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DLN: 93493134016986

$\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 20	014 ca	lendar year, or tax year begin	nning 07-01-2014 , and ending 06-30-	2015			
	ck ıf apı		C Name of organization NOBLE NETWORK OF CHARTER	SCHOOLS		D Employ	er iden	ntification number
☐ Add	ress cha	nge				36-42	41970)
☐ Nar	ne chan	je	Doing business as			_		
Init	ıal return	ı				E Telepho	ne numl	ber
Fina	al ırn/term	ınated	Number and street (or P O box 1 NORTH STATE STREET FLOOR	Room (if mail is not delivered to street address) Room	m/suite	(773)	278-6	895
	ended re		City or town, state or province	country, and ZIP or foreign postal code			270-0	093
_	lication j		CHICAGO, IL 60602	country, and 21F of foreign postal code		G Gross re	ceıpts \$	142,322,560
, ,,	ileación j	Jenamy		incipal officer	1 > -	_		_
			F Name and address of MICHAEL MILKIE	principal officer		this a group ordinates?	return	for
			1 NORTH STATE STREE CHICAGO,IL 60602	ET FLOOR 7-L				
			CHICAGO,IL 00002			e all subordır luded?	ates	│ Yes │ No
I Ta:	k-exemp	t status	s 501(c)(3) 501(c)()	◀ (insert no)			a list	(see instructions)
	ebsite:	▶ W	WW NOBLENETWORK ORG		— u(a) Gr	oup exempti	on num	nher 🌬
					1			
	n of orga rt I		n 🔽 Corporation 🗌 Trust 🦳 Assoc nmary	ciation Other -	L Year of	formation 199	9 M	State of legal domicile IL
Га								
				ssion or most significant activities HOLARSHIP, DISCIPLINE AND HON	OR NECESSAR	Y TO SUCC	EED II	N COLLEGE AND
e e	<u>B</u>	<u>EYON</u>	D					
ě	_							
Ĕ								
Governance	2 C	heck t	this box দ if the organizatio	n discontinued its operations or dispos	ed of more than	25% of its	net as:	sets
	3 N		r of waters mambars of the say	vorning hadis (Dart VI. line 1a)		ı	з	20
Activities &				verning body (Part VI, line 1a) ers of the governing body (Part VI, line			4	20
星				d in calendar year 2014 (Part V, line 2a			5	1,605
Act				enf necessary)			6	657
•				m Part VIII, column (C), line 12			7a	0
				me from Form 990-T, line 34			7b	0
					Pr	ior Year		Current Year
	8	Conti	ributions and grants (Part VII	I, line 1h)		125,364,7	63	130,103,303
Revenue	9	Progr	ram service revenue (Part VII	n service revenue (Part VIII, line 2g)				9,493,502
łąve!	10			umn (A), lines 3, 4, and 7d)		241,3		-55,281
_	11		,	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		493,6	80	508,840
	12			n 11 (must equal Part VIII, column (A)		134,940,4	42	140,050,364
	13			Part IX, column (A), lines 1-3)		454,0	24	6,363,359
	14	Bene	fits paid to or for members (Pa	art IX, column (A), line 4)			0	0
	15			oloyee benefits (Part IX, column (A), lin	es	67,874,9	61	80,457,589
Expenses	16a	5-10	•	IX, column (A), line 11e)			0	0
<u>₹</u>			fundraising expenses (Part IX, colum		`			
ሿ	Ь				_			
	17			A), lines 11a-11d, 11f-24e)		40,729,6		51,863,311
	18 19		·	(must equal Part IX, column (A), line 2 line 18 from line 12		109,058,6 25,881,7		138,684,259
- on	19	Reve	nue less expenses Subtract i	mie 18 nom mie 12		ing of Curren	-	1,366,105
Not Assets or Fund Balances					Degiiiii	Year		End of Year
55. B.#.	20					145,581,5	60	182,811,122
2 2	21	Total	liabilities (Part X, line 26) .			77,580,3		113,482,001
	22			ract line 21 from line 20		68,001,1	68	69,329,121
Unde my kr	nowledg	ties of ge and		e examined this return, including accom complete Declaration of preparer (oth				
	Т	<u> </u>			1			
c:		B	*** nature of officer			2016-05-06 Date		
Sign Here			EPH DRAGO CHIEF FINANCIAL OFFI	CER				
			e or print name and title	CLIN				
			Print/Type preparer's name	Preparer's signature		necki ii l	PTIN	720
Paid	i		JAMES G QUAID Firm's name	JAMES G QUAID BERK & ABRAMS LTD		elf-employed ırm's EIN 🟲 36	P00641	
Pre	parer	•						
	Only		Firm's address ► 455 N CITYFRONT	PLAZA DR SUITE 1500	P	hone no (312)	670-74	144

CHICAGO, IL 60611

✓ Yes ☐ No

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	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 "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	1			
_		28a		No			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes				

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			厂_
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 187		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 187 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ī	gaming (gambling) winnings to prize winners?	1c		
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)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is incensed to issue qualified fleath plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		IN U

Section A. Governing Body and Management

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

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

	<u> </u>				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	\ensuremath{Did} the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		Νo
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu		•
					Yes	No
	Did the organization have local chapters, branches, or affiliates?	• •		10a		No
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization.	on's e	xempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this F					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?			12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					1
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶IL					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	e), 990	0, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOSEPH DRAGO
 - 1 NORTH STATE STREET FLOOR 7-L CHICAGO,IL 60602 (312)450-8932

Form 990 (2014)	
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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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

.b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	•	2,253,441	0	198,881

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►12

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHICO & NUNES PC 333 WEST WACKER DRIVE SUITE 1420 CHICAGO, IL 60606	LEGAL	322,096
HODGES LOIZZI EISENHAMMER RODICK & KOHN 3030 SALT CREEK LANE SUITE 202 ARLINGTON HEIGHTS, IL 60005	LEGAL	182,825
ELLE CUSTOM APPAREL 4611 WHITEHALL COURT ALGONQUIN, IL 60102	UNIFORMS	125,318

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

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/ 1111	Statement o Check if Schedi		nods	nse or note to any lir	ne in this Part VIII			
	CHECK II SCHEU	are o contains a re	<u> </u>	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	1a					312-314
Ь	Membership du	es	1b					
c		ents	1c	142,282				
d		rations	1d					
	Government grants			119,901,398				
e f	_	ons, gifts, grants, and	1e 1f	10,059,623				
g		ons included in lines		20,493				
h	Total. Add lines	s 1a-1f			130,103,303			
				Business Code				
2a	FOOD PROGRAM			611110	5,049,556	5,049,556		
ь	SCHOOL FEES		-	611110	3,189,524	3,189,524		
С	REGISTRATION &	TUITION	-	611110	652,641	652,641		
d	UNIFORM FEES		-	611110	558,039	558,039		
e	SCHOOL FUNDRALS	SING	_	611110	43,742	43,742		
f	All other progra	am service revenue	•					
g	Total. Add lines	s 2a – 2f			9,493,502			
3	Investment inc	ome (ıncludıng dıv	ıden	ds, interest,	256			256
		ar amounts) stment of tax-exempt b		- t	256			256
4 5	Royalties	•	oria	proceeds				
	Royalties	(ı) Real	•	(II) Personal				
6a	Gross rents	(1) 11021		(, . 5.55				
ь	Less rental expenses							
c	Rental income							
d	or (loss) Net rental inco	l me or (loss)						
		(ı) Securities		(II) Other				
7a	Gross amount from sales of assets other	2,113,46	6					
ь	than inventory Less cost or other basis and	2,169,00	3					
	sales expenses Gain or (loss)	-55,53						
c d	, ,	ss)			-55,537			-55,537
8a	Gross income f events (not inc	rom fundraising						33,333
	\$142 of contributions	<u>,282</u> s reported on line 1	c)					
	See Part IV, lin	ne 18	a	70 505				
ь	Less directex	penses	u b	73,599 92,584				
c		(loss) from fundrais			-18,985			-18,985
9a	Gross income f See Part IV, lin	rom gamıng actıvıt ne 19	ies					
ь	less director	penses	a b	20,847				
		(loss) from gaming		10,609 vities	10,238			10,238
	Gross sales of returns and allo	inventory, less						
			а					
b		oods sold	b					
С	Miscellaneous	(loss) from sales of s Revenue	inv	Business Code				
11a	MISCELLANEC			900099	517,587			517,587
b	JGEELANEC		-					
С			-					
d	All other reven	ue	•					
e	Total. Add lines	s 11a-11d		🕨	517,587			
12	Total revenue.	See Instructions		🕨		0 405 ===		455
1				- 1	140,050,364	9,493,502	0	453,559

e All other expenses

25

26

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check

here ► following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

	990 (2014) t IX Statement of Functional Expenses				Page 1 (
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	ete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,819,200	5,819,200		
2	Grants and other assistance to domestic individuals See Part IV, line 22	544,159	544,159		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	311,1233	311,1233		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,489,518	1,332,599	149,756	7,163
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	64,959,509	57,771,690	6,856,174	331,64
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,017,519	4,715,820	294,815	6,884
9	Other employee benefits	5,640,861	5,193,747	424,521	22,59
0	Payroll taxes	3,350,182	2,890,950	437,125	22,10
L	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,597,305	3,457,516	1,019,675	120,11
2	Advertising and promotion				
3	Office expenses	2,108,989	1,869,153	235,934	3,90
ŀ	Information technology	5,103,580	4,872,070	231,465	4
5	Royalties				
5	Occupancy	7,293,574	6,887,060	406,514	
,	Travel				
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	2,746,521	2,533,187	213,334	
•	Payments to affiliates				
	Depreciation, depletion, and amortization	3,992,242	3,831,623	160,619	
3	Insurance	404,328	404,328		
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a		5,107,860	5,072,203	35,657	
b	CPS ADMINISTRATIVE FEE	3,226,361	3,226,361	· ·	
c	EDUCATION MATERIALS	3,219,279	3,160,901		
d	PROF DEVELOPMENT	1,996,561	1,363,393		28,582

73,701

616,736

1,046,209

12,174,762

1,363,393

10,946,801

125,892,761

12,066,711

138,684,259

Part X Balance Sheet

	rt X	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	36,965,849	1	40,793,611
	2	Savings and temporary cash investments	80,166	2	6,432,995
	3	Pledges and grants receivable, net	11,848,275	3	3,795,818
	4	Accounts receivable, net	7,504,192	4	8,511,978
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
sts	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	3	6	
d ssets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,787,185		2,141,556
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 102,511,15			
	Ь	Less accumulated depreciation	9 70,276,601	10c	84,294,755
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	17,119,292	15	36,840,409
	16	Total assets. Add lines 1 through 15 (must equal line 34)	145,581,560		182,811,122
	17	Accounts payable and accrued expenses	10,591,812		10,578,262
	18	Grants payable		18	
	19	Deferred revenue	1,797,575		3,622,751
	20	Tax-exempt bond liabilities	41,618,053	20	62,546,135
	21	Escrow or custodial account liability Complete Part IV of Schedule D	,,	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>a</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,236,384	23	31,744,418
	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	5 000 500		4 000 405
		D	5,336,568		4,990,435
	26	Total liabilities. Add lines 17 through 25	77,580,392	26	113,482,001
ű	27	lines 27 through 29, and lines 33 and 34.	48,277,404	27	61,856,704
Fund Balances		Unrestricted net assets	19,723,764	28	7,472,417
<u>~</u>	28	Temporarily restricted net assets	19,723,704	28	1,412,411
ĭ	29	Permanently restricted net assets		29	
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ģ	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
á	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	68,001,168	33	69,329,121
	34	Total liabilities and net assets/fund balances	145,581,560	34	182,811,122

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		140,0	50,364
2	Total expenses (must equal Part IX, column (A), line 25)	2		138,6	84,259
3	Revenue less expenses Subtract line 2 from line 1	3		1,3	366,105
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			001,168
5	Net unrealized gains (losses) on investments	5		-	-38,152
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
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		69,3	329,121
Par	t XII Financial Statements and Reporting			· · ·	•
	Check if Schedule O contains a response or note to any line in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990			, , ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 36-4241970

Name: NOBLE NETWORK OF CHARTER SCHOOLS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde				ıru	ste	es, r	сеу	Employees, Higi	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	nan o nan o n is b i dire	ne booth a	ox,ι an oʻ trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			related organizations
(1) ALLAN MUCHIN BOARD CHAIRMAN	15 00	х		х				0	0	0
(1) BARBARA SPEER	1 00	х						0	0	0
DIRECTOR (2) NANCY GOLDER NORTHRIP	1 00	x						0	0	0
DIRECTOR								Ů	0	
(3) REBECA NIEVES HUFFMAN DIRECTOR	1 00	х						0	0	0
(4) STEVE SULLIVAN	1 00	x						0	0	0
DIRECTOR (5) JONATHAN REINSDORF	1 00									
DIRECTOR		х						0	0	0
(6) JOHN HARRIS	3 00	х		х				0	0	0
VICE CHAIRMAN (7) JOHN BUTLER	1 00	X						0	0	0
DIRECTOR (8) MARTIN NESBITT	1 00									
DIRECTOR		Х						0	0	0
(9) TROY RATLIFFDIRECTOR	1 00	х						0	0	0
(10) JEAN E SHERIDAN	1 00	х						0	0	0
DIRECTOR (11) GUY COMER	0 10 1 00	×						0	0	0
DIRECTOR (12) JOHN ROWE	1 00	,,								
DIRECTOR (13) DAVID WEINBERG	1 00	X						0	0	0
DIRECTOR		х						0	0	0
(14) CECIL CURTWRIGHTDIRECTOR	1 00	×						0	0	0
(15) BRYAN TRAUBERT MD	1 00	х						0	0	0
DIRECTOR (16) ANNE MUELLER	1 00	×						0	0	0
DIRECTOR (17) JENNIFER WILSON	1 00	,							0	
DIRECTOR (18) MENNO VERMEULEN	0 20	X						0	0	0
DIRECTOR		Х						0	0	0
(19) MICHAEL MILKIE CEO	40 00	х		х				222,562	0	29,858
(20) JESSICA FLORES SECRETARY/DIR OF STUDENT ENROLLMENT	40 00			x				75,402	0	7,305
(21) JOSEPH DRAGO	40 00			х				204,887	0	4,000
TREASURER & CFO (22) KYLE COLE	0 40 40 00				X			174,623	0	8,447
CHIEF ACADEMIC OFFICER (23) ERIC THOMAS	40 00							174,023	0	0,447
ASSISTANT SUPERINTENDENT					Х			189,717	0	17,232
(24) JAMES TROUPIS CHIEF TALENT OFFICER	40 00				х			161,560	0	19,335
						_				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	pendent cor	iti acto	13				1	1	ı	ı
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persor and a	ion (d nan o n is b dired	ne booth a	ox, u an of trust	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(26) MICHAEL MADDEN	40 00									
CHIEF OPERATING OFFICER					Х			189,191	0	22,041
(1) RHONDA KOCHLEFL	40 00				Γ., Ι			245 020		44.027
CHIEF EXTERNAL AFFAIRS OFFICER-TERM	0 40				Х			245,028	0	14,027
(2) ROSA ALANIS	40 00							152 474		20.404
PRINCIPAL						Х		152,471	0	20,184
(3) PABLO SIERRA	40 00							166 400		12.267
PRINCIPAL						Х		166,482	0	12,267
(4) GARLAND THOMAS-MCDAVID	40 00							110.070		22.202
PRINCIPAL						Х		148,078	0	22,282
(5) TYSON KANE	40 00							460.056		
PRINCIPAL						Х		162,356	0	13,456
(6) KIMBERLY NEAL	40 00					,,		464.004		0.447
PRINCIPAL						Х		161,084	0	8,447

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

NOBLE NETWORK OF CHARTER SCHOOLS

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.

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

Open to Public

Inspection **Employer identification number**

							36-4241970	
Pa	rt I	Reason for Publi	c Charity S	status (All organiza	tions must co	mplete this p	oart.) See instruction	ons.
The c	rganiz	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	굣	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1))(A)(iii).	
4	\sqcap	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the
		hospital's name, city,	and state					
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unıt d	escribed in
		section 170(b)(1)(A)	(iv). (Complet	e Part II)				
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	1)(A)(v).	
7	Γ	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	jeneral public
_	_	described in section 1						
8	<u> </u>	A community trust de						
9	ı	An organization that n						
		receipts from activitie						
		its support from gross						businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).	
11	Г	An organization organ						
		one or more publicly s						
а	\vdash	the box in lines 11a th	-			_		
-	'	supported organization						
		organization You mus				•		
b	Г	Type II. A supporting	_	•				
		management of the su			same persons t	hat control or r	manage the supported	organization(s) You
с	\vdash	must complete Part IV Type III functionally	•		n operated in c	onnection with	and functionally inter	grated with its
	,	supported organization						gracea with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
_	_	(see instructions) Yo					a a Tuna I Tuna II T	una III funationally
е	ļ	Check this box if the contegrated, or Type II.					s a rype i, rype ii, r	ype III functionally
f		Enter the number of su						
g		Provide the following i						
_		-						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organızatıon		organızatıon	listed in your	governing	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	instructions)
				1-9 above or IRC section (see				
				instructions))				
					Yes	No		
Tota								
	•			l			I	

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.)

S	ection A. Public Support	•	•					
Cald	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	60,973,879	71,867,332	93,192,382	125,364,763	130	,103,303	481,501,659
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	3,022,411	. 4,136,397	4,411,117	3,718,364	4	.,283,791	19,572,080
4	Total. Add lines 1 through 3	63,996,290	76,003,729	97,603,499	129,083,127	134	,387,094	501,073,739
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)							4,844,512
6	Public support. Subtract line 5							406 220 227
	from line 4							496,229,227
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
7	A mounts from line 4	63,996,290	76,003,729	97,603,499	129,083,127	134	,387,094	501,073,739
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,632	13,706	87,111	66,585		256	179,290
9	Net income from unrelated business activities, whether or not the business is regularly carried on		40,934		30,695			71,629
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	490,197	146,537	582,449	462,985		517,587	2,199,755
11	Total support Add lines 7 through 10							503,524,413
12	Gross receipts from related activit	ies, etc (see ins	tructions)			12		38,659,316
13	First five years. If the Form 990 is organization, check this box and stection C. Computation of Pu	for the organizat	ion's first, second		•	section)
14	Public support percentage for 201			11. column (f))		14		98 550 %
15	Public support percentage for 201			, (-,,		15		
	33 1/3% support test—2014. If the	•	•	von line 13 and	line 14 is 33 1/20		chackt	this box
b 17a	and stop here. The organization qu 33 1/3% support test—2013. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization ne organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	alifies as a publice organization dice organization dice or qualifies as a publice as a publice organization meets the "facts-an" —2013. If the organization meets the meets the meets the meets the meets the organization meets th	cly supported orgal not check a box of the b	inization on line 13 or 16a organization check a box on li stances" test, ch ' test The organi check a box on li umstances" test	, and line 15 is 3: ne 13, 16a, or 16 eck this box and s zation qualifies as ne 13, 16a, 16b, , check this box a	3 1/3% or b, and lin stop here s a public or 17a, a nd stop h	more, che 14 Explain ly suppoind line	► ¬ neck this F ¬ rted
18	Private foundation. If the organiza instructions	tion did not chec	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and	see	▶ [

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)					
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.					
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a				
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	esponsive (provide		
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134016986

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Political Campaign and Lobbying Activities

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

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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa		zation is exempt under section 501(c)(3) and has lion under section 501(h)).	NOT				. 5 -
	-		(a	1)		(b)	
ror e activ		pelow, provide in Part IV a detailed description of the lobbying	Yes	No	Ar	noun	t
1		ion attempt to influence foreign, national, state or local Tuence public opinion on a legislative matter or referendum,	ı	No			
a L		pensation in expenses reported on lines 1c through 1i)?		No No			
b	Media advertisements?	pensation in expenses reported on lines 10 tillough 11)		No			
c d	Mailings to members, legislators, or the	a nublic?		No			
e	Publications, or published or broadcast			No			
f	Grants to other organizations for lobbyi			No			
g		affs, government officials, or a legislative body?		No			
h		ventions, speeches, lectures, or any similar means?		No			
ï	Other activities?	ventions, speeches, rectures, or any similar means.	Yes	140		2	0,000
j	Total Add lines 1c through 1:		103				0,000
2a	_	ganization to be not described in section 501(c)(3)?	ı	No			0,000
b	If "Yes," enter the amount of any tax in			140			
c		icurred by organization managers under section 4912					
		tion 4912 tax, did it file Form 4720 for this year?	- 1				
		zation is exempt under section 501(c)(4), section !	501(c)(5) c	rse	ction	
ГСП	501(c)(6).	zadon is exempt under section sor(e)(+), section t	טבעט.	,,,,,	. 30	CLIOI	•
						Yes	No
1	Were substantially all (90% or more) d	ues received nondeductible by members?			1		
2	Did the organization make only in-hous	e lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry ove	r lobbying and political expenditures from the prior year?			3		
Par		zation is exempt under section 501(c)(4), section ! · (a) BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amoun		1 1				
2	•	and political expenditures (do not include amounts of political					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section	6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	· · · · · · · · · · · · · · · · · · ·	4				
5	Taxable amount of lobbying and politica	al expenditures (see instructions)	5				
Pa	art IV Supplemental Informa	tion					
	·	A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groulso, complete this part for any additional information	up list),	Part II	-A, lın	es 1	and
	Return Reference	Explanation					
PAR	PROV	ORGANIZATION ENGAGED THE SERVICES OF A GOVERNMEN /IDE ADVICE RELATING TO PROPOSED STATE LEGISLATION ANIZATION AND ITS PROGRAM SERVICE REVENUES					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493134016986

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

mai R	evenue Service Im officiation about Schedule B (1 official	1 990) and its instructions is at www.	3.g 0 v /	<i>101111330</i> .	Tushecu	1011
	e of the organization E NETWORK OF CHARTER SCHOOLS			oloyer identific	ation numbe	r
ar	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			4241970 or Accounts	s. Complet	e ıf th
	organization answered Tes to Form 990	(a) Donor advised funds		(b) Funds and	other accou	nts
Т	otal number at end of year	(.,		(-,		
A	Aggregate value of contributions to (during year)					
4	Aggregate value of grants from (during year)					
Æ	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
ı	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part I	V, line 7.	
] 	Purpose(s) of conservation easements held by the orgonomer Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic struc	cture	
6	easement on the last day of the tax year			1		
_				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements	aria atrijatijna inalijdad in (a)	2b			
	Number of conservation easements on a certified history	• •	2c			
ł	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferr	ea, releasea, extinguisnea, or terminate	ea by tr	ne organization	auring	
ι	the tax year 🛌					
١	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, an	d ┌ Yes	┌ No
; I	Staff and volunteer hours devoted to monitoring, inspense.	cting, and enforcing conservation easer	ments o	during the year		
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year		
	* \$					
	Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
t	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the theorem is accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that des	cribes	
t	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar	Assets.	
١	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	earch in further		
]	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and baland		ıc
((i) Revenue included in Form 990, Part VIII, line 1			► \$		
((ii) Assets included in Form 990, Part X					
1	If the organization received or held works of art, historically amounts required to be reported under SFAS					
ı	Revenue included in Form 990, Part VIII, line 1			- \$ _		
	Assets included in Form 990, Part X			<u></u>		
,				· +		

Part	Organizations Maintaining Collections of	Art, His	tori	<u>cal Tre</u>	asu	ires, or Oth	<u>er Simi</u>	ilar Ass	ets (c	ontınued)
3	Using the organization's acquisition, accession, and other recollection items (check all that apply)	ecords, ch	neck	any of the	e foll	owing that are	a signific	cant use o	of its	
а	Public exhibition	d	Γ	Loan or	exc	hange program	s			
b	Scholarly research	e	Γ	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections and e Part XIII	explain hov	w the	y further	the o	organızatıon's e	exempt p	urpose in		
5	During the year, did the organization solicit or receive dona						mılar	_	,	
Dar	assets to be sold to raise funds rather than to be maintained IV Escrow and Custodial Arrangements. Con						Ves" to		Yes	No
reil	Part IV, line 9, or reported an amount on Forn					ii aliswered	165 (0	101111 93	,,	
1a	Is the organization an agent, trustee, custodian or other intincluded on Form 990, Part X?	ermediary	forc	ontributi	ons	or other assets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and complete	the follow	wing t	able						
							+	Amo	ount	
с	Beginning balance					1c				
d	Additions during the year					1d				
e •	Distributions during the year					1e				
f	Ending balance		_			1 <u>f</u>	1		,	
2a	Did the organization include an amount on Form 990, Part X	(, line 21,	for e	scrow or	cust	odial account l	iability?	ı	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII Check here i									<u> </u>
Pai	Endowment Funds. Complete if the organization (a)Current year		wer Prior			Form 990, Pa			(a)Equry	ears back
1a	Beginning of year balance	ii (D	PHOL	year D	(6)	wo years back (d	i)Tillee ye	ars back	e)rour y	ears back
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end ba	alance (lın	ne 1g	, column	(a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%	o								
За	Are there endowment funds not in the possession of the org	anızatıon	that	are held a	and a	admınıstered fo	r the			
	organization by (i) unrelated organizations							. 3a(i)	Yes	No
	(ii) related organizations							. 3a(ii		
b	If "Yes" to $3a(II)$, are the related organizations listed as req		Sched	lule R?	٠.	· · · · · · · ·	· . · .	. 3b	1	†
4	Describe in Part XIII the intended uses of the organization'	s endowm	ent f	unds						
Par	Land, Buildings, and Equipment. Complete 11a. See Form 990, Part X, line 10.	e ıf the o	rgar	ızatıon a	ansv	wered 'Yes' to	Form	990, Par	t IV, lı	ne
	Description of property			Cost or ot s (investme		(b)Cost or other basis (other)		cumulated eciation	(d) Bo	ook value
1 a L	and					2,736,976	5			2,736,976
b E	Buildings					26,177,367	7	1,065,342		25,112,025
c l	easehold improvements					66,824,672	2 1	14,309,607	Ĺ	52,515,065
d E	quipment					6,574,040)	2,841,450		3,732,590
е (Other		1		I		.1		I	100.000
	. Add lines 1a through 1e (Column (d) must equal Form 990, I					198,099)	. ▶		198,099 34,294,755

Part VII Investments—Other Securities. Con	nplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Tatal (Column (h) must equal Form 000, Part V, col. (f) line 12.)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co	<u>f </u> mnlete if the organizatio	<u> </u>	orm 990 Part IV line 11c
See Form 990, Part X, line 13.	There is the organization		onn 550, rare 1v, inic 11c.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See	
(a) Descri	ption		(b) Book value
(1) BOND ISSUANCE COSTS, NET (2) CASH - RESTRICTED BY BOND			2,756,398 5,278,087
(3) CASH - RESTRICTED BY NMTC			2,604,222
(4) CASH - LEASE SECURITY DEPOSIT			720,029
(5) DEPOSITS			705,093
(6) DUE FROM NOBLE NETWORK EDUCATION FOUNDA	TION		254,806
(7) INVESTMENTS - RESTRICTED FOR STUDENTS SCH	OLARSHIPS		2,553,611
(8) INVESTMENTS - RESTRICTED BY BOND			21,968,163
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		36,840,409
Part X Other Liabilities. Complete if the orga			
Form 990, Part X, line 25.	,		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED RENT	2,270,144		
DEFERRED LEASE INCENTIVE	2,720,291		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,990,435		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Re	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part		per	Return. Complete
	if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)................ <mark>2d</mark>		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	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	
	XIII Supplemental Information		
Part	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to part t		le any additional
	Return Reference Explanation		
PART	THE SCHOOL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM F ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE SCHOOL FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE C ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN MANAGEMENT HAS DETERMINED THAT THE SCHOOL WAS NOT REQ LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30	EDER IN LISN ODE TAX UIRE	RAL INCOME TAXES ADDITION, THE NOT A PRIVATE THE SCHOOL HAS POSITIONS AND D TO RECORD A

	·	i ago e
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation
_		
_		
_		
_		

Schedule D (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 36-4241970

Name: NOBLE NETWORK OF CHARTER SCHOOLS

Form 990, Schedule D, Part IX, - Other Assets (a) Description

(a) Description	(b) Book value
(1) BOND ISSUANCE COSTS, NET	2,756,398
(2) CASH - RESTRICTED BY BOND	5,278,087
(3) CASH - RESTRICTED BY NMTC	2,604,222
(4) CASH - LEASE SECURITY DEPOSIT	720,029
(5) DEPOSITS	705,093
(6) DUE FROM NOBLE NETWORK EDUCATION FOUNDATION	254,806
(7) INVESTMENTS - RESTRICTED FOR STUDENTS SCHOLARSHIPS	2,553,611
(8) INVESTMENTS - RESTRICTED BY BOND	21.968.163

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As Filed Data -

DLN: 93493134016986

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization NOBLE NETWORK OF CHARTER SCHOOLS Employer ident		Employer identification	fication number		
		36-4241970			
Pa	rt I	_		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation probability that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	2		
			3	Yes	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u> </u>	4a	Yes	
E	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	iblic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	Ī	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	ļ	5a		No
Ŀ	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		No
d	Scholarships or other financial assistance?		5d		Νo
e	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?	-	5g		Νo
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a	Yes	NI -
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		6b	Yes	No

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation			
SCHEDULE E, PART I, LINE 3	NOBLE NETWORK OF CHARTER SCHOOLS FULLY DISCLOSES ITS NONDISCRIMINATORY POLICY TO ALL POTENTIAL STUDENTS COPIES OF THIS POLICY CAN BE OBTAINED UPON REQUEST			
SCHEDULE E, PART I, LINE 6	THE SCHOOL RECEIVES PER CAPITA TUITION FROM CHICAGO PUBLIC SCHOOLS AND STATE AND FEDERAL GRANTS THROUGH OTHER GOVERNMENTAL AGENCIES			

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134016986

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization NOBLE NETWORK OF CHARTER SCHOOLS					Employer identification number				
NOBLE NET WORK OF CHARTE	K SCHOOLS					36-4241970			
Part I Fundraising Acti filers are not requi			ganızatıo	on answered "Yes" to	Form 9	990, Part IV,	line 17. Form 990-EZ		
1 Indicate whether the organ	nization raised funds	through a	ny of the 1	following activities Che	eck all th	at apply	_		
a Mail solicitations									
b Internet and email soli	☐ Internet and email solicitations f ☐ Solicitation of government grants								
c Phone solicitations		g Special fundraising events							
d	5								
2a Did the organization have a or key employees listed in							Γ Yes Γ No		
b If "Yes," list the ten higher to be compensated at leas			fundraıse	rs) pursuant to agreem	ents und	er which the fu	ndraiser is		
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount pa (or retained b fundraiser liste col (i)	etained by) iser listed in	(vi) A mount paid to (or retained by) organization
1		Yes	No						
-									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total			.►						
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	I o solicit contributions o	r has bee	en notified it is	exempt from		

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2				
Pai	rt II	more than \$15,000 of fundr	aising event contribut							
	events with gross receipts gre		(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through				
			(event type)	(event type)	(total number)	col (c))				
EL®	1	Gross receipts	59,738	156,143		215,881				
Revenue	2	Less Contributions	1,700	140,582		142,282				
<u>~</u>	3	Gross income (line 1 minus line 2)	58,038	15,561		73,599				
	4	Cash prizes								
မွ	5	Noncash prizes								
Expenses	6	Rent/facility costs								
	7	Food and beverages .	32,475	24,046		56,521				
Direct	8	Entertainment	3,655	5		3,655				
Δ	9	Other direct expenses .	2,978	29,430		32,408				
	10	Direct expense summary Add lir	nes 4 through 9 in column	ı(d)		(92,584)				
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)	$(1,\ldots,1,\ldots,k) \blacktriangleright$	-18,985				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than				
Revenue		\$13,000 ON TOTAL 330 EE, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Rey	1	Gross revenue			20,847					
-Se	2	Cash prizes			10,424	10,424				
sesued	3	Non-cash prizes								
ញ ក្	4	Rent/facility costs								
Direct	5	Other direct expenses			185	185				
	6	Volunteer labor	│ Yes % %	☐ Yes	✓ Yes %✓ No	_				
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		10,609				
	8	Net gaming income summary Sub-	tract line 7 from line 1, co	olumn (d)		10,238				
9	Ent	ter the state(s) in which the organiz	ation conducts gaming ac	tivities II		•				
a		-		·		. ┌ Yes ┌ No				
b	Enter the state(s) in which the organization conducts gaming activities IL Is the organization licensed to conduct gaming activities in each of these states?									
10a		re any of the organization's gaming				· · ┌ Yes ┌ No				
b	[f"	Yes," explain								
						1				

Sche	edule G (Form	1990 or 990-EZ) 2014		Page 3									
11	Does the or	ganization conduct gaming	activities with nonmembers?	 ア _{No}									
12	Is the organ	nızatıon a grantor, beneficia	ry or trustee of a trust or a member of a partnership or other entity										
	formed to administer charitable gaming?												
13	Indicate the percentage of gaming activities conducted in												
a													
b													
14	An outside facility												
	Name 🟲	JOSEPH DRAGO											
	Address 🟲		T FLOOR 7-L										
15a	Does the or	ganization have a contract	with a third party from whom the organization receives gaming										
	revenue?			ר No									
b	If "Yes," en	ter the amount of gaming re	venue received by the organization 🟲 \$ and the										
	amount of gaming revenue retained by the third party ▶ \$												
С	If "Yes," en	If "Yes," enter name and address of the third party											
	Name 🟲												
	Address 🟲												
16	Gaming mai	nager information											
	Name 🟲	JOSEPH DRAGO											
	Gaming mai	nager compensation 🟲 \$	<u> </u>										
	Description	of services provided NON	ERALL FINANCIAL OVERSIGHT OF ALL ACTIVITIES OF THE ORGANIZATION										
	Director	r/officer 「	Employee Independent contractor										
17		distributions											
а	Is the organ	nızatıon required under state	e law to make charitable distributions from the gaming proceeds to										
	retain the s	tate gaming license?		▽ No									
ь			ed under state law distributed to other exempt organizations or spent	. 110									
		·	ties during the tax year 🕨 \$										
Pai	rt IV Sup Part	plemental Information	on. Provide the explanations required by Part I, line 2b, columns (iii) and (v) b, 15c, 16, and 17b, as applicable. Also provide any additional information (s										
	Reti	urn Reference	Explanation										

DLN: 93493134016986

OMB No 1545-0047

Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

NOBLE NETWORK OF CHARTER SCHOOLS

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

Employer identification number

36-4241970

Part I	General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NOBLE NETWORK EDUCATION FOUNDATION 1 N STATE STREET 7TH FLOOR CHICAGO.IL 60602	32-0342169	501(C)(3)	5,819,200				NEW MARKET TAX CREDIT

Enter total number of section 501(c)(3) and government organizations listed in	n the line 1 table .
--	----------------------

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

Part III Grants and Other Assistance to Domestic Individuals. 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	294	544,159			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
SCHEDULE I PART I #2	SCHOLARSHIPS ELIGIBILITY - IN ORDER TO EARN A SCHOLARSHIP FROM THE NOBLE NETWORK ALUMNI OFFICE, A STUDENT MUST COMPLETE AN APPLICATION CRITERIA - APPLICANTS MUST HAVE A 2 0 MINIMUM CUMULATIVE GPA RECIPIENTS WILL BE CHOSEN BASED UPON A DISPLAY OF VALUES FOUND CONSISTENT WITHIN THE ENTIRE NOBLE NETWORK SCHOLARSHIP - THE STUDENT DEMONSTRATES A COMMITMENT TO HARD WORK AND GETTING EXTRA HELP TO ACHIEVE ACADEMIC GOALS DISCIPLINE - THE STUDENT SERVES AS AN EXCELLENT ROLE MODEL FOR STUDENTS THROUGH THEIR BEHAVIOR AND SPIRIT HONOR - THE STUDENT SHOWS CONCERN FOR OTHERS AND IS WILLING TO HELP THE NOBLE NETWORK ACHIEVE ITS MISSION THE NETWORK ALUMNI COORDINATOR WILL VERIFY ENROLLMENT IN COLLEGE AND ADHERENCE TO THE TRAITS OF SCHOLARSHIP, DISCIPLINE, AND HONOR AS OUTLINED ABOVE THE AMOUNT OF THE SCHOLARSHIP WILL BE BASED ON NEED AND AVAILABLE FUNDS								

DLN: 93493134016986

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

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

Open to Public Inspection

Name of the organization **Employer identification number** NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970

Pa	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	l	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organic reimbursement or provision of all of the expenses descri	bed	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimb directors, trustees, officers, including the CEO/Executiv			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	ppl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?					Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c						
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s mı	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a	, did the organization pay or accrue any			
a	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	2 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					_
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7		No
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regin Part III			8		No
9	If "Yes" to line 8, did the organization also follow the reb section 53 4958-6(c)?	outt	able presumption procedure described in Regulations	9		INU

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 5	SOME MEMBERS OF SENIOR MANAGEMENT WERE COMPENSATED WITH BONUSES BASED ON METRICS IMPORTANT TO THE FINANCIAL AND
	OPERATIONAL SUCCESS OF THE ORGANIZATION, INCLUDING CONTRIBUTIONS RAISED, GRANTS FROM FOUNDATIONS, INCREASES IN
	AVERAGE PER PUPIL FUNDING, AND THE SUCCESSFUL EXECUTION OF CERTAIN FINANCING AGREEMENTS

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 36-4241970

Name: NOBLE NETWORK OF CHARTER SCHOOLS

(F) Compensation in

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns

(A) Name and Title		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
MICHAEL MILKIE, CEO	(I) (II)	202,562 0	20,000 0	0	14,523 0	15,335 0	252,420 0	0
JOSEPH DRAGO, TREASURER & CFO	(I) (II)	179,356 0	25,531 0	0 0	4,000 0	0 0	208,887 0	0
KYLE COLE, CHIEF ACADEMIC OFFICER	(ı) (ıı)	168,498 0	6,125 0	0 0	4,000 0	4,447 0	183,070 0	0
ERIC THOMAS, ASSISTANT SUPERINTENDENT	(ı) (ıı)	178,967 0	10,750 0	0 0	4,000 0	13,232 0	206,949 0	0
JAMES TROUPIS, CHIEF TALENT OFFICER	(ı) (ıı)	140,694 0	20,866 0	0 0	4,000 0	15,335 0	180,895 0	0
MICHAEL MADDEN, CHIEF OPERATING OFFICER	(ı) (ıı)	166,191 0	23,000 0	0 0	4,000 0	18,041 0	211,232 0	0 0
RHONDA KOCHLEFL, CHIEF EXTERNAL AFFAIRS OFFICER-TERM	(I) (II)	164,153 0	80,875 0	0 0	4,000 0	10,027 0	259,055 0	0
ROSA ALANIS, PRINCIPAL	(I) (II)	97,946 0	54,525 0	0 0	6,952 0	13,232 0	172,655 0	0 0
PABLO SIERRA, PRINCIPAL	(I) (II)	111,482 0	55,000 0	0 0	7,820 0	4,447 0	178,749 0	0 0
GARLAND THOMAS- MCDAVID, PRINCIPAL	(I) (II)	93,003 0	55,075 0	0 0	6,947 0	15,335 0	170,360 0	0
TYSON KANE, PRINCIPAL	(I) (II)	104,356 0	58,000 0	0 0	4,000 0	9,456 0	175,812 0	0
KIMBERLY NEAL, PRINCIPAL	(I) (II)	98,584 0	62,500 0	0	4,000 0	4,447 0	169,531 0	0

DLN: 93493134016986

Open to Public

OMB No 1545-0047

2014

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds * Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

NOBLE NETWORK OF CHARTER SCHOOLS

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

Inspection Employer identification number

36-4241970

Р	art I Bond Issues											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased	(h) On behalf of ıssuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203ACF2	10-24-2013	· · · · · · · · · · · · · · · · · · ·	IFA SERIES 2013 - RENOVATION		X		Х		Х
В	ILLINOIS FINANCE AUTHORITY	86-1091967	45203ACGD	04-28-2015	· · · · · · · · · · · · · · · · · · ·	IFA SERIES 2015 - ADVANCE REFUNDING		Х	-	X	-	Х

Par	art II Proceeds											
					Α		В		С		D	
1	A mount of bonds retired											
2	A mount of bonds legally defeas	sed										
3	Total proceeds of issue				19,903,	820	21,495,226					
4	Gross proceeds in reserve fund	ds			3,000,	000	1,674,125					
5	Capitalized interest from proce	eeds			1,669,	579						
6	Proceeds in refunding escrows	1					21,062,558					
7	Issuance costs from proceeds	;			398,	076	429,905					
8	Credit enhancement from proc	eeds										
Working capital expenditures from proceeds												
10	10 Capital expenditures from proceeds			14,347,344								
11 Other spent proceeds					2,763							
12 Other unspent proceeds				3,488,980								
13 Year of substantial completion						<u>.</u>						

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		x		x				
15	Were the bonds issued as part of an advance refunding issue?		Х	Х					
16	Has the final allocation of proceeds been made?		х	х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х					
Par	t IIII Private Business Use								

1261	Private Business Use								
		A B		В	С		ļ ,	D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		×				
Are there any lease arrangements that may result in private business use of bond-financed property?			×		Х				
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.							rm 990) 2014	

Sche	edule K (Form 990) 2014									Page 2
Par	t III Private Business Use (Continued)									•
				<u> </u>	В			C		D
_	Are there any management or converse contracts that may recall in private	business usel	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?	busiliess use		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?										
С	Are there any research agreements that may result in private business us financed property?	e of bond-		Х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government					•		•		•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				х		х				
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		•		•				•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Pai	rt IV Arbitrage									
		Α	_		В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X					
2	If "No" to line 1, did the following apply?	<u> </u>	<u> </u>		<u> </u>	<u> </u>				
<u>а</u>	Rebate not due yet?	×		Х						
<u>ь</u>	Exception to rebate?		Х		Х					
	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		·	L	l	L				
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
ь	Name of provider									
С	Term of hedge		_							
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Part IV Arbitrage (Continued)
---------------------	------------

		A B			С		D		
		Yes	No	Yes	Yes No		No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		х				
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х					

Part V Procedures To Undertake Corrective Action

	A		В		L C		<u> D</u>	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

|--|

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A - TOTAL PROCEEDS OF ISSUE	INCLUDES \$19,903,820 OF SALES PROCEEDS PLUS \$160 OF INVESTMENT EARNINGS AND \$3,000,000 IN RESERVE FUNDS DERIVED FROM NON-SALE PROCEEDS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN B - OTHER SPENT PROCEEDS	\$21,062,558 OF 2015 BOND PROCEEDS WERE USED TO ESTABLISH AN ESCROWACCOUNT TO ADVANCE REFUND 2006 AND 2007 ISSUES OF TAX-EXEMPT BONDS ON APRIL 28, 2015

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2A, COLUMN A - NO REBATE DUE	REBATE CALCULATION DUE ON 10/24/2018
DUE	

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2A, COLUMN B - NO REBATE DUE	REBATE CALCULATION DUE ON 4/28/2020

DLN: 93493134016986

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NOBLE NETWORK OF CHARTER SCHOOLS

36-4241970										
Pa	rt I Types of Property									
	Aut. Works of put	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contr		_	nts		
	Art—Works of art									
	Art—Historical treasures .									
	Art—Fractional interests									
	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
	Boats and planes									
	Intellectual property									
9	Securities—Publicly traded .	X	1	10,339	FAIR MARKET V	ALUE				
10	Securities—Closely held stock .			•						
11	Securities—Partnership, LLC, or trust interests									
12	Securities—Miscellaneous									
13	Qualified conservation contribution—Historic structures									
14	Qualified conservation contribution—Other									
15	Real estate—Residential .									
16	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies .									
21	Taxidermy									
22	Historical artifacts									
	Scientific specimens									
	Archeological artifacts									
	Other►(X	7	10,154						
	RTS TICKETS, BOOKS, ETC)	-								
	O ther ► () O ther ► ()									
	Other ▶ ()									
	Number of Forms 8283 received by th	L organizat	ion during the tay year for	contributions	<u> </u>					
23	for which the organization completed F				9					
	<u>-</u>	·	•	_	·		Yes	No		
30a	During the year, did the organization	receive by	contribution any property r	eported in Part I, lines 1	through 28, that					
	it must hold for at least three years fi	rom the date	e of the initial contribution	, and which is not require	d to be used					
	for exempt purposes for the entire ho	ldıng period	٠			30a		No		
b	If "Yes," describe the arrangement in	Part II								
31	Does the organization have a gift acc		licy that requires the revie	w of any non-standard co	ntributions?	31		No		
32a	Does the organization hire or use this contributions?	•	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No		
ь 33	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,	- 24				

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493134016986

OMB No 1545-0047

2014

Open to Public Inspection

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.

Name of the organization
NOBLE NETWORK OF CHARTER SCHOOLS

Employer identification number
36-4241970

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THIS POLICY REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTER ESTS THAT COULD GIVE RISE TO CONFLICTS NOBLE NETWORK OF CHARTER SCHOOLS ENFORCES AND MONI TORS ITS COMPLIANCE BY REVIEWING DISCLOSURE STATEMENTS REGULARLY AND REQUIRES ALL PARTIES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE ORGANIZATION'S CEO AND SUPERINT ENDENT SALARY FOR ALL OTHER EMPLOYEES IS DETERMINED BY MANAGEMENT'S RESEARCH OF COMPARABL E POSITIONS AT COMPARABLE ORGANIZATIONS THE CEO AND SUPERINTENDENT REVIEW AND APPROVE THE COMPENSATION ACCORDINGLY
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION FURNISHES THIS INFORMATION UPON REQUEST

DLN: 93493134016986

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NOBLE NETWORK OF CHARTER SCHOOLS

Employer identification number

36-4241970

identification of disregarded Entitles Complete in the organization answered Tes on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
4.5					I						

(1) NOBLE DAY CARE L3C DAY CARE ΙL -48,078 276,028 NOBLE NETWORK OF CHARTER 1333 W CHICAGO AVE SCHOOLS CHICAGO, IL 60642 26-3214132

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No
(1) NOBLE NETWORK EDUCATION FOUNDATION 1 N STATE STREET 7TH FLOOR CHICAGO, IL 60602 32-0342169	TYPE 3 SUPPORTING ORGANIZATION	IL	501(C)(3)		NOBLE NETWORK OF CHARTER SCHOOLS	Yes	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

Part IV 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

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

			3		. 3	 ,,	,,
Note.	Complete line 1 if ai	ny entity is listed	ın Parts II, III, o	r IV of this schedule			

- 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?

 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NOBLE NETWORK EDUCATION FOUNDATION	L	63,000	ACCTG RECORDS
(2) NOBLE NETWORK EDUCATION FOUNDATION	В	5,819,200	ACCTG RECORDS

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .								

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**