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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Inspection

Form 990 (20

Department of the Treasury Internal Revenue Service

WAY WAR 2 5 2015

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.rs.gov/form990

Open to Public

A	For	the 20	013 calendar year, or tax year beginning UUL 1, 2013 and	ending U	JUN 30, 2014	<u> </u>
В	Check applic	if able	C Name of organization NATIONAL NETWORK OF DIGITAL SCHOOLS		D Employer identif	ication number
Г	Ad	dress ange	MANAGEMENT FOUNDATION			
F	— _{Na}	me	Doing Business As		26-0	125828
	lnii ret	ange ial urn min-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
Ļ	Jate	min- ed nended	294 MASSACHUSETTS AVENUE			764-7200
Ļ	iret	urn plica-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	60,065,903.
L	tio	n nding	ROCHESTER, PA 15074		H(a) Is this a group r	
		-	F Name and address of principal officer: ROBERT CLEMENTS		for subordinates	
<u> </u>	_		SAME AS C ABOVE	05 507	H(b) Are all subordinates	
			ot status.	or 527	-	a list. (see instructions)
			panization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number M State of legal domicile: PA
	art		ummary	L tear	or tormation, 2003	vi State of Tegal Conficie. PA
_	Т 4		efly describe the organization's mission or most significant activities TO E.	MPOWER	R LEARNING C	OMMINITAIRS
92	: ¹		eny describe the organization's mission or most significant activities 10 12. Y PROVIDING THEM WITH PRODUCTS, STRATEG	TES AN	ND SERVICES	ALIGNED
nan	2		eck this box if the organization discontinued its operations or dispo			
Governance	3		mber of voting members of the governing body (Part VI, line 1a)	Sea of filler	3	4
Ĝ	. 4		mber of voting members of the governing body (Part VI, line 1b)	•	4	1
<u>مح</u>	{		tal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	418
itie			tal number of volunteers (estimate if necessary)		6	0
Activities &	,		tal unrelated business revenue from Part VIII, column (C), line 12	-	7a	55,440.
Ā	' '		t unrelated business taxable income from Form 990-T, line 34	•	7b	-367,587.
_	十				Prior Year	Current Year
	, 8	Co	intributions and grants (Part VIII, line 1h)		0.	0.
2.0 [J] Revenue	9		ogram service revenue (Part VIII, line 2g)	·	16,819,799.	
	10		restment income (Part VIII, column (A), lines 3, 4, and 7d)		92,657.	
⊋ æ	: 1		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,469,531.	
-	12		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,381,987.	
~ ~	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)		6,323,116.	
_	14		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
≤ Eg			• • • • • • • • • • • • • • • • • • • •		7,959,332.	9,734,708.
	<u> </u>	a Pr	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) of essional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)		0.	0.
	3	b To	tal fundraising expenses (Part IX, column (D), line 25)	_0↓ _		
	[]] 1	7 Ot	her expenses (Part IX, column (A), lines 11a-11d, 14 (24e)	SOS	10,968,509.	
S.		В То	tal expenses. Add lines 13-17 (must equal Part IX column (A) line 25) 2015	jöl 🗆	25,250,957.	
26	19		venue less expenses. Subtract line 18 from line 12	1 /3/*:	12,131,030.	12,456,284.
, 0	Ses			B	eginning of Current Year	End of Year
sets	[20) To	tal assets (Part X, line 16)	∦	53,568,238.	
Net Assets or	일 2		tal liabilities (Part X, line 26)		6,096,323.	
ž	<u> </u>		et assets or fund palances Subtract line 21 from line 20		47,471,915.	59,822,233.
	art		Signature Block	_		
	-		is of perjury, I declare that I have examined this return, including accompanying schedulo			ny knowledge and belief, it is
tru	Je, co	rrect, a	and complete Decl aration of freparer (either than office) is based on all information of w	hich prepare		
			Signature of officer			
	ign				Date	
H	ere		ROBERT CLEMENTS, PRESIDENT Type or print name and title			
_		<u> '</u>			Date I as	PTIN
	. ;		rint/Type preparer's name Preparer's signature	-/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Check If self-emplo	
	aid		ISA M. ALTSCHAFFL, CPA July M. White	M/		P01745178 45-3941203
	repare se On		rm's name DELUZIO & COMPANY, LLP	-	Firm's EIN	45-3941203
U	or Uil	'' ^{[*}	rm's address 351 HARVEY AVENUE, SUITE A GREENSBURG, PA 15601-1911		Dhara sa 7	24-838-8322
-	au +1-		discuss this return with the preparer shown above? (see instructions)		Phone no. 7 4	X Yes No
	SAV TO	e iks	DISCUSS THIS FEITITH WITH THE DEPORTER SHOWN ADOVEY (SEE INSTRUCTIONS)			LAND YES LINO

(Expenses \$
4e Total program service expenses ▶

332002 10-29-13

Other program services (Describe in Schedule O.)

Including grants of \$

16,568,782.

Form **990** (2013)

Part IV Checklist of Required Schedules

			Yes	No
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u> </u>
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			**
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		\vdash
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ ا		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├"	<u> </u>	 -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			一
	complete Schedule G, Part III	19		Х
2 0a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Г	000	(2013)

Form 990 (2013) MANAGEMENT FOUNDAT
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	İ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Α.	
22	Did the organization report more than \$5,000 of grants or 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	х	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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			l
	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		<u> </u>
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l <u></u>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	١,,
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
	Part V, line 1	34	X	-
35a		35a	┢┸	\vdash
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL	х	
00	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?	26	х	
	If "Yes," complete Schedule R, Part V, line 2	36	 ^	\vdash
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"	\vdash	+**
38	•	38	x	1
	Note. All Form 990 filers are required to complete Schedule O			(2013)
		. 5111	, 555	(2010)

Form 990 (2013) MANAGEMENT FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O Contains a response or note to any line in this Part V Yes Is Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable De the there the number of Forms W-26 included in line 1a. Enter 0- if not applicable De the the organization comply with backup withboding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 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 It is a least one is reported on line 2a, did the organization file all required federal employment tax returns? At 18 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) Note if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) At any time during the calendar year, 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) If 'Yes,' has it filed a Form 99-07 for this year? If 'No, 10 file 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization keep an interest in, or a signature or other authority over, a financial account in a foreign country. It is 1 Yes, if the retire the name of the foreign country. It is 1 Yes, if the retire the name of the foreign country. It is 2 years and 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)? If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter tran	\neg
tale Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable be fitter the number of Forms W-26 included in line 1.a. Enter -0 -if not applicable cold the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 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 It also the sum of lines 1 and 2 as greater than 250, you may be required to effect gee instructions) At 18 If 1 a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to effect gee instructions) At 20 If 1 Yes, has if filed a Form 990-T for this year? If 1 No. 10 file 3b, provide an explanation in Schedule O 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. If 1 No. 10 file 3b, provide an explanation in Schedule O If 1 Yes, has if filed a Form 990-T for this year? If 1 No. 10 file 3b, provide an explanation in Schedule O If 1 Yes, has if filed a Form 990-T for this year? If 1 No. 10 file 3b, provide an explanation in Schedule O If 1 Yes, has if filed a Form 990-T for this year? If 1 No. 10 file 3b, provide an explanation in Schedule O If 1 Yes, has the did the organization as a bank account, securities account, or other financial accountry? If 1 Yes, has the did the organization as a bank account, securities account, or other financial Accounts. By 1 Yes, has the the ten and the foreign country leuch as a bank account, securities account, or other financial accountry? By 1 Yes, has the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? By 1 Yes, has the did the organization include with every s	No
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable c bid the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization life 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) 3a Dd the organization never unrelated business gross income of \$1,000 or more during the year? b if *Yes,* has it filed a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country. Incomplet the second in the organization of \$1,000 or more during the tax year? 5b If *Yes,* chert the name of the foreign country. Incomplet the schedule of the organization on the form 8886-T? 5c Was the organization a party to a prohibited tax shelter transaction of firing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization share annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If *Yes,* of the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7d Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If *Yes,* of the organization notify the donor of the value of the goods or services provided? 7d If the organization receive a contribution of cars, boats, anjines, or other vehicles	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has thild a Form 990-Tf for this year? If Y/N, 10 in 80, provide an explanation in Schedule 0 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If Yes, 10 in 10	
(gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if 'Yes,' has if filed a Form 990-T for this year? if 'No,' to line 3b, provide an explanation in Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Figure 1 or the second of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that way receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If 'Yes,' did the organization in express explanation and partly for goods and services provided to the payor? 7c If the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If the organization receive a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 1098-C? 8	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organization make any taxable distributions under section 4966? D Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11a Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against	X
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b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
· · · · · · · · · · · · · · · · · · ·	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a 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.	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	
	X
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	
Form 990 (20131

NATIONAL NETWORK OF DIGITAL SCHOOLS

Form 990 (2013) MANAGEMENT FOUNDATION

26-0125828

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			_	
Sec	tion A. Governing Body and Management				
	1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4			,
	If there are material differences in voting rights among members of the governing body, or if the governing	j	I		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	اہ			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1			1
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		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	pervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	· · · •	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4	Х	77
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	or	_		37
_	more members of the governing body?	<u> </u>	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	s, or			v
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the folk	owing:		- -	j
	The governing body?	}	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	e	ا ہ		x
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	<i>de)</i>	- 1	Yes	
40-	Did the eventuation have lead charters branches or offiliates?	r	10a	res	No X
	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, aff	filiatos	iua		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	illiates,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill		11a	Х	
	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	İ	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ				
Ĭ	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?	ľ	13	Х	
14	Did the organization have a written document retention and destruction policy?	ľ	14		X
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	a			Ī
	taxable entity during the year?	. 1	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	cipation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		X
Sec	etion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Upon request Other (explain in Schedu				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of inf	terest policy, and	finar	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the organizat	ion: 🕨	-	
	ACCOUNTANT - 724-764-7200	-			-
	294 MASSACHUSETTS AVENUE, ROCHESTER, PA 15074			000	(00:5
22200	06 10-29-13		FOLU	199U	(2013)

Form 990 (2013) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	<u> </u>		(((D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIMOTHY ALBANESE BOARD MEMBER/VICE PRESIDENT	40.00	x		Х				0.	0.	0.
(2) ROBERT BICKERTON	5.00	-	\vdash		_	\vdash			0.	
BOARD MEMBER/BOARD CHAIRMAN	- 3333	x		х				ο.	0.	0.
(3) CHARLES CERJAK	5.00	-	\vdash		<u> </u>	<u> </u>				
BOARD MEMBER		X						0.	0.	0.
(4) MARK NOLL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ROBERT CLEMENTS	40.00									
BOARD MEMBER/PRESIDENT		X		Х				0.	0.	0.
(6) DR. JASON CARTHEN	5.00								_	
BOARD MEMBER/VICE CHAIRMAN		X		L	L_	ļ	_	0.	0.	0.
(7) MARK ELDER	40.00		1					445 556	_	
ASSISTANT VP CORP & GOVERNMENT	40.00			X	_		_	113,000.	0.	5,650.
(8) ANDREW SUTTON	40.00	l		,,	ŀ				0	١ ,
CFO ADVISOR	40.00			Х		-		0.	0.	0.
(9) DALE COTTRILL CFO ADVISOR	40.00	-		x				0.	0.	0.
(10) GEORGE PACINDA	40.00	╁	-	^	-	╁	├		0.	0.
ASSISTANT VP OPERATIONS	40.00	1				x		106,667.	0.	17,334.
(11) JOSEPH ASKAR	40.00	┢	H	┢		 		20070071	•	1,,3310
GENERAL COUNSEL		1				$ \mathbf{x} $	1	110,677.	0.	17,334.
(12) MIMI WILSON	40.00		Г		Г	T		<u> </u>		
HR DIRECTOR		1	1			x		109,875.	0.	10,209.
			Г							_
		T	\vdash		_				<u></u>	
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Form 990 (2013)

Form 990 (2013)

MANAGEMENT FOUNDATION

Par	t VII Section A. Officers, Directors, Trus	tees. Kev Em	plov	ees	. an	d Hi	ahe	st C	Compensated Employe	es (continued)				
	(A)	(B)			((C)	3		(D)	(E)	\neg		(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		Fs	tımate	·d
	Name and the	hours per		not c					compensation	compensation	,		nount o	_
		week		cer an					from	from related			other	
		(list any	흕						the	organizations		com	pensa	tion
		hours for	# #		1		Eg.		organization	(W-2/1099-MIS	2)	fr	om the	e
		related	stee (ruste			Senso		(W-2/1099-MISC)			_	anızatı	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						d relate	
		line)	ğ	strtuti	Officer	, em	plest	Former				orga	anizatio	วทร
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46	Out total					<u> </u>		L	440,219.		0.	5	0,5	27
	Sub-total								0.	· .	0.1		0,5	27:
	Total from continuation sheets to Part V	II, Section A							440,219.		0.1	- 5	0,5	_
u	Total (add lines 1b and 1c) Total number of individuals (including but r	act limited to th		liote	-d o	hov	٠, ١,٠		<u> </u>	l			0,5	<u> </u>
2	compensation from the organization	iot iiiriited to ti	1036	11516	su a	DUV	e) w	101	eceived more triain \$100	o,000 or reportable	,			4
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director or tri	ıcto	o ka	O	mole		٥r	highest companeated a	amployee on	Г			
•	line 1a? If "Yes," complete Schedule J for s			c, ne	.y C	прк	усс	, 01	riigilest compensated t	shiployee on	1	3	İ	\mathbf{x}^{-}
4	For any individual listed on line 1a, is the si			omo	one	atioi	n an	d ot	her compensation from	the organization	- 1	-		
7	and related organizations greater than \$15	-							·	ti le organization		4		X
5	Did any person listed on line 1a receive or								***	udual for convece	ŀ	-		
3	rendered to the organization? If "Yes," con					-		Cla	ted organization or indiv	ridual for Services		5	-	Х
Sec	tion B. Independent Contractors	ipiete deriedai		0, 3	uc,,	рсп	3011		•••					
1	Complete this table for your five highest co	mnensated in	den	onde	ent d	cont	racti	ore 1	that received more than	\$100,000 of com	nens:	ation f	rom	
•	the organization. Report compensation for	•	•							•	201100	ulion i		
	(A)	the calchdar y	Cai	Cildi	iiig i	******	01 11	1	(B)	year		(0	2)	
	Name and business	address						i	Description of	services	C		7) nsatioi	n
AVZ	ANTI MANAGEMENT GROUP	LLC						\dashv						
	1 SECOND STREET, KOPP		16	136	6			ŀ	MGMT/MRKTG		2	.70	0,0	oo.
	TTRILL ARBUTINA & ASSO							-			<u> </u>	,,,	,,,	
	THIRD STREET, BEAVER								ACCOUNTING S	SVCS	1	. 91	3,6	58.
	OSTAR COMMUNICATIONS	, 111 13		_				_	COST RECOVER			,,,	5,0	50.
	BOX 35067, CANTON, OH	44735						- 1	SERVICES	`		50	2,5	53.
	TA RECOVERY SERVICES	11/33						_	HOSTING/BACK	ZTID DITT		30	<u> </u>	55.
	13 BELMONT AVENUE, YOU	МССФОММ		ΩH	Λ	45	ი 1	- 1	SERVICES			23	7,7	77
	RELL & REISINGER LLC,								DEIXATORD			23	' ' '	• • •
	7TH AVE, PITTSBURGH,			-1/1			9		LEGAL SVCS			1 Ω	8,0	72
2	Total number of independent contractors			inci+-	<u>دا د.</u>	, +h-	100 II	_		more than		10	5,0	,
_	\$100,000 of compensation from the organ		iot II		((8 8	31 5 1	a above, who received	HOIC HAIT				

Form 990 (2013) Part VIII

Statement of Revenue

 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 2 a MANAGEMENT SERVICES 541611 16,467,644. 16,467,644 Program Service Revenue b All other program service revenue 16,467,644 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 216,146 216,146. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 91,542 6 a Gross rents 92,806 b Less. rental expenses -1,264 c Rental income or (loss) -1,264. -1,264 d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less. cost or other basis and sales expenses 575,893 -575,893 c Gain or (loss) -575,893 -575,893 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other b Less. direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 43,150,716 and allowances 24,682,158 b Less: cost of goods sold Net income or (loss) from sales of inventory 18,468,558 18,468,558 Miscellaneous Revenue Business Code MISCELLANEOUS REVENUE 541611 83,151 83,151 WELLNESS CENTER 713940 56,704 56,704 b d All other revenue 139,855 Total. Add lines 11a-11d 55,440 Total revenue. See instructions. 715,046 34,443,460 216,146. 332009 10-29-13

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to governments and 2,807,640. organizations in the United States. See Part IV, line 21 2,807,640 2 Grants and other assistance to individuals in 249,129 249,129. the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 211,692. 211,692. 423,384. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,688,074. 5,362,932. 1,325,142. 7 Other salaries and wages Pension plan accruals and contributions (include 160,422. section 401(k) and 403(b) employer contributions) 199,436 39,014 1,760,862.1,396,550. 364,312. 9 Other employee benefits 662,952. 544,026. 118,926. 10 Payroll taxes Fees for services (non-employees) Management 371,064. 23,254. 347,810. **b** Legal 1,898,643. 1,877,206. 21,437. c Accounting 169,936. 169,936. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,077,199. column (A) amount, list line 11g expenses on Sch O.) 1,799,633. 722,434. 439,681. 439,681. 12 Advertising and promotion 633,107. 378,494. 254,613. Office expenses 13 404,779 667,636. 262,857. 14 Information technology 15 Royalties 1,483,211. 490,481. 992,730. 16 Occupancy 178,793. 236,191. 57,398. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 69,593. 175. 69.418. 19 Conferences, conventions, and meetings 967. 967 20 21 Payments to affiliates 1,395,048 1,253,284 141,764 Depreciation, depletion, and amortization 22 23 Insurance 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.) BAD DEBT EXENSE 152,726. 152,726. 149,849. 149,849. SALES AND USE TAX EXPEN d e All other expenses 22,258,762. 16,568,782. 5,689,980 O. Total functional expenses. Add lines 1 through 24e 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

<u>Pa</u> r	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,426,592.	1	21,826,592
	2	Savings and temporary cash investments	13,532,238.	2	240,974
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,974,571.	4	9,448,699
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part if of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L	an 100 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na 10 na	6	
Assets	7	Notes and loans receivable, net	3,168,101.	7	837,900
₹	8	Inventories for sale or use	10,707,901.	8	7,359,658
	9	Prepaid expenses and deferred charges	1,222,403.	9	1,648,250
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 12,051,096.			
	b	Less. accumulated depreciation 10b 5,245,132.	8,492,235.	10c	6,805,964
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11	11,036,604.	12	14,566,638
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,593.	15	6,891
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,568,238.	16	62,741,566
	17	Accounts payable and accrued expenses	4,716,029.	17	2,296,779
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,331,535.	23	622,554
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	- -		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	48,759.	25	0
	26	Total liabilities. Add lines 17 through 25	6,096,323.	26	2,919,333
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	47,471,915.	27	59,822,233
ala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets	<u> </u>	29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	47,471,915.	33	59,822,233
	34	Total liabilities and net assets/fund balances	53,568,238.	34	62,741,566

, Eom	NATIONAL NETWORK OF DIGITAL SCHOOLS 1990 (2013) MANAGEMENT FOUNDATION	26-1	0125828 Page 12
	rt XI Reconciliation of Net Assets	20 (JIZJUZU Page IZ
	Check if Schedule O contains a response or note to any line in this Part XI		
•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,715,046.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,258,762.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,456,284.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,471,915.
5	Net unrealized gains (losses) on investments	5	-105,966.
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	0.

•	Other changes wither assets or fand balances (explain in ochequie of					_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<u></u>			
	column (B))	10	59	82,82	2,2	:33
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1 _	_	L
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bası	s,			
	consolidated basis, or both.					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audr	t,	1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Ai	udit	1		
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred aı	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. NATIONAL NETWORK OF DIGITAL SCHOOLS

MANAGEMENT FOUNDATION

Employer identification number 26-0125828

Pa	ırt I	Reason	for Public Char	ity Status (All organiza	ations mus	st complet	e this part	t.) See inst	ructions.					
The	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)						
1		A church, col	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sci	hedule E)									
3				tal service organization of		n section	170(b)(1)	(A)(ui).						
4				operated in conjunction					(b¥1)(A)(ii	ii). Enter	the host	utal'	s nar	ne
·		city, and stat	=			p.1.4. 4000.			(~)(·)(·	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1141	,
5		•		benefit of a college or ur	owerethy ov	wood or or	perated by	. 3 COVOTO	montal uni	t describ	od in			
•			(b)(1)(A)(iv). (Comple		iiveisity Oi	Wilea or of	berated by	a govern	nental un	it describ	Jea III			
				·			470/1- V	43/43/5.3						
6	H		_	ent or governmental unit										
′	ш			eives a substantial part o	of its supp	ort from a	governme	ental unit c	or from the	general	public d	esci	ribed	ın
_		-	b)(1)(A)(vi). (Comple	•										
8				ection 170(b)(1)(A)(vi). (
9	X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross	s rec	eipts	from
		activities rela	ted to its exempt fui	nctions - subject to certa	ın excepti	ons, and (2	2) no <mark>mo</mark> re	than 33 1	1/3% of its	support	t from gr	oss	inves	tment
		income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anizatıon	after Jui	1е З	O, 19	75.
		See section	509(a)(2). (Complete	Part III)										
10	\square	An organizati	on organized and or	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	!).					
11		An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purpos	es o	f one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	2) See se o	tion 509(a)(3). Ch	eck the l	хоо	that	
		describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h.							
		a Type I	ı ь	/pe II c 🗔 Ty	pe III - Fui	nctionally i	integrated	c	і 🔲 Тур	e III - No	n-functio	nall	y inte	grated
е		By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons	oth	er tha	an
				han one or more publicly										
f				ten determination from t										
			rganization, check th			·								
g	l		•	organization accepted an	nv aift or co	ontribution	i from anv	of the foll-	owina per:	sons?	•			
_		_		irectly controls, either ale			-		• •		1.	1	Yes	No
			=	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(, (,,	119	a(i)		
		•		n described in (i) above?								J(ii)		\vdash
			•	person described in (i) o		2			•		11g			├──
h			· · · · · · · · · · · · · · · · · · ·	about the supported or	• •		•				[119	(1117)		<u> </u>
		r iovide tile i	onowing intormation	about the supported of	garnzacioni	(5).								
	Ma	-6	(2) 5(1)	/**> T	(iv) Is the o	raanization	(v) Did yo	u notific the	(vi) Is	the				
(1)		of supported	(ii) EIN		in col. (i) lis				organizátio	on in col.	(vii) Am			netary
	orga	anization			governing				(i) organız U.S	ea in the 1.7		sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
					163	140	163	NO	162	140				
				<u> </u>					 -	 				
									1					
									 	 -				
		•	-											
									 					
			<u></u> .											

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 MANAGEMENT FOUNDATION

26-0125828 Page 2

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

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

Section A. Public Support												
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total						
1 Gifts, grants, contributions, and												
membership fees received (Do not												
include any "unusual grants.")												
2 Tax revenues levied for the organ-												
ization's benefit and either paid to												
or expended on its behalf					1							
3 The value of services or facilities												
furnished by a governmental unit to												
the organization without charge												
4 Total. Add lines 1 through 3				l. <u>.</u>								
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 (f)				1	Ì							
6 Public support. Subtract line 5 from line 4												
Section B. Total Support		•										
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total						
7 Amounts from line 4												
8 Gross income from interest,						•						
dividends, payments received on												
securities loans, rents, royalties												
and income from similar sources				<u> </u>								
9 Net income from unrelated business												
activities, whether or not the												
business is regularly carried on												
10 Other income. Do not include gain												
or loss from the sale of capital]						
assets (Explain in Part IV.)												
11 Total support. Add lines 7 through 10												
12 Gross receipts from related activities,	etc. (see instruct	ions)			12							
13 First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)							
organization, check this box and stop	here					 ▶□						
Section C. Computation of Publ	ic Support Pe	rcentage	·	<u> </u>								
14 Public support percentage for 2013 (I	ine 6, column (f) o	livided by line 11,	column (f))		14	9						
15 Public support percentage from 2012	Schedule A, Par	t II, line 14			15	9						
16a 33 1/3% support test - 2013. If the c	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and						
stop here. The organization qualifies	as a publicly sup	oorted organizatio	n									
b 33 1/3% support test - 2012. If the o	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box						
and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶∟						
17a 10% -facts-and-circumstances tes	t - 2013. If the or	ganization did not	check a box on lir	ne 13, 16a , or 16b,	and line 14 is 10%	or more,						
and if the organization meets the "fac	ts-and-circumstai	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization						
meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supporte	ed organization		▶□						
b 10% -facts-and-circumstances tes	t - 2012. If the or	ganization did not	check a box on lir	ne 13, 16 a, 16b, or	17a, and line 15 is	10% or						
more, and if the organization meets th	ne "facts-and-circ	umstances" test, (check this box and	d stop here. Expla	n in Part IV how th	e						
organization meets the "facts-and-circ	cumstances* test	. The organization	qualifies as a pub	licly supported org	ganization	▶⊑						
18 Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns . ▶□						
			·	Sch	edule A (Form 990	or 990-EZ) 201						

Schedule A (Form 990 or 990-EZ) 2013 MANAGEMENT FOUNDATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

S	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
		(5) 0000	(h) 0040	(6) 0044	(4) 004 0	(5) 0010	(0.T-Ac)
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			İ			
	membership fees received. (Do not						
_	include any "unusual grants.")			 	· - · · ·		
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	40739797	51208619.	61004628	58666768.	60334108	271953920
2	Gross receipts from activities that	10,33,37	31200013.	01004020	,50000700.	003311001	271333320
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-				 		
•	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities		 				
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	40739797.	51208619.	61004628.	58666768.	60334108.	271953920
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received			_	<u> </u>		
	from other than disqualified persons that					ļ	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b					·	0.
8	Public support (Subtract line 7c from line 6.)						271953920
Sec	ction B. Total Support			<u>-</u> .			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012 58666768.	(e) 2013	(f) Total
9	Amounts from line 6	40739797.	51208619.	61004628.	58666768.	60334108.	271953920
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources				92,657.	216,146.	308,803.
b	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses					04 540	04 540
	acquired after June 30, 1975				00 655	91,542.	
	Add lines 10a and 10b		<u> </u>	↓	92,657.	307,688.	400,345.
11	Net income from unrelated business activities not included in line 10b,	Ì					
	whether or not the business is						
10	regularly carried on Other income. Do not include gain				-		
12	or loss from the sale of capital						
40	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	10739797	51208619	61004628	58750425	606/1706	272254265
			^				
14	First five years. If the Form 990 is for check this box and stop here	or the organization	s iirst, second, trii	ra, tourin, or mun	lax year as a section	on sur(c)(3) organi	zation,
Sec	ction C. Computation of Pub	lic Support Pe	rcentage		****		
_	Public support percentage for 2013			column (fl)		15	99.85 %
	Public support percentage from 2013		-	COIGITITY (1))	•• •• •	16	99.96 %
	ction D. Computation of Inve			•	····	1 101	70
17			-			17	.15 %
18	· · · · · · · · · · · · · · · · · · ·	•	•			18	.04 %
192	a 33 1/3% support tests - 2013. If the			on line 14, and lin	ne 15 is more than		
	more than 33 1/3%, check this box a						▶X
t	33 1/3% support tests - 2012. If the					•	and
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization				- • •	-	
	23 09-25-13						90 or 990-EZ) 2013

NATIONAL NETWORK OF DIGITAL SCHOOLS Schedule A (Form 990 or 990-EZ) 2013 MANAGEMENT FOUNDATION 26-012582<u>8</u> Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions).

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. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.rs.gov/form990.

OMB No 1545-0047

Open to Public 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) organizat	tions: Complete Part III.			
		L NETWORK OF DIGI	TAL SCHOOLS	Em	ployer identification number
	MANAGEM	ENT FOUNDATION			26-0125828
Pa	art I-A Complete if the org	janization is exempt unde	r section 501(c) c	or is a section 527	organization.
2 3	Provide a description of the organiz Political expenditures Volunteer hours			>	\$
Pa	art I-B Complete if the org	janization is exempt unde	<u>r section 501(c)(3</u>	•	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4 a	Was a correction made?			••••	└── Yes └── No
	If "Yes," describe in Part IV.		FA27 V		
L		janization is exempt unde			
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527	
	exempt function activities			▶	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
	line 17b			▶	\$
	Did the filing organization file Form			••••	☐ Yes ☐ No
5	Enter the names, addresses and en			-	
	made payments. For each organiza	•			•
	contributions received that were pro-			•	arate segregated fund or a
	political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·	T		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds if none, enter -	contributions received and promptly and directly
				Tarias irriorie, enter t	delivered to a separate
					political organization.
				-	If none, enter -0
				ļ	
				ļ	
		 ·		-	
				-	-
_					
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]		

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013	NATIONAL NE MANAGEMENT		GITAL SCHOO		125828 Page 2
Part II-A Complete if the org	anization is exer	npt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sec					
A 'Check Lifthe filing organiza	tion belongs to an affil	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	re of excess lobbying e	expenditures).			
B Check 🕨 🔲 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.	·	
	ts on Lobbying Exper ditures" means amou		ı	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bod	ly (direct lobbying)		169,936.	
c Total lobbying expenditures (add li	=			169,936.	
d Other exempt purpose expenditure	es			17,713,444.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		17,883,380.	
f Lobbying nontaxable amount Enter			h columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is: The lob!	bying nontaxable am	ount is:		1
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		1
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000		1
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			ī
				0.50	
g Grassroots nontaxable amount (er				250,000.	<u>.</u>
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 11, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this					Yes No
•	4-Year Ave zations that made a solumns below. See the		do not have to com		
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
c Total lobbying expenditures	173,299.	177,342.	200,274.	169,936.	720,851.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1.500.000.

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

26-0125828 Page 3

Schedule C (Form 990 or 990-EZ) 2013 MANAGEMENT FOUNDATION 26-012582

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 each "Yes," response to lines 1a through 1i below, provide in Part I	V a detailed description	(a)) T	(b)	
of the lobbying activity		Yes	No	Amou	
1 During the year, did the filing organization attempt to influence for	oreign, national, state or				
local legislation, including any attempt to influence public opinion	n on a legislative matter				
or referendum, through the use of.					
a Volunteers?					
b Paid staff or management (include compensation in expenses re	ported on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?		\vdash			
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?		——			
g Direct contact with legislators, their staffs, government officials,					
h Rallies, demonstrations, seminars, conventions, speeches, lectu	res, or any sımilar me ans?				
i Other activities?	•	——	-		
j Total. Add lines 1c through 1ı		1			
2a Did the activities in line 1 cause the organization to be not described.	, , , ,				
b If "Yes," enter the amount of any tax incurred under section 491.			-		
c If "Yes," enter the amount of any tax incurred by organization ma	-				
d If the filing organization incurred a section 4912 tax, did it file For Part III-A Complete if the organization is exempt ur		ion 501/o\/	(5) or so	otion	
501(c)(6).	ider section 30 f(c)(4), sect		J), UI SE	CHOIT	
30 1(c)(0).			Т	Yes	No
4 Mars substantially all (000/ or mars) dues resoured pendeductible	la bu mambara?				-110
1 Were substantially all (90% or more) dues received nondeductib	• • • • • • • • • • • • • • • • • • • •		1 2		
2 Did the organization make only in-house lobbying expenditures of			-		
3 Did the organization agree to carry over lobbying and political ex Part III-B Complete if the organization is exempt ur		ion 501(c)	5) or see	ction	
501(c)(6) and if either (a) BOTH Part III-A,					e 3 is
answered "Yes."	mes rand z, are answered	u 140, OI	i (b) i ait	171-2-4, 1111	c 0, 13
Dues, assessments and similar amounts from members			11		
2 Section 162(e) nondeductible lobbying and political expenditure:	s (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).	- (ac not metallo amount or poin				
a Current year			2a		
b Carryover from last year	••		2b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of no	ondeductible section 162(e) dues	•	3	_	
4 If notices were sent and the amount on line 2c exceeds the amo	, ,	xcess			
does the organization agree to carryover to the reasonable estin	•				
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see instr	uctions)		5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Pa	urt I-C. line 5: Part II-A (affiliated grou	up list). Part II	-A. line 2: ar	nd Part II·B.	line 1.
Also, complete this part for any additional information.		-p,,	. , ,		
PART I-A, LINE 1:					
	-				
NATIONAL NETWORK OF DIGITAL SCHOOLS	MANAGEMENT FOUND	ATION			
PAID \$169,936 TO ORGANIZATIONS WHO	SPECIALIZE IN GOV	ERMENT	AFFAII	RS	
			-		
REPRESENTATION. THE LOBBYING ORGANI	ZATIONS SPENT TIM	E WITH	STATE		
LEGISLATURES INFORMING THEM ABOUT N	ATIONAL NETWORK O	F DIGIT	AL SCI	HOOLS	
MANAGEMENT FOUNDATION, TO INFLUENCE	THE LEGISLATURES	TO GIV	E FUN	DING	
				990 or 990-	EZ) 20
332043			•	-	•

NATIONAL NETWORK OF DIGITAL SCHOOLS

Schedule C (Form 990 or 990-EZ) 2013 MANAGEMENT FOUNDATION 26-0125828 Page 4 Part IV Supplemental Information (continued)
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 DID NOT ENGAGE
IN ANY LOBBYING ACTIVITIES, EXCEPT FOR AN OCCASIONAL PHONE CALL TO THE
LOBBYING ORGANIZATIONS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION

Employer identification number 26-0125828

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		=
3	Aggregate grants from (during year)		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	e used only
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		. 🔲 Yes 🔲 No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	oture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durir	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	7O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of ${f r}$	oublic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1	••	\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finance	cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		• \$

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Schedule D (Form 990) 2013

NATIONAL NETWORK OF DIGITAL SCHOOLS

		ENT FOUNDA		aniani Ta		. 04%		26-UI.			age 2
	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a s	ignificant	use of its o	collection	ıtem:	s
•	(check all that apply).		_								
а	Public exhibition	C	, <u> </u>	Loan or excl	hange prograr	ms					
b	Scholarly research	•	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	lections and expla	in how th	ey further tl	he organizatio	n's exe	mpt purpo	ose in Part	XIII		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "\	res" to	Form 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Pai			J				,			
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other ass	ets no	tincluded				
	on Form 990, Part X?	arror other interme-	alary lor						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Movena t	able:					3 100		
U	ii res, explain the analigement iiir art Alli	and complete the it	JIIOWIII I I	abie.					Amount		
_	Demonine halance						4-		Amount		
	Beginning balance			••••	-		1c				
a	Additions during the year						1d				—
e	Distributions during the year						1e				
Ţ	Ending balance				• •		1f		1	_	
	Did the organization include an amount on Fe							L	Yes	\vdash	No
_	If "Yes," explain the arrangement in Part XIII.									Щ.	<u> </u>
Pai	rt V Endowment Funds. Complete		nswered	"Yes" to Fo	1	_					
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions		<u></u>		<u> </u>						
С	Net investment earnings, gains, and losses									_	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balan	ce (line 1	a. column (a	a)) held as.	•				***	
а	Board designated or quasi-endowment	•	%		"						
b	Permanent endowment	%	— ′								
c	Temporarily restricted endowment	%									
•	The percentages in lines 2a, 2b, and 2c shou										
За		=	ration the	at are held a	and administer	ed for	the organi	zation			
-	by.	SSIOTE OF THE OFGETTE	adon die	ar are riele e		cu ioi	uio organi	2011011	Г	Yes	No
	(i) unrelated organizations								3a(ı)	. 53	-110
	(ii) related organizations	hatad on roomsad.	an Caba	 Hulo DO					3a(II)	\longrightarrow	
	If "Yes" to 3a(ii), are the related organizations								3b		
Box	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment	tunas.					-		
Fai						.					
	Complete if the organization answere				T					-	
	Description of property	(a) Cost or o		(b) Cost			ccumulate		(d) Book	valu	9
		basis (ınvest	ment)	basis		de	preciation				
1a	Land				88,161.					3,1	
b	Buildings				7,993.		596,6		3,643		
С	Leasehold improvements				3,111.		51,8			L,2	
d	Equipment				5,023.		356,8			3,1	
e	Other			6,42	26,808.	4,	239,7	33.	2,18		
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B). line	10(c).)			D	6,80	5, 9	64.

Schedule D (Form 990) 2013

MANAGEMENT	
IVIAIVALTEIVIEIVI	- COUNTRY AT LONG

26	5 –	0	1	2	5	8	2	8	Page	3
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Part VIII Investments - Other Securities.		_	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or e	end-or-year market value
1) Financial derivatives	12 406 620	B. COST	
2) Closely-held equity interests	12,496,638) · COB1	<u> </u>
3) Other (A) MORTGAGE RECEIVABLE	2,070,000	COST	
(B)	2,070,00	, , , , , , , , , , , , , , , , , , , ,	
(C)			·
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,566,638	3 ·	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-ot-year market value
(1)			
(2)			
(3)		-	
(5)			<u> </u>
(6)			
(7)			
(8)			
(9)	-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			_
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)	<u> </u>	-	
(3)		· .	
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		>
Part X Other Liabilities.		·	
Complete if the organization answered "Yes"	to Form 990, Part IV, li	·	25
1. (a) Description of liability	<u></u>	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		e to the organization's financial statemen	te that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

MANAGEMENT FOUNDATION

26-0125828 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ıts W	ith Revenue per F	Return	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
`1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	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)	4b]	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
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	2a			
b	Prior year adjustments	2 b]	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	·]	
е	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]	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	_
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV			4; Part	X, line 2; Part XI,
lınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional ir	nformation		
D 3 1	OM V I TNE 9.				
PAI	RT X, LINE 2:				
NN	OS MANAGEMENT FOUNDATION HAS EVALUATED THEI	R T	AX POSITIONS	3	
TΑ	KEN FOR ALL OPEN YEARS. CURRENTLY, THE 201	2.	2011 AND 201	_0 т	AX YEARS
<u>AR</u>	E OPEN AND SUBJECT TO EXAMINATION BY THE IN	ITER	NAL REVENUE	SER	VICE (IRS)
AN	THE PENNSYLVANIA DEPARTMENT OF REVENUE.	THE	ORGANIZATIO	ONS	ARE NOT
CU	RRENTLY UNDER AUDIT, NOR HAVE THEY BEEN CON	ITAC	TED BY THE 1	rs	OR THE
PE	NNSYLVANIA DEPARTMENT OF REVENUE THAT THEY	ARE	SUBJECT TO	EXA	MINATION.
<u>AS</u>	OF JUNE 30, 2014, NO INTEREST OR PENALTIES	НА	VE BEEN RECO	ORDE	D. IF
<u>IN</u>	TEREST AND PENALTIES WERE RECORDED, THEY WO	ULD	BE INCLUDE) IN	INCOME TAX
EX	PENSE.				

SCHEDULE 1

(Form 990)

Department of the Treasury

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

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

▶ Attach to Form 990.

	•	
1545-0047	13.	;
OMB No	7	•

Open to Public Inspection

% ⊠ **Employer identification number** 26-0125828 (h) Purpose of grant SUPPORT OPERATIONS SUPPORT OPERATIONS SUPPORT OPERATIONS SUPPORT OPERATIONS SUPPORT OPERATIONS or assistance SUPPORT OPERATIONS ___ 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance EDUCATIONAL SDUCATIONAL DUCATIONAL IANAGEMENT SERVICES SUPPLIES SUPPLIES SUPPLIES Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. (f) Method of valuation (book, FMV, appraisal, other) PMV ξ ξ ξ 707. 400,000 ٠. ö 23,515. 35,775 (e) Amount of non-cash assistance ဖ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 225. ö 1,344,687, 29,500 50,000 310,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NATIONAL NETWORK OF DIGITAL SCHOOLS 441 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) MANAGEMENT FOUNDATION 25-1533595 04-3703131 46-1344317 20-3428111 23-3037992 45-4841230 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization EDUCATION FOUNDATION - 855 SECOND CENTER - 1 LINCOLN PARK - MIDLAND CHARTER SCHOOL - 1 LINCOLN PARK LINCOLN PARK PERFORMING ARTS LINCOLN PARK PERFORMING ARTS BADEN ACADEMY CHARTER SCHOOL BEAVER AREA SCHOOL DISTRICT PRIMA EARLY LEARNING CENTER - BEAVER, PA 15009 or government PA CYBER CHARTER SCHOOL 1016 WEST STATE STREET Name of the organization MIDLAND, PA 15059 MIDLAND, PA 15059 MIDLAND, PA 15059 652 MIDLAND AVE BADEN, PA 15005 ONE 13TH STREET Internal Revenue Service PA 15059 Part I STREET Part II N

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

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

Schedule I (Form 990) (2013)

SCHOOLS	
OF DIGITAL	ON
NETWORK OF	FOUNDATION
NATIONAL NE	MANAGEMENT

Schedule I (Form 990) MANAGEMENT FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	T FOUNDAT	ION vernments and Organ	anizations in the Ur	nited States (Sche	dule I (Form 990), Pa		26-0125828 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAVER COUNTY FOUNDATION PO BOX 569 BEAVER, PA 15009	25-1660309	501(c)(3)	50,000.	0.			SUPPORT OPERATIONS
BOROUGH OF MIDLAND 936 MIDLAND AVENUE MIDLAND, PA 15059	15-0543962	GOVERNMENT	35,000.	0			SUPPORT OPERATIONS
MCGUIRE MEMORIAL FOUNDATION PO BOX 48 NEW BRIGHTON, PA 15066	25-1687137	501(C)(3)	6,592.	0			SUPPORT OPERATIONS
BEAVER COUNTY EDUCATIONAL TRUST PO BOX 216 BEAVER, PA 15009	25-1381854	501(C)(3)	5,000.	0.			SUPPORT OPERATIONS
BEAVER AREA SCHOOL DISTRICT 855 SECOND STREET BEAVER, PA 15009	25-6004166	GOVERNMENT	7,000.	0.			SUPPORT OPERATIONS
MIDLAND WOMENS CIVIC CLUB 173 7TH STREET MIDLAND, PA 15059		:	7,740.	.0			SUPPORT OPERATIONS
ST. PETER & ST. PAUL CATHOLIC CHURCH - 370 E END AVENUE - BEAVER, PA 15009			14,000.	0			SUPPORT OPERATIONS
OXFORD VIRTUAL ACADEMY 10 N WASHINGTON STREET OXFORD, MI 48371			26,860.	0			SUPPORT OPERATIONS
		}					Schedule I (Form 990)

NATIONAL NETWORK OF DIGITAL SCHOOLS

Page 2

26-0125828

Schedule I (Form 990) (2013) MANAGEMENT FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount or cash grant	(d) Amount of non- cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(I) Description of non-cash assistance
AFTER CERTAIN ELEGIBILITY 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.	607	243,123.			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	le 2, Part III, column	(b), and any other a	dditional information.	
	: :				
	Į.				

Schedule I (Form 990) (2013)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

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	M	LANAGEM	IEN'	T FOUNDA	TIO	N	ITAL SCHOO			1 '	oloyer -01			on nu	mber
Part I							section 501(c)(4) org								
1				vered "Yes" on the delationship bety			art IV, line 25a or 25b lifted	o <u>, or</u>	Form 990-EZ, P	art V,	line 40	ID .	(4)	Corre	cted?
(a) Nam	e of disqualified p	erson	(-,	person and or			(0	:) D∈	escription of tran	sactio	าก		Y		No_
													\perp		
													+	+	
													+	+	
_															
0 5-11															
section		ncurred by t	ine oi	rganization man	agers	or also	qualified persons du	ring	the year under		▶ \$				
	ne amount of tax,	if any, on lin	ie 2, a	above, reimburs	ed by	the or	ganization				\$				
Part II	Loans to and	Vor From	let	oracted Dar	2000										
Part II							, Part V, line 38a or f	Eorn	a GOO Bort IV lus	o 26.	or if th	o oraa	nizotu		
	reported an amo	-					, rait v, iii te 30a oi i	OIII	1 330, Fait IV, III	le 20,	or II u	ie orga	ııızatı	UII	
, ,	Name of	(b) Relation	ship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due		ln "	(h) App by boa	oroved ard or ittee?	(i) W	ritten
intere	sted person	with organiza	ation	of loan	organi	zation?	principal amount				ult?	_			ment?
		 			То	From				Yes	No	Yes	No	Yes	No
										-					
		-				-					-				<u> </u>
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			_												
		 				<u> </u>			- · <u>-</u> -						
Total		L			l		▶ \$				<u> </u>				
Part III	Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons.								
(-) NI:	Complete if the c		1						1 (0.7						
(a) Na	ime of interested p	person	'	(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan				Purp Assista		i
				the organiza	tion										
-			\vdash				,.								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
' (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
AVANTI MANAGEMENT GROUP	SEE DESCRIPTION		AMG PROVIDE		Х
DR. JASON CARTHEN	TRUSTEE		INDEPENDENT		Х
ROBERT CLEMENTS	TRUSTEE		THE INDIVID		Х
TIMOTHY ALBANESE	TRUSTEE	60,869.	THE INDIVID	-	Х
				 	<u> </u>
Part V Supplemental Information Provide additional information for response.	ponses to questions on Schedule L (see	ınstructions).	<u> </u>	<u></u>	L
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: AVANT	I MANAGEMENT GROUP				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	ION:		
SEE DESCRIPTION					
(C) AMOUNT OF TRANSACTION	\$ 2,700,000.				
(D) DESCRIPTION OF TRANSA	CTION: AMG PROVIDED	MANAGEMENT	AND MARKETI	NG	
SERVICES TO THE ORGANIZAT	ION. UPON TERMINATIO	N OF THE MA	NAGEMENT SE	RVIC	ES
AGREEMENT WITH AMG, THE O	RGANIZATION SETTLED	OUTSTANDING	CLAIMS. AM	G IS	
LISTED AS AN INTERESTED P	ERSON BECAUSE AMG IS	50% OWNED	BY FORMER K	EY	
EMPLOYEES (BRETT GEIBEL A	ND JANE PRICE) OF TH	E ORGANIZAT	'ION.		
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				
		_			
(A) NAME OF PERSON: DR. J	ASON CARTHEN	_			
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:		
TRUSTEE					
(C) AMOUNT OF TRANSACTION	\$ 175,856.				_
(D) DESCRIPTION OF TRANSA	CTION: INDEPENDENT C	ONTRACTOR			
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				

(A) NAME OF PERSON: ROBERT CLEMENTS

Schedule L (Form 990 or 990-EZ) 2013

(A) NAME OF PERSON: TIMOTHY ALBANESE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

TRUSTEE

- (C) AMOUNT OF TRANSACTION \$ 60,869.
- (D) DESCRIPTION OF TRANSACTION: THE INDIVIDUAL BECAME AN EMPLOYEE OF THE

ORGANIZATION DURING JANUARY OF 2014.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form990
NATIONAL NETWORK OF DIGITAL SCHOOLS Emplo

Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer** identification number MANAGEMENT FOUNDATION 26-0125828 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH PROVEN EDUCATIONAL PRACTICES. FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT DELEGATED, NNDS CONTRACTED WITH COTTRILL, ARBUTINA & ASSOCIATES, PC FOR CFO ADVISOR SERVICES. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS DURING THE CURRENT TAX YEAR TO REFLECT CHANGES IN ORGANIZATIONAL OPERATIONS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THEY ALSO REVIEW AND COMPLETE A 990 DISCLOSURE QUESTIONNAIRE REGARDING RELATED ORGANIZATIONS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE TO THE PUBILC UPON REQUEST 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 FINANCIAL STATEMENTS ARE NOT OFFERED TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION	Employer identification number 26-0125828
THE PUBLIC.	
FORM 990, PART VIII, LINE 7:	
THE AMOUNT REPORTED ON LINE 7 REFLECTS THE LOSS ASSOCIATE	D
WITH THE DISPOSITION OF ASSETS USED IN FURTHERING THE ORG	ANIZATION'S
EXEMPT PURPOSE.	
FORM 990, PART VIII, LINE 10:	
THE AMOUNTS REPORTED ON LINE 10 REFLECT REVENUE AND	
EXPENSE DERIVED FROM THE SALE OF EDUCATIONAL CIRRICULUM M	ATERIALS
NEEDED TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE.	
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	
	-
	_

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

MANAGEMENT FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Part

► See separate instructions.

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

Employer identification number 26-0125828

NATIONAL NETWORK OF DIGITAL SCHOOLS

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13)

controlled entity?

Direct controlling entity

status (if section Public charity

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

foreign country)

section

<u>e</u>

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501(c)(3))

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Yes

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

NATIONAL NETWORK OF DIGITAL SCHOOLS

26-0125828 Page 2

MANAGEMENT FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2013

æ	General or Percentage managing ownership partner?										7 - 4 - 1 - 1 - 1
s	General or managing partner? Yes No	_								 _	
(i)	Code V-UBI amount in box 20 of Schedule 1 K-1 (Form 1065)										
ε	Disproportionate allocations?						_				
(6)	Share of end-of-year assets										
(£)	Share of total income										
(0)	Predominant income (related, unrelated, excluded from tax under sections 512-514)										
(Đ)	Direct controlling entity										!
<u></u>	Legal domicile (state or foreign country)										
(a)	Primary activity			j							
(a)	Name, address, and EIN of related organization										

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

	,								
(a)	(<u>a</u>)	<u> </u>	ତ୍ର	(e)	€	(6)	Ē		S
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp. S corp.	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(13) V ³ lled
		country)		or trust)		assets		Yes	٥
NNDS CORPORATION - 27-0212901			SONN						
294 MASSACHUSETTS AVENUE			MANAGEMENT						
ROCHESTER, PA 15074	PROPERTY MANAGEMENT	PA	FOUNDATION	c corp	-212,071.	2,623,512.	100%	×	
								_	
332162 09-12-13		35				Sche	Schedule R (Form 990) 2013	7 (066 u	2013

NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION

26-0125828 Page 3

No

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan quarantees to or for related organization(s)				14		×
				16		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
				4		×
				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities equipment or other assets from related organization(s)				¥		×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			된		×
	tion(s)			두		x
 Sharing of paid employees with related organization(s) 				٩		×
						_
				۽ ۾		4 >
 Reimbursement paid by related organization(s) for expenses 				٢		اه
r Other transfer of cash or property to related organization(s)				-	1	×
				4		x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete tl	ns line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) NNDS CORPORATION	В	1,566,000.CASH	ськ			
(2)						
(3)						
(4)						
(5)						
(9)						
332163 09-12-13	36		Schedule R (Form 990) 2013	R (Form	980	2013

NATIONAL NETWORK OF DIGITAL SCHOOLS

Page 4

26-0125828

Schedule R (Form 990) 2013 MANAGEMENT FOUNDATION

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

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

	¥	rcentage vnership																	
}	_	ging Pe		 			_				 -		\dashv		 \dashv		\dashv		
	9	Gener	Yes																
	€ .	Code V-UBI General or Percentage amount in box 20 managing ownership (of Schedule K-1	(222																
ľ	Ē	Dispropor- tionate a allocations?	Yes No											 					
ŀ	_	allo de	<u>ĕ</u>		 						\dashv		 \dashv	 			\dashv		
	(b)	Share of end-of-year assets																	
		Share of total income																	
f	€	partners sec 501(c)(3) orgs?	g Z									 					\exists		
ا پ	¥ (e	partner 501(919	/ Yes	 _													_		
stment partnersnip	(D)	Predominant income parines ser (related, unrelated, solic)(3) excluded from tax organization 512-514).																	
Sion for certain inve	<u> (၁</u>	Legal domicile (state or foreign country)														_			
tructions regarding exclu	(p)	Primary activity																	
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a)	Name, address, and EIN of entity																	

Schedule R (Form 990) 2013

Orm 9969 (Day 1 2014)					Page 0
form 8868 (Rev. 1-2014) If you are filing for an Additional (Not Automatic) 3-Month	Extension of	complete only Part II and check this	box		Page 2 ▶ X
Note. Only complete Part II if you have already been granted a					لما 🗸
If you are filing for an Automatic 3-Month Extension, comp			CG / O////	3000.	
Part II Additional (Not Automatic) 3-Month			al (no c	opies need	ded) .
				·	ee instructions
Type or Name of exempt organization or other filer, see ins	tructions	i			n number (EIN) or
orint NATIONAL NETWORK OF DIGITA					· · · · · · · · · · · · · · · · · · ·
tile by the MANAGEMENT FOUNDATION				26-012	25828
Number, street, and room or suite no. If a P.O. box	, see instruc	tions	Social se	cunty numbe	
turn See 294 MASSACHUSETTS AVENUE				•	, ,
Oity, town or post office, state, and ZIP code For a	a foreign add	lress, see instructions.			
ROCHESTER, PA 15074					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1
Application	Return	Application			Return
s For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than Individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990 T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a prev	iously file	d Form 8868	3
ACCOUNTANT	DOMOG A	WENTER DOGLEGMED	D3 1	E 0 7 4	
The books are in the care of \triangleright 294 MASSACHUS	ETTS A		PA 1	50/4	
Telephone No ► <u>724-764-7200</u>		Fax No.			. —
If the organization does not have an office or place of busin					
If this is for a Group Return, enter the organization's four dignox If it is for part of the group, check this box					
		15, 2015 .	all memo	ers the exter	ISION IS IOI.
			. TITN	30 20	014
For calendar year, or other tax year beginningIf the tax year entered in line 5 is for less than 12 months			Final		<u>, , , , , , , , , , , , , , , , , , , </u>
Change in accounting period	, Cileck ieas	on.		etam	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	TO FI	LE A COMPLETE AND	ACCUR	ATE RE	rurn.
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47.	20, or 6069,	enter the tentative tax, less any			
nonrefundable credits See instructions			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter an	y refundable credits and estimated			
tax payments made Include any prior year overpayment	allowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include your	payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See in			8c	\$	0.
Signature and Verific	ation mu	st be completed for Part II o	nly.		
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare thi	luding accomps form.	panying schedules and statements, and to	the best o	f my knowledg	je and belief,
Signature Title	► CPA		Date		
			, -		868 (Rev. 1-2014)