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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135054314 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number **B** Check if applicable NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION Address change 26-0125828 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 294 MASSACHUSETTS AVENUE Terminated (724) 764-7200 Amended return City or town, state or country, and ZIP + 4 ROCHESTER, PA 15074 Application pending **G** Gross receipts \$ 58,759,425 Name and address of principal officer H(a) Is this a group return for **BOB CLEMENTS** ┌ Yes ┌ No affiliates? 294 MASSACHUSETTS AVENUE ROCHESTER, PA 15074 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► WWW NNDSONLINE ORG L Year of formation 2005 M State of legal domicile PA Part I Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O 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, THE FOUNDATION TEAMS EDUCATIONAL PROFESSIONALS WITH EXPERTISE IN CURRICULUM DEVELOPMENT, COURSE EVALUATION, AND STATE-STANDARDS REVIEW PROCEDURES WITH SCHOOLS AND SCHOOL DISTRICTS TOGETHER, THE SCHOOLS, SCHOOL DISTRICTS AND THE FOUNDATION'S EDUCATIONAL PROFESSIONALS DEVELOP AND IMPLEMENT THE EDUCATIONAL CONCEPTS, Activities & Governance 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 SCH 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 5 5 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 386 6 **6** Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . . **Prior Year Current Year** 0 Program service revenue (Part VIII, line 2g) 15,567,123 16,819,799 92,657 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -124,441 10 22,462,387 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,469,531 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 37,905,069 37,381,987 1,847,504 6,323,116 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 6,433,163 7,959,332 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,111,451 10,968,509 25,392,118 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 25,250,957 19 Revenue less expenses Subtract line 18 from line 12 . 12,512,951 12,131,030 Not Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) 39,209,238 53,568,238 21 Total liabilities (Part X, line 26) 3,868,353 6,096,323 47,471,915 22 35,340,885 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-05-14 Signature of officer Date Sign Here ROBERT BICKERTON BOARD CHAIRMAN Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check / If LAWRENCE W ZAHN CPA 2014-05-15 self-employed Paid Firm's EIN 🕨 Preparer Firm's address > 525 THIRD STREET Phone no (724) 683-3400 Use Only BEAVER, PA 150092228

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par		tatement of Program			· · · · · · · · · · · · · · · · · · ·	
1		escribe the organization's m				
SEE MAN AND INTE CUR SCH DEV USE TEA	SCHEDUL INERS FIF APPLICA ERACTIVE RICULUM OOL DIST ELOP AND AND APP CHERS, A	E O THE FOUNDATION PERST, THROUGH THE DEVEI TION OF THESE CYBER EI CYBER EDUCATION SYST DEVELOPMENT, COURSE RICTS TOGETHER, THE SO DIMPLEMENT THE EDUCAT LY THESE CYBER EDUCAT	ROVIDES EDUCATION LOPMENT OF INTER DUCATION SYSTEM FEMS, THE FOUNDA EVALUATION, AND CHOOLS, SCHOOL TIONAL CONCEPTS ION SYSTEMS, THE	ACTIVE CYBER ED S BY A NETWORK O TION TEAMS EDUC STATE-STANDARI DISTRICTS AND TH S, SERVICES, AND F FOUNDATION EMP	N TO SCHOOLS AND SCHOOL UCATION SYSTEMS SECOND FOR THE CONTROL OF CERTIFIED TEACHERS TO CATIONAL PROCEDURES WE FOUNDATION'S EDUCAT PROCESSES REQUIRED FOR PLOYS A CADRE OF CERTIFICATY OF SUBJECT MATTER AFTSESE SCHOOLS AND SCH	ID, THROUGH THE USE O DEVELOP SWITH EXPERTISE IN ITH SCHOOLS AND IONAL PROFESSIONALS CYBER EDUCATION TO EED TEACHERS THESE
2	the prior	rganization undertake any s Form 990 or 990-EZ? .			ar which were not listed on	
	If "Yes,"	describe these new services	on Schedule O			
3		rganızatıon cease conductır	ng, or make significan	t changes in how it c	onducts, any program	
	If "Yes,"	describe these changes on S	Schedule O			
4	expense		1(c)(4) organizations	are required to repo	hree largest program services rt the amount of grants and al	
4a	(Code) (Expenses s	18,768,639	ıncludıng grants of \$	6,323,116) (Revenue \$	16,707,935)
	IN WHICH		CATED ULTIMATELY, THR	OUGH GRANTS AND DIST	TUNITIES FOR ALL AND TO PROVIDE RIBUTIONS TO THESE LOCAL COMMU AL INSTRUCTION	
	(Code) (Expenses s	±	ıncludıng grants of \$) (Revenue \$	1
טד	NNDS PR	, , ,	CLASSROOM AND OFFICE	SPACE BELOW COST WH) (Revenue \$ IICH ALLOWS THOSE MANAGED SCHO	OOLS TO SPEND MORE MONEY
4 c	(Code) (Expenses :	\$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe i es \$	n Schedule O) including grants of	f s) (Revenue \$)
 4е		ogram service expenses 🕨	18,768,639	•	, , т	,

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 (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

GII	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	. l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 83		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		
а	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
ı	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		No
ı	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N (
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
	Does the ergopigation have applied areas are such that are assembly asset that \$100,000 and \$100.000	5c		ь.
1	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 as charitable contributions?	6a		N
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	.		N.
	Contract?	7e 7f		N ·
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		IN
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

	section A. Governing Body and Hanagement			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, u	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	organization o maning data coo 17 700, provide the harmon and data cooled in conductor 1 1 1 1 1 1 1 1 1 1 1 1			
50	action P. Policiae (This Section P. requests information about policies not required by the Internal P.	ovon	io Cod	<u> </u>
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ACCOUNTANT 294 MASSACHUSETTS AVENUE ROCHESTER, PA (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 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, 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

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

(1) TIMOTHY ALBANESE	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers and	than on is a dii	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DIRECTOR	(4) TIMOTHIN ALPANECE		ol trustee or	onal Trustee		oloyee	compensated e				
COMBORAT BICKERTON S 00		5 00	х						0	0	0
DIRECTOR		F 00									
3 CHARLES CERJAK		5 00	х						0	0	0
DIRECTOR		F 00									
(4) MARK NOLL 5 00 X X 0 0 0 DIRECTOR/BOA 5 00 X 0 0 0 0 CINCETOR 0 0 0 0 0 0 0 SEE SCHEDULE 0		3 00	х						0	0	0
X		5.00		-							
S ROBERT CLEMENTS S O		3 00	Х		х				0	0	0
Name		5.00									
Column			Х						0	0	0
X		5 00									
Total Control Contro	SEE SCHEDULE		Х						0	0	0
SEE SCHEDULE		5 00									
(8) MARK ELDER 40 00 X 89,552 0 13,433 CEO (9) GEORGE PACINDA 40 00 X 25,769 0 5,835 COO/BOARD SE X 0 0 0 0 0 0 CFOA X 0 24,219 0 0 16,754 0 0 16,754 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 16,754 0 0 0 16,754 0 0 0 16,754 0 0 <td< td=""><td>SEE SCHEDULE</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>	SEE SCHEDULE		X						0	0	0
CEO 40 00 X 25,769 0 5,835 COO/BOARD SE (10) ANDREW SUTTON 40 00 X 0 0 0 0 CFOA X 0 0 0 0 0 0 0 SEE SCHEDULE X 0 <td></td> <td>40 00</td> <td></td> <td></td> <td><u></u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		40 00			<u></u>						
X 25,769 0 5,835	CEO				×				89,552	0	13,433
COO/BOARD SE (10) ANDREW SUTTON CFOA (11) TONI SADECKY SEE SCHEDULE (12) JOSEPH ASKAR 40 00 X 101,500 X 101,500 0 24,219 COO/BOARD SE X 101,500 0 10,754	(9) GEORGE PACINDA	40 00			,,				25.760		5.035
X	COO/BOARD SE				×				25,769	U	5,835
CFOA (11) TONI SADECKY 5 00 X 0 0 0 0 C SEE SCHEDULE (12) JOSEPH ASKAR 40 00 X 101,500 0 24,219 (13) DAVID VUCKOVICH 40 00 X 77,660 0 16,754	(10) ANDREW SUTTON	40 00			V				0	0	0
X 0 0 0 0 0 0 0 0 0	CFOA								U	U	0
SEE SCHEDULE	(11) TONI SADECKY	5 00			Ų				0	0	0
SOLICITOR X 101,500 0 24,219 (13) DAVID VUCKOVICH 40 00 X 77,660 0 16,754					_^				Ŭ	· ·	
SOLICITOR (13) DAVID VUCKOVICH 40 00 X 77,660 0 16,754	(12) JOSEPH ASKAR	40 00					l _x		101 500	0	24 219
X 77,660 0 16,754									202,000	, and the second	
	(13) DAVID VUCKOVICH	40 00						l x	77,660	0	16,754
	FORMER DIR/M				<u> </u>				,	, and the second	

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

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)		ganızatıc relate organızat	d
1b	Sub-Total						•	*					
C	Total from continuation sheet	-			•	•	•	•	294,481				60,241
d 	Total (add lines 1b and 1c). Total number of individuals (in						d abov		·				00,241
_	\$100,000 of reportable compe							٠,	ne recented more a				
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key	emplo	yee,	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual										4		No
5	Did any person listed on line 1									or individual for			
	services rendered to the organ	nization? <i>If</i> "Yes	," compl	ete S	ched	lule I	1 for su	ch pe	erson		5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fire	ve highest comp											

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AVANTI MANAGEMENT GROUP LLC 2501 SECOND STREET KOPPEL PA 16136	MGMT/MRKTG	5,095,000
COTTRILL ARBUTINA & ASSOCIATES PC 525 THIRD STREET BEAVER PA 15009	ACCOUNTING SVCS	1,345,572
THE DIGITAL PRINT SHOPPE LLC 538 MIDLAND AVENUE MIDLAND PA 15059	PRINTING SVCS	1,149,802
EDUCATION GROWTH ADVISORS LLC 177 BROAD ST 16TH FLOOR STAMFORD CT 06901	CONSULTING SVCS	132,295
FARRELL & REISINGER LLC 200 KOPPERS BLDG 436 7TH AVE PITTSBURGH PA 15219	LEGAL SVCS	129,528
3. Total number of independent contractors (including but not limited to those list	ad above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

Part V		Statement of Revenue Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
w 28	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b				
وَيُ وَيَ	С	Fundraising events 1c				
iffs,	d	Related organizations 1d				
છં.≝	e	Government grants (contributions)				
ons Sir	f	All other contributions, gifts, grants, and 1f		-		
He He	'	sımılar amounts not ıncluded above ————————————————————————————————————		ļ		
걸	g	Noncash contributions included in lines 1a-1f \$				
and Com	h	Total. Add lines 1a-1f				
		Business Code				
Program Serwde Revenue	2a	MANAGEMENT SERVICES	16,707,935	16,707,935		
æ æ	ь	OTHER RENTAL REVENUE	111,864	111,864		
- Ce	С					
že Z	d					
É	e					
100 100	f	All other program service revenue				
<u>Ā</u>	g	Total. Add lines 2a-2f	16,819,799			
	3	Investment income (including dividends, interest, and other similar amounts)	92,657			92,657
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) O ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	ď	Net gain or (loss)				
e F	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a				
Ě	Ь	Less direct expenses b				
•	C 9a	Net income or (loss) from fundraising events • Gross income from gaming activities				
		See Part IV, line 19				
	ь	Less direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances . a 41,595,086				
	ь	Less cost of goods sold b 21,377,438				
	С	Net income or (loss) from sales of inventory	20,217,648	20,217,648		
		Miscellaneous Revenue Business Code		452 555		
	11a	PRIMA	151,252	151,252		
	b	WELLNESS CENTER	77,872	77,872		
	С	MISCELLANEOUS REVENUE	18,125	18,125		
	d	All other revenue	4,634	4,634		
	e	Total. Add lines 11a-11d	251,883			
	12	Total revenue. See Instructions	37,381,987	37,289,330		92,657

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX	(B)		
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,803,715	5,803,715		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	519,401	519,401		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	5,845,195	4,759,304	1,085,891	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	162,460	134,633	27,827	
9	Other employee benefits	1,390,814	1,139,408	251,406	
0	Payroll taxes	560,863	458,275	102,588	
1	Fees for services (non-employees)				
а	Management				
b	Legal	522,762	58,171	464,591	
c	Accounting	1,685,034	1,237,959	447,075	
d	Lobbying	200,274		200,274	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,202,563	1,116,233	86,330	
2	Advertising and promotion	843,509	241,835	601,674	
	Office expenses	1,011,136	806,508	204,628	
3 4	Information technology	404,340	262,938	141,402	
- 5	Royalties	404,340	202,936	141,402	
		1 506 350	751.641	024.617	
5	Occupancy	1,586,258	751,641	834,617	
7 8	Payments of travel or entertainment expenses for any federal, state, or local public officials	272,937	222,609	50,328	
9	Conferences, conventions, and meetings	23,277	6,987	16,290	
0	Interest	7,679	·	7,679	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,283,824	1,219,633	64,191	
3	Insurance				
4	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)				
а	SETTLEMENT EXPENSE	1,811,988		1,811,988	
ь	SALES AND USE TAX EXPENSE	82,848		82,848	
c	BAD DEBT EXPENSE	29,389	29,389		
d	MISCELLANEOUS EXPENSES	691		691	
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	25,250,957	18,768,639	6,482,318	
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	×			<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		4,218,838	1	1,426,592
	2	Savings and temporary cash investments			2	13,532,238
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,756,213	4	3,974,571
	5	Loans and other receivables from current and former officers, director employees, and highest compensated employees Complete Part II o Schedule L	s, trustees, key f		5	
Assets	6	Loans and other receivables from other disqualified persons (as define $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contribe and sponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions) Complete Part II of Schedule L	utıng employers		6	
88	7	Notes and loans receivable, net			7	3,168,101
⋖	8	Inventories for sale or use		9,892,135		10.707.901
	9	Prepaid expenses and deferred charges		134,249		1,222,403
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	12,889,317			.,
	Ь	Less accumulated depreciation	4,397,082	8,803,760	10c	8,492,235
	11	Investments—publicly traded securities		, ,	11	
	12	Investments—other securities See Part IV, line 11		10,187,090	12	11,036,604
	13	Investments—program-related See Part IV, line 11		13	, ,	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		216,953		7,593
	16	Total assets. Add lines 1 through 15 (must equal line 34)		39,209,238	16	53,568,238
	17	Accounts payable and accrued expenses		2,335,309		4,716,029
	18	Grants payable		2,555,555	18	1,110,020
	19	Deferred revenue		13,115		
	20	Tax-exempt bond liabilities		10,110	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
e)					21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trukey employees, highest compensated employees, and disqualified	·		22	
<u>. 0</u>		persons Complete Part II of Schedule L		4 400 400	22	1 201 505
_	23	Secured mortgages and notes payable to unrelated third parties .		1,466,102	23	1,331,535
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thin and other liabilities not included on lines 17-24) Complete Part X of D	Schedule	53,827	25	48,759
	26	Total liabilities. Add lines 17 through 25		3,868,353	26	6,096,323
е s		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and lines 27 through 29, and lines 33 and 34.		, ,		<u> </u>
Ĭ	27	Unrestricted net assets		35,340,885	27	47,471,915
<u> 85</u>	28	Temporarily restricted net assets	- -		28	,,
Fund Balance	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶				
or F		complete lines 30 through 34.	,			
S	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
ΑS	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		35,340,885	33	47,471,915
Ź	34	Total liabilities and net assets/fund balances		39,209,238	34	53,568,238
	1 5 7	. Star habilities and net assets/fand balances	• •	33,203,238	J-4	55,566,250

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,:	381,987
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,	250,957
3	Revenue less expenses Subtract line 2 from line 1	3		12,:	131,030
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			340,885
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		47,4	471,915
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

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As Filed Data -

DLN: 93493135054314

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

NATIONAL NETWORK OF DIGITAL SCHOOLS

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

MANA	SEMENT	Γ FOUNDA	TION						26-0125	828	
Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganizations	must com	plete this	part.) See	instructions	5.
The c	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, chec	k only one	box)		
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s	ection 170	(b)(1)(A)(i)		
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ıle E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	bed in sectio	on 170(b)(:	L)(A)(iii).		
4	Γ	hospita	ıl's name, cı	n organization operat ty, and state							
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governme	ntal unıt des	cribed in
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın sect	ion 170(b)	(1)(A)(v).		
7 8	Г	describ	ed in sectio	at normally receives in 170(b)(1)(A)(vi). described in section	(Complete P	art II)		_	nental unit or	from the ger	ieral public
9	<u>'</u>		-	at normally receives			-	-	ibiitions mer	mbershin fee	s and dross
-	,	=		ities related to its ex					•	*	· -
				oss investment inco							
				janization after June						,	
10	Г	•	-	ganized and operated	-			· ·	-		
11	Γ	one or the box	more public that descri	ganized and operated y supported organiz bes the type of supp b Type II c	ations descr or <u>ti</u> ng organ	ibed in secti ization and d	ion 509(a)(1 complete line) or section es 11e th <u>ro</u>	n 509(a)(2) ugh 11h	See section !	
e	Γ	other t		ox, I certify that the on managers and otl							
f			rganization this box	received a written de	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III support	ring organization,
g			August 17, 2 ng persons?	2006, has the organi	zation accep	ted any gift	or contribut	ion from an	y of the		
				rectly or indirectly o	·		-	persons d	escribed in (i		Yes No
				governing body of th		_	۱?				g(i)
		• •	•	er of a person descri 	• •						J(ii)
				lled entity of a perso						11g	(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				
(i) Nar suppo organiz		orted organization organization in		(v) Did you notify the organization in col (i) of your support?		(vi) Is organiza col (i) or in the	ition in ganized	(vii) A mount of monetary support			
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

- appoint and it is a game and it is a more and it is a m
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under
Part II If the organization fails to qualify under the tests listed below please complete Part II)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	42,750	0					42,750
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,091,14	8 40,739,797	51,208,619	61,004,628	58,666	6,768	245,710,960
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	34,133,898	40,739,797	51,208,619	61,004,628	58,666	5,768	245,753,710
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)							245,753,710
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>!</u>	(f) Total
9	A mounts from line 6	34,133,898	40,739,797	51,208,619	61,004,628	58,666	5,768	245,753,710
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					92	2,657	92,657
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the					92	2,657	92,657
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)	34,133,898	40,739,797	51,208,619	61,004,628	58,759	€,425	245,846,367
14	First five years. If the Form 990 is check this box and stop here	for the organizat	cion's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3)	organ	ızatıon, ▶┌
Se	ction C. Computation of Pul	olic Support F	Percentage					. ,
15	Public support percentage for 201			13, column (f))		15		99 960 %
16	Public support percentage from 20	11 Schedule A, F	Part III, line 15			16		100 000 %
Se	ction D. Computation of Inv	estment Inc	ome Percenta	ae				
17	Investment income percentage for				nn (f))	17		0 %
18	Investment income percentage fro	m 2011 Schedule	A, Part III, line 1	.7		18		
19a	33 1/3% support tests—2012. If th	e organization did	d not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%	, and	
	more than 33 1/3%, check this box							▶ ▽

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493135054314

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Inspection

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

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

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

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION 26-0125828 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes 4a Was a correction made? □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3 Did the filing organization file Form 1120-POL for this year? Yes 4

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- **B** Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	200,274	
c	Total lobbying expenditures (add lines 1a and 1b	o)	200,274	
d	Other exempt purpose expenditures		25,050,687	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	25,250,961	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 248,700 Total lobbying expenditures 173,299 177,342 200,274 799,615 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

circulate e (i	om 330 or 330 E2/2012	raye
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	
	filed Form 5768 (election under section 501(h)).	

For o	ach "Vee" response to lines 1s through 1, below, provide in Part IV a detailed description of the lebburg	(a)	(b)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	O ther activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		İ	
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		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	SCHEDULE C, PART I-A, LINE 1	NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION PAID 200,274 TO ORGANIZATIONS WHO SPECIALIZE IN GOVERNMENT 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

DLN: 93493135054314

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

ATIONAL NETWORK OF DIGITAL SCHOOLS			
ANAGEMENT FOUNDATION	ad in de la collega di collega		0125828
art I Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funas	or Accounts. Complete if the
organization answered Tes to Form 5	(a) Donor advised funds		(b) Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor adv	ısed Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be	d donor advisors in writing that grant fund		er purpose
conferring impermissible private benefit?			☐ Yes ☐ No
art II Conservation Easements. Complete		to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat	non or education) Preservation of a		rically important land area d historic structure
Preservation of open space			
Complete lines 2a through 2d if the organization he easement on the last day of the tax year	ld a qualified conservation contribution ir	the form	n of a conservation
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easement	CS .	2b	
Number of conservation easements on a certified hi	ıstorıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c) a historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, transf	ferred, released, extinguished, or termina	ted by th	ne organization during
the tax year ►			
Number of states where property subject to conserv	vation easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of	f violations, and Yes No
Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation eas	ements o	during the year
A mount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easemer	nts durin	g the year
Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financi		
Trt III Organizations Maintaining Collection Complete if the organization answered		, or Ot	her Similar Assets.
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnot	ssets held for public exhibition, education	n, or rese	earch in furtherance of public
If the organization elected, as permitted under SFA: works of art, historical treasures, or other similar as service, provide the following amounts relating to the	ssets held for public exhibition, education		
(i) Revenues included in Form 990, Part VIII, line	1		► \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, his following amounts required to be reported under SFA			icial gain, provide the

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	stori	cai ii	<u>reasu</u>	res, or O	tne	<u>r Similar As</u>	ssets (c	ontinued)_
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the foll	owing that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progi	ams			
b	Scholarly research e Other										
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	y furth	er the d	organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donation	s of a	rt, his	torical	treasu	ıres or othe	rsım	ıılar		
	assets to be sold to raise funds rather than t									│ Yes	□ No
Par	Part IV, line 9, or reported an am						n answere	d "Y ——	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions	or other ass	etsı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_			_	
							-	_	Ar	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?)						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	rovided in P	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)Prior	year	b (c)⊺	wo years back	(d)	Three years back	(e)Four y	ears back
1a	Beginning of year balance							+			
b	Contributions							+			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	nce (lır	ne 1g	, colum	nn (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	ıdmınıstere	d for	the	Yes	No
	(i) unrelated organizations								За	(i)	
	(ii) related organizations								3a		<u> </u>
	If "Yes" to 3a(II), are the related organization							•	3	b	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme Description of property	nt. See ronn 9	90, Pa		, iiiie) Cost o		(b)Cost or c	ther	(c) Accumulated	d (d) Bo	ook value
				bas	is (inves	stment)	basıs (othe	er)	depreciation		
1a	Land						203	,081			203,081
b	Buildings						4,736	,332	554,1	36	4,182,196
c	Leasehold improvements						89	,452	16,8	96	72,556
d	Equipment						1,584	,890	1,092,7	18	492,172
							6,275	,562	2,733,3	32	3,542,230
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)			🕨		8,492,235

Part VIII Investments—Other Securities. Se			
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	<u>e</u>
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	10 512 244		
(A) INVESTMENT IN SUBSIDIARY-27-0214216	10,513,244	C	
(B) INVESTMENT IN STONEY RIDGE ASSOC	523,360	С	
(B) INVESTIGATION OF THE REPORT ASSOCIATION	323,300		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	11,036,604		
Part VIII Investments—Program Related. S			
(a) Description of investment type	(b) Book value	(c) Method of valuation	_
		Cost or end-of-year market value	<u>e </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription	(b) Book valu	1 e
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	t X, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
	46.020		
PAYROLL LIABILITIES	46,838		
SALES & USE TAX LIABILITIES	1,921		
DEPOSITS PAYABLE			
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
	48,759	makanla Kanasasal ata	L L -
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	ext of the foothote to the organ	nization's financial statements that reports	the

cned	ulle D (Form 990) 2012		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	sper	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Do.	WIII Supplemental Information		· · · · · · · · · · · · · · · · · · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

I dentifier Return	Explanation
SCHEDULE D, P	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE ORGANIZATIONS TO QUANTIFY AND RECORD THE ESTIMATED TAX LIABILITY, INCLUDING INTEREST AND PENALTIES, RELATED TO UNCERTAIN TAX POSITIONS TAKEN AND POSITIONS ANTICIPATED TO BE TAKEN ON THEIR INCOME TAX RETURNS, AS WELL AS PROVIDE ENHANCED DISCLOSURES WITHIN THE FINANCIAL STATEMENTS NNDS AND THE CORPORATION HAVE EVALUATED THEIR TAX POSITIONS TAKEN FOR ALL OPEN YEARS CURRENTLY, THE 2012, 2011, AND 2010 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) AND THE PENNSYLVANIA DEPARTMENT OF REVENUE THE ORGANIZATIONS ARE NOT CURRENTLY UNDER AUDIT, NOR HAVE THEY BEEN CONTACTED BY THE IRS THAT THEY ARE SUBJECT TO EXAMINATION AS OF JUNE 30, 2013, NO INTEREST OR PENALTIES WERE RECORDED, THEY WOULD BE INCLUDED IN INCOME TAX EXPENSE BASED ON THE EVALUATION OTHE ORGANIZATIONS' TAX POSITIONS AND ELECTIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN AND ELECTIONS MADE WOULD BE UPHELD UNDER AN EXAMINATION THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN INCOME TAX POSITIONS OR ELECTIONS HAS BEEN RECORDED AS OF JUNE 30, 2013

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493135054314

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number NATIONAL NETWORK OF DIGITAL SCHOOLS 26-0125828 MANAGEMENT FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (c) IRC Code (e) A mount of non-(h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(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
368	519,401			
	recipients 368	recipients cash grant 368 519,401	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance FMV, appraisal, other) 368 519,401

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	, ,	PART III, GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES - AFTER CERTAIN ELIGIBILITY CRITERIA ARE MET, NNDS MF GRANTS SCHOLARSHIPS TO HIGH SCHOOL STUDENTS FOR COSTS ASSOCIATED WITH COLLEGE COURSES THAT ARE TAKEN WHILE THE STUDENTS ARE STILL IN HIGH SCHOOL

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 26-0125828

Name: NATIONAL NETWORK OF DIGITAL SCHOOLS

MANAGEMENT FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADEN ACADEMY1016 WEST STATE STREET BADEN,PA 15005	45-4841230	GOV	270,833	328,381	FMV		SUPPORT OPERATIONS
BOROUGH OF MIDLAND 936 MIDLAND AVENUE MIDLAND,PA 15059	15-0543962	GOV	36,000				SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH TEMPLE CHURCH 353 MIDLAND AVE MIDLAND,PA 15059				10,147	FMV		SUPPORT OPERATIONS
FIRST ALLIANCE CHURCH 111 MISSION MEADE DRIVE NEW CASTLE,PA 16105				6,267	FMV		SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUBER HEIGHTS SCHOOL DISTRICT5954 LONGFORD ROAD HUBER HEIGHTS,OH 45424		GOV		6,904	FMV		SUPPORT OPERATIONS
INDIANA CYBER CHARTER SCHOOL7508 BEECHWOOD CENTRE ROAD AVON,IN 46123		GOV		75,415	FMV	l '	SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PARK PERFARTS CHARTER SCHL1 LINCOLN PARK MIDLAND,PA 15059	20-3428111	GOV	1,132,886	53,594			SUPPORT OPERATIONS
LINCOLN PARK PERFORMING ARTS CENTER1 LINCOLN PARK MIDLAND,PA 15059	04-3703131	501C3	423,000	802,840	FMV	MANAGEMENT SVCS	SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCGUIRE MEMORIAL FOUNDATIONPO BOX 48 NEW BRIGHTON, PA 150660048	25-1687137	501C3	5,400	36,556	FMV		SUPPORT OPERATIONS
MIDLAND BOROUGH SCHOOL DISTRICT173 7TH STREET MIDLAND,PA 15059		GOV		56,897	FMV	MANAGEMENT SVCS	SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDLAND WOMEN'S CIVIC CLUB173 7TH STREET MIDLAND,PA 15009				12,282	FMV	· - · · - · · · · · · · · · · · · · ·	SUPPORT OPERATIONS
PA CYBER CHARTER SCHOOL652 MIDLAND AVE MIDLAND,PA 15059		GOV		2,266,879	FM∨		SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMA EARLY LEARNING CENTERONE 13TH STREET MIDLAND,PA 15059	46-1344317	GOV	155,000	51,383	FMV	· · · = · · · = · - / - · - -	SUPPORT OPERATIONS
STS PETER & PAUL CATHOLIC SCHOOL370 EAST END AVENUE BEAVER,PA 15009		GOV		5,429	FMV		SUPPORT OPERATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIOUS ENTITIES UNDER 5000VARIOUS LOCATIONS ROCHESTER,PA 15074			67,622		FMV		SUPPORT OPERATIONS

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DLN: 93493135054314

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION

Employer identification number

26-0125828

-	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		165	140
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee 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 VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			l
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	'' I incentive I reportable I compensation I		benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	77,660				16,754	94,414	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493135054314

OMB No. 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION

Employer identification number

26-0125828

1 (a) Name	of disqualified pers			between disq		(c) Descrip					(d) Corr	rected
1 (4) (4)	or aloqualilloa pero	1 ' '		l organization	I	(4) 5 65 611,			4001011		Yes	No
	Loans to and/or Complete if the organi organization reported of (b) Relationship with organization Grants or Assista Complete if the orga e of interested (b) Re											
Enter the an	nount of tax incurre	d by organiza	ation mana	aers or disau	alified perso	ns during the	vearii	nder	ection			
4958	· · · · ·	• • • •			• • • ·		, ear u		> \$			
3 Enterthe an	nount of tax, if any,	on line 2, abo	ove, reimbi	ursed by the	organızatıon			•	> \$			
art II Loa	ns to and/or F	rom Inter	ested De	rsons								
					EZ, Part V, lı	ne 38a, or Fo	rm 990	O, Par	t IV, lın	ne 26, o	rıfthe	
orga				Part X, line 5	, 6 , or 22							
a) Name of	(b) Relationship with organization			to he	(e)Original principal amount	(f) Balance due	(g) defa	In	(h Appro	oved ard or	(i)Wr agreei	
a) Name of nterested	(b) Relationship	(c) Purpose	(d) Loan or from t organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of nterested	(b) Relationship	(c) Purpose	(d) Loan or from t	to he	(e)Original principal			In	A ppro	oved ard or		ment?
a) Name of nterested	(b) Relationship	(c) Purpose	(d) Loan or from t organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of nterested	(b) Relationship	(c) Purpose	(d) Loan or from t organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of interested	(b) Relationship	(c) Purpose	(d) Loan or from t organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of interested	(b) Relationship	(c) Purpose	(d) Loan or from t organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of interested person	(b) Relationship	(c) Purpose	(d) Loan or from to organizati	to he on?	(e)Original principal		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan or from to organizati	to he on? From	(e)Original principal amount		defa	In ult?	Appro by boa commi	oved ard or ittee?	agreei	
a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan or from to organization To sting Interested "Y	From From Prested Perest on Form	(e)Original principal amount ersons.	due	Yes	In ult?	Appro by boa commi	oved ard or ittee?	agreei	ment?
a) Name of nterested person tal Com	(b) Relationship with organization This or Assistant plete if the organ erested (b) Relationship interest	ce Benefit nization ans ationship bet	(d) Loan or from to organization. To ting Interviewer (compared "Yeween (compared	to he on? From erested Pe	(e)Original principal amount ersons.	due	Yes	In ult?	A pproby boa commi	oved ard or attee? No	agreei	No.
a) Name of nterested person tal Tt III Gran Com (a) Name of Interested	(b) Relationship with organization This or Assistant plete if the organ erested (b) Relationship interest	ce Benefit	(d) Loan or from to organization. To ting Interviewer (compared "Yeween (compared	From From Prested Perest on Form	(e)Original principal amount ersons.	IV, line 27.	Yes	In ult?	A pproby boa commi	oved ard or attee? No	Yes	No.
a) Name of Interested person tal Tt IIII Gran Com (a) Name of Interested	(b) Relationship with organization This or Assistant plete if the organ erested (b) Relationship interest	ce Benefit nization ans ationship bet	(d) Loan or from to organization. To ting Interviewer (compared "Yeween (compared	From From Prested Perest on Form	(e)Original principal amount ersons.	IV, line 27.	Yes	In ult?	A pproby boa commi	oved ard or attee? No	Yes	Ment [*]

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) AVANTI MANAGEMENT GROUP	SEE DISCLOSURE	2,128,051	SEE DISCLOSURE BELOW	Yes	
(2) THE DIGITAL PRINT SHOPPE LLC	SEE DISCLOSURE	893,693	SEE DISCLOSURE BELOW		No
(3) PENNSYLVANIA CYBER CHARTER SCHOOL	SEE DISCLOSURE	50,927,735	SEE DISCLOSURE BELOW		No
(4) PRIMA LEARNING CENTER LLC	SEE DISCLOSURE	270,241	SEE DISCLOSURE BELOW		No
(5) LINCOLN PARK PERFORMING ARTS CENTER	SEE DISCLOSURE	3,305,314	SEE DISCLOSURE BELOW		No
(6) MIDLAND BOROUGH SCHOOL DISTRICT	SEE DISCLOSURE	56,897	SEE DISCLOSURE BELOW		No

Part V Supplemental Information

Identifier ADDITIONAL INFORMATION	SCHEDULE L PART V	Explanation 1 NAME OF PERSON AVANTI MANAGEMENT GROUP LLC AMG DESCRIPTION OF TRANSACTION AMG PROVIDED MANAGEMENT AND MARKETING SERVICES TO THE ORGANIZATION TOTALING 500000 UPON TERMINATION OF THE MANAGEMENT SERVICES AGREEMENT WITH AMG THE ORGANIZATION SETTLED OUTSTANDING CLAIMS FOR 1628051 AMG IS LISTED AS AN INTERESTED PERSON BECAUSE AMG IS 50 OWNED BY FORMER KEY EMPLOYEES
ADDITIONAL INFORMATION	SCHEDULE L PART V	AMG DESCRIPTION OF TRANSACTION AMG PROVIDED MANAGEMENT AND MARKETING SERVICES TO THE ORGANIZATION TOTALING 500000 UPON TERMINATION OF THE MANAGEMENT SERVICES AGREEMENT WITH AMG THE ORGANIZATION SETTLED OUTSTANDING CLAIMS FOR 1628051 AMG IS LISTED AS AN INTERESTED PERSON
		BRETT GEIBEL AND JANE PRICE OF THE ORGANIZATION 2 NAME OF PERSON THE DIGITAL PRINT SHOPPE LLC DPS DESCRIPTION OF TRANSACTION DPS PROVIDED PRINTED MATERIALS TO THE ORGANIZATION PER THE ORGANIZATIONS SPECIFICATIONS THE TOTAL AMOUNT PAID WAS 893693 DPS IS LISTED AS AN INTERESTED PERSON BECAUSE IT IS A WHOLLYOWNED SUBSIDIARY OF AMG 3 NAME OF PERSON PENNSYLVANIA CYBER CHARTER SCHOOL PA CYBER DESCRIPTION OF TRANSACTION THE ORGANIZATION SOLD CURRICULUM AND MANAGEMENT SERVICES TO PA CYBER TOTALING 50927735 PA CYBER IS LISTED AS AN INTERESTED PERSON BECAUSE EDWARD ELDER BOARD MEMBER OF PA CYBER IS A FAMILY MEMBER OF MARK ELDER CEO OF THE ORGANIZATION DURING FYE 063013 ADDITIONALLY NICHOLAS TROMBETTA A FORMER OFFICER OF PA CYBER WAS THE FOUNDER OF THE ORGANIZATION 4 NAME OF PERSON PRIMA LEARNING CENTER LLC PRIMA DESCRIPTION OF TRANSACTION THE ORGANIZATION RAN THE OPERATIONS OF PRIMA EARLY LEARNING CENTER PELC AS A DBA OF THE ORGANIZATION UNTIL FEBRUARY 2013 WHEN PELC FORMED A SEPARATE NONPROFIT ENTITY PRIOR TO THAT TIME THE OPERATIONS OF PELC PRIMA IS LISTED AS AN INTERESTED PERSON BECAUSE IT IS OWNED BY AMG 5 NAME OF PERSON LINCOLN PARK PERFORMING ARTS CENTER LPPAC DESCRIPTION OF TRANSACTION LPPAC RECEIVED DONATIONS MANAGEMENT SERVICES AND OTHER ASSISTANCE FROM THE ORGANIZATION TOTALING 1205839 LPPAC ALSO SOLD CURRICULUM TO THE ORGANIZATION TOTALING 2099475 LPPAC IS LISTED AS AN INTERESTED PERSON BECAUSE KRIS COLATRIANO IS A BOARD MEMBER OF LPPAC AND EMPLOYED BY THE ORGANIZATION AS DIRECTOR OF MANAGED SERVICES 6 NAME OF PERSON MIDLAND BOROUGH SCHOOL DISTRICT MBSD DESCRIPTION OF TRANSACTION MBSD RECEIVED NONCASH DONATIONS FROM THE ORGANIZATION TOTALING 56897 MBSD IS LISTED AS AN INTERESTED PERSON BECAUSE DAVID VUCKOVICH IS A FORMER DIRECTOR OF THE ORGANIZATION AND A CURRENT BOARD MEMBER OF MBSD

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As Filed Data -

DLN: 93493135054314

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

OMB No 1545-0047

Open to Public Inspection

Name of the organization NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION Employer identification number

26-0125828

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	NNDS CONTRACTED WITH COTTRILL, ARBUTINA & ASSOCIATES, PC FOR CFOA SERVICES
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO THE FILING OF THE FORM 990, IT WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RIS E TO CONFLICTS THEY ALSO REVIEW AND COMPLETE A 990 DISCLOSURE QUESTIONNAIRE REGARDING REL ATED ORGANIZATIONS ON AN ANNUAL BASIS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON R EQUEST, FOR A NOMINAL COPYING FEE THE FINANCIAL STATEMENTS FOR THE ORGANIZATION ARE PART OF CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE A FOR- PROFIT ENTITY, THEREFORE, THE FINA NCIAL STATEMENTS ARE NOT OFFERED TO THE PUBLIC
ADDITIONAL INFORMATION	FORM 990, PART VII	SECTION A, OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES (6) VINCE DRAGO, DIRECTOR, RESIGNED DECEMBER 2012 (7) STEPHANIE PENNINGTON, DIRECTOR, R ESIGNED AUGUST 2012 (11) TONI SADECKY WAS TREASURER (NON-VOTING MEMBER) UNTIL JUNE 23, 20 13

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Name of the organization

NATIONAL NETWORK OF DIGITAL SCHOOLS

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Employer identification number

DLN: 93493135054314

Open to Public **Inspection**

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

MANAGEMENT FOUNDATION 26-0125828 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (13) controlled (if section 501(c)(3)) entity entity? Yes

	(a) Name, address, and EIN of related organization		(b) Imary activity Legal domicile (state or foreign country)		(e) Predomin income (rela unrelate excluded f tax unds sections 5 514)	ated, total ind d, rom er	of	(g) Share of end-of-year assets		rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership	
					311/				Yes	No		Yes	No		
															_
															_
															_
Int IV Identification of Related Ine 34 because it had one of									swere	d "Ye	s" to Form	990,	Part 1	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f counti	l ile oreign	Di	(d) rect controlling entity	(e) Type of entit (C corp, S cor or trust)		(f) hare of total income	c	(g) re of en of-year assets	d- Percent owners	tage	C	(i) ection 512 (b)(13) ontrolled entity?	_
													_	es No	-
NNDS CORPORATION MASSACHUSETTS NUE CHESTER, PA 15074 0212901	PROPERTY M	PA		N/										No	_
															_
															_
															_
									-						_
															_

No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Re	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b G	ıft, grant, or capıtal contribution to related organization(s)				1b		No
c Gi	ft, grant, or capital contribution from related organization(s)				1c		No
d Lo	pans or loan guarantees to or for related organization(s)				1d		No
e Lo	pans or loan guarantees by related organization(s)				1e		No
	vidends from related organization(s)				1f		No
g Sa	ale of assets to related organization(s)				1g		No
h Pi	urchase of assets from related organization(s)				1h		No
i Ex	change of assets with related organization(s)				1i		No_
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		No
k Le	ease of facilities, equipment, or other assets from related organization(s)				1k		No
l Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		No
m Pe	rformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o SI	haring of paid employees with related organization(s)				10		No
p Re	eimbursement paid to related organization(s) for expenses				1р		No
q Re	eimbursement paid by related organization(s) for expenses				1q		No
r 01	ther transfer of cash or property to related organization(s)				1r		No
s 0	ther transfer of cash or property from related organization(s)				1s		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including co	overed relationships	and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount inv	volved	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 26-0125828

Name: NATIONAL NETWORK OF DIGITAL SCHOOLS

MANAGEMENT FOUNDATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to pr	ovide additional information for response	es to questions on Schedule R (see instructions)	
	Identifier	Return Reference	Explanation	

TY 2012 GeneralDependencySmall

Name: NATIONAL NETWORK OF DIGITAL SCHOOLS

MANAGEMENT FOUNDATION

EIN: 26-0125828

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction

Reference:

Regulations Reference:

Description: WAIVE NOL CARRYBACK

Attachment Information: YEAR ENDING: JUNE 30, 2013 26-0125828 NATIONAL NETWORK OF

DIGITAL SCHOOLS MANAGEMENT FOUNDATION 294

MASSACHUSETTS AVENUE ROCHESTER, PA 15074 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT

TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED

DURING THE CURRENT TAX YEAR.