Support Percentage for 2007 Sched	ule A, Part IV -/	A, line 2/g			16	
	moutation of Invastment Income	Dercentace					
17	mputation of Investment Income Investment Income Percentage for 2008 (II			13 column (f)\		47	
						17	
18	Investment Income Percentage from 2007					18	
19a	<b>33 1/3% Tests - 2008.</b> If the organization d 17 is not more than 33 1/3%, check this bo						<b>▶</b> □

33 1/3% Tests - 2007. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

# OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

	, , , ,	t have NOT filed Form 5768 (election t s," to Form 990, Part IV, Line 5 (Pi		(h)) Complete Part II-B Do n	not complete Par	t II-A
Na	ection 501(c)(4), (5), or (6) organi ame of the organization tional Network Of Digital Schools	zations complete Part III		Employer iden	ntification numb	er
	nagement Foundation			26-0125828		
Par		y all organizations exempt e the instructions for Schedule		n 501(c) and section	527	
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	ıcal campaıgn act	ivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	rt I-B To be completed be for Schedule C for de	y all organizations exempt etails.)	under section	<b>501(c)(3).</b> (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$	
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955	\$	
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	-7	☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
ь	If "Yes," describe in Part IV					
Pai		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(	3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$	
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıbu	ited to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes	┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	aid from the filing d to a separate po	j organization's own interna olitical organization, such a	l funds or were s a separate	ments
	<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions and promp directly delive separate porganization enter -	received tly and ered to a olitical If none,

section 4911 tax for this year?

Ρ		organizations exempt under section 501( tion 501(h)). (See the instructions for Scheduk		68
A B		belongs to an affiliated group checked box A and "limited control" provisions apply		
		bbying Expenditures— es" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	214,106	
c	Total lobbying expenditures (add line	es 1a and 1b)	214,106	
d	Other exempt purpose expenditures		20,163,574	
е	Total exempt purpose expenditures	(add lines 1c and 1d)	20,377,680	
f	columns —	he amount from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c	0	_
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form	n 4720 reporting	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total	
	Lobbying non-taxable amount				1,000,000	1,000,000	
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000	
_с	Total lobbying expenditures				214,106	214,106	
_d	Grassroots non-taxable amount				250,000	250,000	
е 	Grassroots ceiling amount (150% of line d, column (e))					375,000	
f	Grassroots lobbying expenditures						

,	, , , , , , , , , , , , , , , , , , , ,	_
Part II-B	o be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	<b>768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)	

		(a)		(b)	
		Yes	No	A mount	
-	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines c through i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities If "Yes," describe in Part IV				
j	Total lines 1c through 1				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	To be completed by all expaniantions exempt under section E01(c)(4) so		E04/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			103	110
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
art IV, Supplemental Information		SCHEDULE C, PART I-A, LINE 1 NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION PAID \$214,106 TO ORGANIZATIONS WHO SPECIALIZE IN GOVERMENT AFFAIRS REPRESENTATION THE LOBBYING ORGANIZATIONS SPENT TIME WITH STATE LEGISLATURES INFORMING THEM ABOUT NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION, TO INFLUENCE THE LEGISLATURES TO GIVE FUNDING AND GRANTS TO DIGITAL SCHOOLS THE LOBBYING ORGANIZATIONS ALSO CONTACTED OTHER STATE LEGISLATURES TO INFORM THEM OF THE SERVICES THE NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION CAN PROVIDE TO THEIR STATE'S DIGITAL SCHOOLS THE FOUNDATION'S STAFF, BOTH PAID AND VOLUNTEER, DID NOT ENGAGE IN ANY LOBBYING ACTIVITIES, EXCEPT FOR AN OCCASIONAL PHONE CALL TO THE LOBBYING ORGANIZATIONS SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING THE ORGANIZATION BECAME AN ELECTING PUBLIC CHARITY DURING THE 7/1/08 - 06/30/09 TAX YEAR, THEREFORE THE ELECTING PUBLIC CHARITY INFORMATION TO BE REPORTED FOR PREVIOUS YEARS IS NOT APPLICABLE

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

(Form 990) **Supplemental Financial Statements** 

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Department of the Treasury Internal Revenue Service

**SCHEDULE D** 

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

	me of the organization		Employer identification number
Mai	nagement Foundation		26-0125828
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		oradvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		·
Dэ	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	rganization (check all that apply) on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
2	on the last day of the tax year	ined conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserve	ation easement is located 🟲	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial:	
Par	<b>TIII</b> Organizations Maintaining Collection  Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
Ь	Assets included in Form 990 Part Y		<b>b.</b> ¢

Cat No 52283D

Part	Organizations Maintaining Collections of Art	, His	tori	<u>cal Treası</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other records, check an items (check all that apply)	y of th	ne foll	owing that ar	re a significant u	ise of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and expla Part XIV	ın hov	w the	y further the	organization's ex	xempt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as		,			nilar 	Yes	┌ No
Par	<b>Trust, Escrow and Custodial Arrangements.</b> Part IV, line 9, or reported an amount on Form 99				anızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	diary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tab	le				_		
						A mo	unt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 990, Part X, line	e 21?				Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization							
_	(a)Current Year	(b	Prior `	rear   (c) Iw	vo Years Back (d)	Three Years Back (	<b>e)</b> Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the organiz	ation	thata	are held and a	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	)	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's end					<u>3b</u>		<u> </u>
4 Doc	t VI Investments—Land, Buildings, and Equipme				art V. lina 10			
гœт	investments—Land, Buildings, and Equipme	III. S			1			
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
1a	Land		+		1,922,771			1,922,771
	Buildings				8,654,203	185,740		8,468,463
	Leasehold improvements	•			124,972	13,266		111,706
	Equipment	•			1,125,816	·		633,459
	Other	•			459,964	67,189		392,775
		•			I 439,904	l 67,109		JJZ,//3
Tot >	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colur	nn /R	) line	10(c))			1	.1,529,174

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	⊻	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			7
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value		d of valuation
	. ,	Cost or end-of-	year market value
		<del></del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II	no 15		
(a) Descri		-	( <b>b)</b> Book value
DEPOSITS	'		76,282
CURRICULUM DEVELOPMENT COSTS			840,000
PREPAID EXPENSES			220,700
RESERVED CASH			42,750
			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		1,179,732
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CONTRACTS PAYABLE	191,503		
DEFERRED REVENUE	132,746		
PAYROLL LIABILITIES	107,382		
DEPOSITS PAYABLE	23,309		
RESERVED CASH PAYABLE	42,750		
Total (Column (h) chauld agual Ferra 2000, Part V, and (2011) Inc. 251			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	497,690		

Par	t XI Reconciliation of Cl	hange in Net Assets from Forr	n 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part V	VIII, column (A ), line 12)				1	19,259,454
2	Total expenses (Form 990, Part IX, column (A), line 25)						15,476,503
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	3,782,951
4	Net unrealized gains (losses) oi	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	218,900
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	nes 4 - 8				9	218,900
10	•	per financial statements Combine line	s 3 an	d 9		10	4,001,851
		evenue per Audited Financial			ts With Revenue		, ,
1	Total revenue, gains, and othe						19,259,454
	statements					1	
2		t not on Form 990, Part VIII, line 12		ı			
а	Net unrealized gains on invest			2a		4	
b	Donated services and use of fa			2b		4	
С	Recoveries of prior year grants	5	•	2c		4	
d	Other (Describe in Part XIV)			2d		4	
e	Add lines <b>2a</b> through <b>2d</b> .					2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	19,259,454
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		ı			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a		4	
b	Other (Describe in Part XIV)			4b		4	
С	Add lines <b>4a</b> and <b>4b</b>		•			4c	0
5		d <b>4c.</b> (This should equal Form 990, Par				5	19,259,454
		xpenses per Audited Financia		teme	nts With Expense	s per	
1		audited financial statements					15,476,503
2		t not on Form 990, Part IX, line 25		۱	1		
a b	Prior year adjustments			2a 2b		-	
	•		•	2c			
C C		Part IX, line 25		<del></del>			
d	•		•	2d		٠,	0
e n	Add lines 2a through 2d		•			2e	15.476.503
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	15,476,503
4		0, Part IX, line 25, but not on line 1:		4-	1		
a		uded on Form 990, Part VIII, line 7b	• •	4a			
b	Add lines 4a and 4b		•	4b		4.	0
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	• •+ T lo	 		4c 5	15,476,503
	t XIV Supplemental Inf		11, 11	ne 10	<u> </u>	5	15,470,503
Com	plete this part to provide the des	criptions required for Part II, lines 3, ! Part XII, lines 2d and 4b, and Part XI				Part XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	

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Schedule I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493196000110

2008

2000

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

National Network Of Digital Sch Management Foundation						26-0125828	
<ol> <li>Does the organization mathe selection criteria uses</li> <li>Describe in Part IV the organization</li> </ol>	intain records to s d to award the gran rganization's proce her Assistance	ts or assistance? dures for monitoring the to Governments a	of the grants or assista	e United States  in the United Stat	es. Complete if the	organization answere	d "Yes" on
Form 990, Part I Part IV and Scho needed	edule I-1 ıf addıt	ional space is	erved more than \$5,0	00. Check this box i	f no one recipient re	ceived more than \$5,	000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PARK PERFORMING ARTS CENTER1 LINCOLN PARK MIDLAND,PA 15059	04-3703131	3	930,000	235,575	FMV	LOAN FORGIVEN	SUPPORT OPERATIONS
ACADEMIC LEADERSHIP 127 CRIMSON DRIVE PITTSBURGH,PA 15237	33-1158109	3	100,000				SUPPORT OPERATIONS
ACCEL COMMUNITY CHARTER PROGRAM107 LONG LANE UPPER DARBY,PA 19082	26-0906946	3	48,500				SUPPORT OPERATIONS
EAST LIVERPOOL CHRISTIAN SCHOOL 46682 FLORENCE STREET EAST LIVERPOOL, OH 439203900	34-1148253	3		16,945	FMV	CURRICULUM	SUPPORT OPERATIONS
COMMUNITY COLLEGE OF BEAVER COUNTY1 CAMPUS DRIVE MONACA,PA 15061	25-1183075	3	16,500				SUPPORT OPERATIONS
AUTISM SPEAKS2 PARK AVENUE NEW YORK, NY 10016	20-2329938	3	10,250				SUPPORT OPERATIONS
MCGUIRE MEMORIAL FOUNDATION2119 MERCER ROAD NEW BRIGHTON, PA 150663437	25-1687137	3	5,200				SUPPORT OPERATIONS
BIG BEAVER FALLS SD 1503 EIGHTH AVENUE BEAVER FALLS,PA 15010				8,443	FMV	CURRICULUM	SUPPORT OPERATIONS
VARIOUS ENTITIES VARIOUS LOCATIONS BEAVER FALLS, PA 15010			215,261				SUPPORT OPERATIONS
2 Enter total number of sec organizations					•		9

Enter total number of other organizations . . .

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
Other Information	Part IV	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS - THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH THE REVIEW OF THE GRANTEE ORGANIZATION'S FINANCIAL RECORDS

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As Filed Data -

DLN: 93493196000110

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

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

2008

Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization National Network Of Digital Schools Management Foundation **Employer identification number** 

26-0125828

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		iny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	•		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t		•			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·	8		No

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Boos (ii) Bonus & (iii) Other			(C) Deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	incentive compensation	(iii) Other compensation	compensation	benefits		990 or Form 990-EZ
MARY ELLEN BELLAY (1)			10,500			10,500	
(ii)							
(i)							
(ii)							1
(i)							1
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							1

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Supplemental Information		PART III - OTHER ADDITIONAL INFORMATION MARY ELLEN BELLAY IS A DIRECTOR OF THE ORGANIZATION AND AN EMPLOYEE OF AVANTI MAMAGEMENT, LLC

Schedule J (Form 990) 2008

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered DLN: 93493196000110 OMB No 1545-0047

Internal Revenue Service Name of the organization National Network Of Digital Schools

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Inspection

Open to Public

**Employer identification number** 

To be completed by organizati		" on Form 990, Part I	(V , line	25a or 251	o, or F	orm 9	90-EZ	-		
1 (a) Name of disqualifie	ed person	<b>(b)</b> De	scripti	on of trans	action			ŀ	(c) Cor Yes	No
2 Enter the amount of tax imposed on							<b>.</b>			
section 4958							\$ —— \$			
Part II Loans to and/or From										
To be completed by organiza	(b) Loan to or	es" on Form 990, Par	rt IV, li	ne 26, or F	orm 9 	90-E	Z, Part (f		<u>1e 38a</u>	
(a) Name of interested person and	from the	(c)O riginal principal	<sub> </sub>	alance due		In ult?	A ppro		1	۷rıtten ement?
purpose	organization?	amount	( - / -		Yes	No	commi	ttee <sup>s</sup> <b>No</b>	-	No
	10 FIOIII				res	NO	res	NO	Tes	140
Total		<b>&gt;</b> \$								
<b>Part IIII Grants or Assistance I</b> To be completed by orga			aan i	Part IV Ju	27					
(a) Name of interested person	( <b>b</b> )Relationship	between interested p					nt or ty	ne of	assist	ance
(a) Name of interested person	and	the organization		(0)///////	- Curic	or gra		pe 01	433130	
Part IV Business Transactions	: Involving Interes	sted Persons								
To be completed by orga			990, 1	Part IV, lır	ne 28	a, 28	b, or 2	28c.		
(a) Name of Interested person	(b) Relationship between intereste		of	( <b>d)</b> Descr	untion	of tr	nesetie		(e) Shorganiz	zation's
(a) Name of interested person	person and the organization	transaction	ו	(d) Descr	триоп	OI LI	msactio	ויל	revei <b>Yes</b>	nues?
PENNSYLVANIA CYBER CHARTER	SEE SCHEDULE O			THE ORGA			SOLD			No
SCHOOL				CURRICUL MANAGEM	ENTS	SERV				
				PA CYBER FOTALING						
				CYBER CHA LISTED AS				- 1		
				PERSON BI CHIEF EXE				$\langle    $		
				DR NICK	TROM	IBET1	TA)IS			
				ORGANIZA	TION	1				
AVANTI MANAGEMENT GROUP LLC	SEE SCHEDULE O			AVANTI M. GROUP, LL	C PR	OVID	ED		Yes	
				MANAGEM AND SALES						
				DRGANIZA \$3,005,998						
				MANAGEM LISTED AS						
				PERSON BI DWNED BY	ECAU	SE IT	IS 50°	- 1		
				EMPLOYEE AND JANE	S (BF	ETT	GEIBEL	.		
				ORGANIZA	OIT	I THE				
				O RGA NIZA CO NTRA C	TED V	VITH				
			-	INDEPEND FO REVIEV	V T H E	CON				
				BETWEEN / MANAGEM			P, LLC			
				AND THE C THE FINDI						
				REVIEW WI						
			,	WERE COM ARM'S LEN	PARA	BLE	TO AN	.		
				ALUE CO	NTRA	СТ		·'		
				NEGOTIAT JNRELATE				s		
SLATE XP INC	SEE SCHEDULE O			SLATE XP, CORPORA <sup>-</sup>			Г			Νo
				DEVELOPS SOFTWARE			O N			
				ORGANIZA TO PURCH				ED		
				OWNERSH	IP IN	TERE	STIN	_		
				SLATE XP, FISCAL YE	AR 7/	1/08	ТО			
				5/30/09, T CONTRIBU	TED	\$100	,000			
				ΓΟ WARDS SLATE XP,		PURC	HASE	OF		
			:	SHARES SI LISTED AS	ATE	,				
				PERSON BI DRGANIZA	ECAU	SE TI	ΗE			
				OWNERSH	IP IN	TERE:	STIN			
			:	SLATE XP, INTERESTI	ED PE	RSO				
				REGARDS <sup>-</sup> DRGANIZA			ANTI			
				MANAGEM ALSO HAS				)		
			:	INTEREST	IN SL	ATE.	XP, INC			
JENNIFER GEIBEL	FAMILY - B GEIBEI	_ 61		NNDS EMP						Νο

KELLY HAMILTON

60,000 NNDS EMPLOYEE

# OMB No 1545-0047

2008

Open to Public Inspection

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization National Network Of Digital Schools Management Foundation **Employer identification number** 

26-0125828

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		NNDS CONTRACTED WITH AVANTI MANAGEMENT GROUP, TO PROVIDE MANAGEMENT SERVICES TO NNDS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO THE FILING OF THE FORM 990, IT WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS MONITORED BY REGULAR DISCLOSURE STATEMENTS REQUIRED BY ALL BOARD MEMBERS AND OFFICERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, FOR A NOMINAL COPYING FEE

Identifier	Return Reference	Explanation
		THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
FORM 990 ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES		THE FOUNDATION PROVIDES EDUCATIONAL INSTRUCTION TO SCHOOLS AND SCHOOL DISTRICTS IN TWO MANNERS FIRST, THROUGH THE DEVELOPMENT OF INTERACTIVE CYBER EDUCATION SYSTEMS SECOND, THROUGH THE USE AND APPLICATION OF THESE CYBER EDUCATION SYSTEMS BY A NETWORK OF CERTIFIED TEACHERS TO DEVELOP INTERACTIVE CYBER EDUCATION SYSTEMS BY A NETWORK OF CERTIFIED TEACHERS TO DEVELOP INTERACTIVE CYBER EDUCATION SYSTEMS, THE FOUNDATION TEAMS EDUCATIONAL PROFESSIONALS WITH EXPERTISE IN CURICULUM DEVELOPMENT, COURSE EVALUATION, AND STATE STANDARDS REVIEW PROCEDURES WITH SCHOOLS AND SCHOOL DISTRICTS TOGETHER, THE SCHOOLS AND SCHOOL DISTRICTS AND THE FOUNDATION'S EDUCATIONAL PROFESSIONALS DEVELOP AND IMPLEMENT THE EDUCATIONAL CONCEPTS, SERVICES AND PROCESSES REQUIRED FOR CYBER EDUCATION TO USE AND APPLY THESE CYBER EDUCATION SYSTEMS, THE FOUNDATION EMPLOYS A CADRE OF CERTIFIED TEACHERS THESE TEACHERS, AS A GROUP, PROVIDE EDUCATIONAL INSTRUCTION IN A VARIETY OF SUBJECT MATTER AREAS, USING THE INTERNET, VIDEO, AND VIDEO CONFERENCING STUDENTS ATTENDING THESE SCHOOLS AND SCHOOL DISTRICTS MAY TAKE COURSES TAUGHT BY THE FOUNDATIONS TEACHERS ETHER IN REAL-TIME OR ON A DELAYED BASIS THE CORE OF THE TEACHERS' CURRICULUM IS BASED ON THE LINCOLN INTERACTIVE CURRICULUM, WHICH IS COMPRISED OF STUDENT-FRIENDLY COURSES WITH A WIDE RANGE OF OPPORTUNITIES FOR A CADEMIC MASTERY, INVESTIGATION, AND INTERACTIVE NITHERACTIVE COURSES BABLE THE FOUNDATIONS TEACHERS TO PROVIDE GUIDED INSTRUCTION AND DETAILED EXAMPLES UTILIZING RESOURCES THAT ARE UNMATCHED IN ONLINE INSTRUCTION EACH COURSE ALLOWS THE FOUNDATION'S TEACHERS TO PROVIDE GUIDED INSTRUCTION AND DETAILED EXAMPLES UTILIZING RESOURCES THAT ARE UNMATCHED IN ONLINE INSTRUCTION EACH COURSE ALLOWS THE FOUNDATION'S TEACHERS TO PROVIDE EXPERIENCES IN VARYING LEARNING STYLES, INCLUDING ACTIVITIES IN WEB-BASED INQUIRY, MICROSOFT POWERPOINT, VIDEO PRESENTATIONS, AND FIETY INTERACTIVE MATERIALS. THE FOUNDATION ALSO SUPPORTS THE COMMUNITIES IN WHICH SUCH SCHOOLS AND SCHOOL DISTRICTS ARE LOCATED BY PROVIDING GRANTS
or Danarwork Paduction Ac	4 M - 4 4 1	etructions for Form 990 Cat No. 51056K Schedule 0 (Form 990) 2009

**Identification of Disregarded Entities** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493196000110

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

(B)

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

(C)

Cat No 50135Y

(D)

**Related Organizations and Unrelated Partnerships** 

Name of the organization National Network Of Digital Schools Management Foundation

**Employer identification number** 

26-0125828

(E)

Name, address, and EIN of disregarded entity	Primary activity	or foreign country)	rotal income	End-or-year assets	entity
Part II Identification of Related Tax-Exempt Organizat	ions		_		
( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E)  Public charity stati (if section 501(c)(3)	(F) Us Direct controlling 3)) entity

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary act	ivity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G)</b> Share of end-of- year assets	(H Disproj alloca	prtionate	(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	agıng
								Yes	No		Yes	No
												$\vdash$
												<u> </u>
												<u> </u>
Part IV Identification of Ro	elated Org	anizations	Taxable a	as a Corporation	or Trust							
(A)		(B)		(C)	(D)	(E)	(F)			(G) (	H)	
Name, address, and EIN of related org	ganızatıon	Primary acti	vity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total inc	ome	Sha end-	are of Perce	entage ership	
NATIONAL NETWORK OF DIGITAL SCHOOLS C 1000 3RD STREET BEAVER, PA15009 27-0212901	CORPORATION	PROPERTY MANAGEMENT		PA		С				100 000 %		
SLATE XP INC 201 SUMMIT PARKWAY BIRMINGHAM, AL35209 27-0214216		INVESTMENT		AL		С				10 00	00 %	

(6)

	<del>-</del>					
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> During tl	he tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?			
<b>a</b> Rece	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, q	grant, or capital contribution to other organization(s)			1b	Yes	
<b>c</b> Gıft, g	rant, or capital contribution from other organization(s)			<b>1</b> c		No
<b>d</b> Loans	s or loan guarantees to or for other organization(s)			1d		No
<b>e</b> Loans	s or loan guarantees by other organization(s)			1e		No
<b>f</b> Sale o	of assets to other organization(s)			<b>1f</b>		No
<b>g</b> Purch	nase of assets from other organization(s)			1g		No
h Exch	ange of assets			1h		No
i Lease	of facilities, equipment, or other assets to other organization(s)			1i		No
<b>j</b> Lease	of facilities, equipment, or other assets from other organization(s)			1j		No
<b>k</b> Perfo	rmance of services or membership or fundraising solicitations for other organizat	cion(s)		1k		No
I Perfor	mance of services or membership or fundraising solicitations by other organizati	on(s)		11		No
<b>m</b> Sharii	ng of facilities, equipment, mailing lists, or other assets			1m		No
n Sharı	ng of paid employees			1n		No
<b>o</b> Reim	bursement paid to other organization for expenses			10		No
<b>p</b> Reim	bursement paid by other organization for expenses			1р		No
<b>q</b> Othe	r transfer of cash or property to other organization(s)			1q		No
r Other	transfer of cash or property from other organization(s)			1r		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationship	s and transaction thresholds			
	(A)	<b>(B)</b> Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1) NAT	TIONAL NETWORK OF DIGITAL SCHOOLS CORPORATION	В			110,000	)
(2)						
(3)						
(4)						
(5)						

#### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D</b> ) Are all partners section 501(c)(3) organization	s?	<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Dispropritionate allocations?		( <b>G</b> ) Code V—UBI amount on Box 20 of K-1		or 9
			Yes	No		Yes	No		Yes	No
	1	1			1	ı	1			