DLN: 93493139006330 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization NOBLE NETWORK OF CHARTER SCHOOLS D Employer identification number B Check if applicable ☐ Address change 36-4241970 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1 NORTH STATE STREET FLOOR 7-L ☐ Amended return ☐ Application pending (312) 521-5287 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL $\,$ 60602 $\,$ **G** Gross receipts \$ 204,798,061 Name and address of principal officer H(a) Is this a group return for **CONSTANCE JONES** □Yes ☑No subordinates? 1 NORTH STATE STREET FLOOR 7-L H(b) Are all subordinates HICAGO, IL 60602 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NOBLENETWORK ORG L Year of formation 1999 **M** State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities NOBLE IS A CATALYST FOR EDUCATIONAL EQUITY IN CHICAGO THAT EMPOWERS STUDENTS WITH THE SCHOLARSHIP, DISCIPLINE AND HONOR NECESSARY TO SUCCEED IN COLLEGE AND LEAD EXEMPLARY LIVES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 2,051 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 158,354,145 160,895,506 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 12,397,027 11,629,488 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 118,298 1,225,399 12,679,373 1,132,042 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 183,548,843 174,882,435 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 2,525,234 3,091,622 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 103,685,013 109,525,538 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,729,406 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 54,695,014 56,374,420 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 160,905,261 168,991,580 19 Revenue less expenses Subtract line 18 from line 12 . 22,643,582 5,890,855 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 198,957,563 204,759,984 95,031,643 21 Total liabilities (Part X, line 26) . 95,718,767 22 Net assets or fund balances Subtract line 21 from line 20 . 109,728,341 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-07 Signature of officer Sign Here ALEJANDRO RAMIREZ CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-05-07 P00641738 Paid self-employed Firm's name > OSTROW REISIN BERK & ABRAMS LTD Firm's EIN > 36-2938874 Preparer Use Only Firm's address ► 455 N CITYFRONT PLAZA DR SUITE 1500 Phone no (312) 670-7444 CHICAGO, IL 60611 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	018)					Page 2
Pa	irt III	Statement of	Program Servic	e Accomplis	hments		
		Check if Schedule	O contains a respo	onse or note to a	any line in this Part III .		🗆
1	Briefly	describe the orga	nızatıon's mıssıon				
			UCATIONAL EQUITY OLLEGE AND LEAD			ENTS WITH THE SCHOLARSHIP, [DISCIPLINE AND HONOR
2	Did th	e organization und	ertake any significa	int program serv	vices during the year wi	nich were not listed on	_
	the pr	or Form 990 or 99	0-EZ?				🗌 Yes 🗹 No
	If "Ye	s," describe these r	new services on Sch	nedule O			
3	Did th	e organization cea	se conducting, or m	ake significant i	changes in how it condu	ıcts, any program	
	servic	es?					🗌 Yes 🗹 No
	If "Ye	s," describe these o	hanges on Schedul	e O			
4	Section	on 501(c)(3) and 50	n's program service 01(c)(4) organization of any, for each pro-	ns are required	to report the amount of	largest program services, as mea if grants and allocations to others	ssured by expenses s, the total
4a	(Code) (Expenses \$	148,915,688	including grants of \$	3,091,622) (Revenue \$	10,881,419)
	•	ldıtıonal Data	, (,.	J	-,, ,	,,
4b	(Code) (Expenses \$	803,798	including grants of \$) (Revenue \$	748,069)
	See Ad	ldıtıonal Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	(Describe in Schedi	ule O)			
	(Expe	nses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total	program service	expenses ▶	149,719,4	86		
							Form 990 (2018)

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Pa	tiV Checklist of Required Schedules			
		\square	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
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 2	12a		No
Ь	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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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		
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		No

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

22

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

22

Yes

Part V

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	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	
Ь	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	

Yes

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208

0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

No

No

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 16		Yes	No_
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
10-	Did the assessment in least the atom bounds as affiliated	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	163	
	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 annually interests that could give rise to	120	163	
	conflicts?	12b	Yes	
13	Schedule O how this was done	12c	Yes Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	163	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	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-A 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 \square Another's website $ ewline olimits$ Upon request \square 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 ►ALEJANDRO RAMIREZ 1 NORTH STATE STREET FLOOR 7-L CHICAGO, IL 60602 (312) 521-5287			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

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- 61	Section A. Officers, Direct	Tors, Trustees	3, KCy	Lilip.	<u> 10 y</u> c	<u> </u>	<u>, and</u>	<u> </u>	Test comp	CHISCIC	Tu Linpioyees	10011	unueuj	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	oox, ι an of	ot che unles fficer	heck mo ess pers er and a stee)	rson	(D) Reporta compensa from th organizatio	able sation :he on (W-	(E) Reportable compensatior from related organizations (n I W-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-M	IISC)	2/1099-MISC)	organizati relati organiza	ed
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See .	: Additional Data Table			 	\perp	\downarrow	 	\perp				\dashv		
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1b !	Sub-Total			<u>+</u>		<u>.</u>	<u> </u>	<u></u>				士		
сT	Total from continuation sheets to Pa Total (add lines 1b and 1c)	Part VII , Section	1 A				▶	_	2,000,	846		0		67,045
2	Total number of individuals (including	g but not limited	d to thos					o rec	· · · ·	<u> </u>		<u> </u>		
	of reportable compensation from the												1	
3	Did the organization list any former of	officer director	- or trug	+aa k	.ov €	-mp ^l	lavee.	or h	abost comps	ansated	comployee on	_	Yes	No
3	line 1a? If "Yes," complete Schedule 3				•				-		• •	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	_
5	Did any person listed on line 1a receive									ı or ındı	ıvıdual for		1	
	services rendered to the organization	•	lete Scn	reduie	. J fc	or su	ıch pei	rson	· · ·	· ·		5		No
Se1	ection B. Independent Contract Complete this table for your five high	nest compensate										mper	 nsation	
	from the organization Report comper	ensation for the c	calendar	r year	· end	ling	with o	<u>ir wit</u>	thin the organ	nızatıor	n's tax year (B)		(c	·)
RIJLL	Name a	and business addre	ess						COI	Desci NSTRUCT	cription of services		Compen	
1755	5 W ARMITAGE									No made	1014			/ <u>4</u> 7,00.
	CAGO, IL 60622 FUTURES HEALTHCORE LLC					—			HEA	ALTHCAR	RE SERVICES			483,296
	WILLIAMS STREET INGFIELD, MA 01105													
	DBERG KOHN LTD								LEG	GAL SERV	/ICES			461,803
	MONROE ST CAGO, IL 60603													
THE A	ACADEMIC APPROACH								INS	TRUCTO	R SERVICES			198,149
CHICA	W ARMITAGE AVE CAGO, IL 60614													_
	ES MECHANICAL			_	_	_	_	_	COV	NSTRUCT	ION	_		185,190
CHICA	9 S HARLEM AVE CAGO, IL 60638 Total number of independent contractor	/ -14.m.m. h	5 lon		· . 41		1 -5 - 4		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		··· +100.00			
~ ~	Total number of independent contractor	rs (including hut	r not lim	aited '	to th	1056	₄ listed	. aho	ve) who rece	ıved m،	ore than \$100 Of	.)O of	r I	

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 ► 5

Part		Statement of	Revenue								rage 3
		Check if Schedul	le O contains a	a respo	onse or note to any		<u>III</u>			<u> </u>	🗆
						(A) Total revenue	e: fu	(B) ated or xempt nction venue	(C) Unrelate busines revenue	s	(D) Revenue excluded from ax under sections 512 - 514
(A	1	a Federated campaig	ns	1a			10	venue			312 - 314
unts		b Membership dues		1 b							
Gifts, Grants illar Amounts		c Fundraising events		1c	130,755						
₹ <u>₹</u>		d Related organizatio	ns	1d							
آءِ ق		e Government grants (c	ontributions)	1e	154,518,462						
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions and similar amounts n									
uti Je		above	ot included	1 f	6,246,289						
를통		g Noncash contribution in lines 1a - 1f \$	ons included	30	,293						
no pu		h Total. Add lines 1a			<u>,233</u> ▶						
					Business	160,895,50	6				T
Жŀе	22	FOOD PROGRAM			Basilless		6,874,635	6,8	74,635		
έλΑ		CAMPUS REVENUE				611110	4,006,784	4,00	06,784		
Service Revenue		REGISTRATION & TUITI	ON			611110	748,069	74	18,069		
er vi						011110					
S	e	1									
Program	_	· · All other program se	rvice revenue								
P		T otal. Add lines 2a-2			11,	629,488					
		Investment income (i			interest, and other						
	:	sımılar amounts) .		•	•	1,040,	702				1,040,702
		Income from investme									
	0	Royalties	(ı) Real		(II) Personal	<u>^ </u>					
	6ā	Gross rents			,	†					
		Less rental expenses				-					
	L	g Less Tental expenses									
	(Rental income or (loss)									
	(d Net rental income o	r(loss)			-					
			(ı) Securit		(II) Other						
	7 <i>a</i>	Gross amount from sales of	30.0	00,000		7					
		assets other than inventory	30,0	00,000							
		b Less cost or				4					
	L	other basis and sales expenses	29,8	15,303							
	(Gain or (loss)	1	84,697		7					
	(d Net gain or (loss) .			>	184,	697				184,697
a)	8 <i>a</i>	Gross income from f (not including \$	undraising eve 130,755	ents of							
'n Li		contributions reporte	ed on line 1c)								
eve		See Part IV, line 18 b Less direct expense		a b	68,442 87,795						
r H		c Net income or (loss)			, ,		353				-19,353
Other Revenue	9ā	Gross income from g	jaming activiti	es							
O		See Part IV, line 19		а	 25,056	i					
	ŀ	Less direct expense	s	Ь	12,528						
	(c Net income or (loss)	from gaming	activit	ies Þ	12,	528				12,528
	10	a Gross sales of invent returns and allowand									
		recarris and anoware		a	1						
	ł	Less cost of goods s	sold	b							
	(Net income or (loss)		ınven							
	11	Miscellaneous	Revenue		Business Code 90009	9 1,138,	867				1,138,867
	11	La MISCELLANEOUS			90009	1,138,	557				1,138,86/
	ı										
		-									
	,	c									
	•	=									
	•	d All other revenue .									
		e Total. Add lines 11a			•		067		1		
	12	2 Total revenue. See	Instructions			1,138,			_		
						174,882,	435	11,629,48	8	0	2,357,441 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all c Check if Schedule O contains a response or note to an	-	·	` ,	П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		схрепаса	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,091,622	3,091,622		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	969,424	877,963	86,266	5,195
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	86,579,872	78,411,431	7,704,461	463,980
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,846,486	8,427,635	399,696	19,155
9 Other employee benefits	9,130,790	8,521,468	565,933	43,389
10 Payroll taxes	3,998,966	3,508,440	458,314	32,212
11 Fees for services (non-employees)				
a 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)	6,641,487	2,861,252	2,775,246	1,004,989
12 Advertising and promotion				
13 Office expenses	1,051,284	653,629	396,527	1,128
14 Information technology	3,791,317	3,707,569	77,007	6,741
15 Royalties				
16 Occupancy	11,424,751	10,947,692	472,393	4,666
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	2,652,214	2,635,651	16,563	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,036,504	5,967,765	68,739	
23 Insurance	680,230	651,826	28,126	278
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD PROGRAM	5,573,750	5,573,750		

4,086,119

3,634,113

1,940,937

8,861,714

168,991,580

3,995,860

1,305,837

8,580,096

149,719,486

82,994

3,634,113

610,017

166,293

17,542,688

7,265

25,083

115,325

1,729,406

Form **990** (2018)

b EDUCATION MATERIALS

c CPS ADMINISTRATIVE FEE

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

d PROF DEVELOPMENT

e All other expenses

P	art X	Balance Sheet Check if Schedule O contains a response or not	te to ar	ov line in this Part IX			П
		eneck in Selectatic o contains a response of not	ic to ar	ly line in chis i dicize i	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			41,630,669	1	51,426,021
	2	Savings and temporary cash investments .		[34,335,381	2	34,739,309
	3	Pledges and grants receivable, net			931,857	3	790,364
	4	Accounts receivable, net	4,184,284	4	5,068,400		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L		5			
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ersons (as defined under 8(c)(3)(B), and of section 501(c)(9) estructions) Complete		6		
ssets	7	,					
As	8	Inventories for sale or use		<u> </u>	2.660.725	8	2.404.400
	9	Prepaid expenses and deferred charges			2,000,725	9	2,494,490
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	145,921,555			
	b	Less accumulated depreciation	10 b	39,788,852	108,200,133	10 c	106,132,703
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			7,014,514	15	4,108,697
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	198,957,563	16	204,759,984
	17	Accounts payable and accrued expenses			15,926,107	17	16,050,703
	18	Grants payable				18	
	19	Deferred revenue		2,194,758	19	2,599,120	
	20	Tax-exempt bond liabilities		36,735,931	20	35,920,537	
ý	21	Escrow or custodial account liability Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ge		persons Complete Part II of Schedule L				22	
\equiv	22	Cocured mortgages and notes navable to unrela	.+ad +b.	urd parties	36 073 180	22	35 905 251

23

24

25

26

27

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29

30

31 32

33

34

35,905,251

4.556.032

95.031.643

106,773,616

109,728,341

204,759,984

Form **990** (2018)

2,954,725

36,073,189

4,788,782

95.718.767

99.259.880

3,978,916

103,238,796

198,957,563

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

23

24

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

3b

Yes Form 990 (2018)

Additional Data

Software ID:

Software Version: EIN: 36-4241970

SCHOOL, WHICH OPENED IN 1999 THENETWORK PROVIDES A QUALITY EDUCATION TO ENABLE THE LOW-INCOME POPULATION TO MAKE CHANGES TO IMPROVE THEIR

Name: NOBLE NETWORK OF CHARTER SCHOOLS

Form 990 (2018)

LIVES THE NETWORK SERVED 12,339 STUDENTS IN 2019

Form 990, Part III, Line 4a:
THE NOBLE NETWORK OF CHARTER SCHOOLS WAS ESTABLISHED FOR THE PURPOSE OF REPLICATING THE NATIONALLY RECOGNIZED NOBLE STREET CHARTER HIGH

OPENED IN 2010, NOBLE DAY CARE, L3C (NDC) PROVIDES AN ENRICHING EDUCATIONAL EXPERIENCE TO THE APPROXIMATELY 60 CHILDREN ENROLLED IN THE PROGRAM NDC'S EDUCATIONAL MODEL FOLLOWS A BALANCED APPROACH OF FREE EXPLORATION, NATURAL ENVIRONMENT LEARNING WITH GUIDANCE, AND BUILT-IN STRUCTURED ACTIVITIES QUALIFIED TEACHERS PROVIDE A SET CURRICULUM AND PREPARE ASSESSMENTS TO ENSURE THE CHILDREN ARE MEETING DEVELOPMENTAL GOALS THROUGH THEIR LEARNING, NDC IS ALSO AN APPROVED SITE FOR NOBLE NETWORK OF CHARTER SCHOOLS' STUDENTS WHO CAN EARN VOLUNTERS HOURS FOR

Form 990, Part III, Line 4b:

PARTICIPATING IN NDC ACTIVITIES AND HELPING OUT AROUND THE FACILITY

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

	formulated		u un		717 (1	usccc)		(14/ 3/4000	(14/ 2/1000	I to the chief
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JENNIFER WILSON BOARD CHAIRMAN	15 00 1 00	×		x				0	0	0
JOHN BUTLER DIRECTOR	2 00	X						0	0	0
HARRIETTE COLEMAN DIRECTOR	1 00	1 1						0	0	0
GUY COMER DIRECTOR	2 00	×						0	0	0
KATE GILLIGAN	1 00						\Box	0	0	0

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DIRECTOR
GUY COMER
DIRECTOR
KATE GILLIGAN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SUSAN POSER

MIQUEL LEWIS

HARVEY MEDVIN

ANNE MUELLER

NANCY GOLDER NORTHRIP

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

DAVID WEINBERG

CONSTANCE JONES

ALEJANDRO RAMIREZ

TREASURER & CFO

LUCAS GREER

BOARD CLERK

CEO- TERM

MICHAEL MILKIE

DIRECTOR

CEO

	ally floats	""	u un	CCCC	J1 / C1	usice,	,	(14 2 (4 0 0 0	(14, 5/4,000	monn the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TROY RATLIFF	1 00	x						0	0	0
DIRECTOR	0 10	l '''							3	
JONATHAN REINSDORF DIRECTOR	1 00	×						0	0	0
JOHN ROWE	10 00	Х						0	0	0
DIRECTOR										
	2.00	i	ı	1	1	1	ı	I		

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0

4.407

403

18,249

0

222,295

173,750

18,939

255,178

		I X			I .	1 1)	
DIRECTOR							
JOHN ROWE	10 00	l 🗸				0	
DIRECTOR		^					
BARBARA SPEER	2 00					0	
DIRECTOR		, ,				,	
STEVE SULLIVAN	5 00	×					
DIRECTOR		_ ^					
DAVID WEINBERG	10 00						

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40 00

40 00

0 40 40 00

0 20 40 00

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

	6,						'	(11) 2(1000	(14) 2/4 200		
	for related organizations below dotted line)		Institutional Trustee	10	13	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ELLEN METZ HEAD OF SCHOOLS	40 00				×			198,039	0	12,114	
TYSON KANE HEAD OF SCHOOLS-TERM	40 00				×			169,122	0	4,802	
TRESSIE MCDONOUGH	40 00					х		182,097	0	4,287	

193,987

202,229

199,299

185,911

4,338

4,602

9,467

4,369

40 00

40 00

40 00

40 00

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HEAD OF SCHOOLS-TERM	
TRESSIE MCDONOUGH	
MANAGING DIRECTOR OF SCHOOLS	
JAMES TROUPIS	

CHIEF PEOPLE OFFICER

CHIEF OPERATING OFFICER

CHIEF ACADEMIC OFFICER

CHIEF COLLEGE OFFICER

MICHAEL MADDEN

MATTHEW NIKSCH

KYLE COLE

and Independent Contractors

etil	e GK	APHIC Pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493139006330
(For 9901	m 99 E Z)		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Forms www.irs.gov/Forms	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2018 Open to Public
iterns	1 Rever	f the Treasury nue Service		₽ G 0 t0	www.irs.gov/Foriiis	990 for the late	est information		Inspection
OBLE	e of ti	he organiza ORK OF CHAR	TION TER SCHOOLS					Employer identific	cation number
Pa	rt I	Reason	for Public (harity Stat	us (All organization	s must comple	te this part.) S	36-4241970 See instructions.	
ne c	rganız				e it is (For lines 1 thro				
1		A church, c	onvention of o	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	✓	A school de	scribed in se c	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperativ	ve hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's
5		-	ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in section 170
6		A federal, s	state, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7		section 17	'0(b)(1)(A)(vi). (Complete			-	ınıt or from the gener	al public described in
8		A communi	ty trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
.0		from activit	ies related to income and u	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	See section 509	(a)(4).	
2		more public	cly supported	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sar and C.				
С					supporting organizatio ions) You must com				ated with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	 d. A supporting organ n generally must satis rt IV, Sections A and 	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations	megrated supporting	organization			
g	Provi	de the follow	ing informatio	on about the su	upported organization(s)			
	(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
ota	1								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	<u>.</u> 5F :	 Schedule A (Form 9	90 or 990-EZ) 2018

and income from similar sources

the business is regularly carried on Other income Do not include gain

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

or loss from the sale of capital

assets (Explain in Part VI) Total support. Add lines 7

through 10

organization

instructions

supported organization

Net income from unrelated business activities, whether or not

10

11

Page 2

34,326

2,459,220

774,722,298

55,780,196

99 230 %

99 290 %

▶Ⅵ

▶□

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	130,103,303	154,853,833	144,934,891	158,354,145	160,895,506	749,141,678
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	4,283,791	4,818,948	4,514,170	3,831,093	4,099,271	21,547,273
4	Total. Add lines 1 through 3	134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						1,914,264

3	The value of services or facilities furnished by a governmental unit to the organization without charge	4,283,791	4,818,948	4,514,170	3,831,093	4,099,271	21,547,273
4	Total. Add lines 1 through 3	134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,914,264
6	Public support. Subtract line 5 from line 4						768,774,687
- 1	Section B. Total Support						

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) Public support. Subtract line 5						1,914,264
ľ	from line 4						768,774,687
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951

283,783

13 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,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

517,587

5	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) Public support. Subtract line 5						1,914,264 768,774,687
	from line 4						7 00,77 1,007
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951
۰	Gross income from interest						

6	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) Public support. Subtract line 5 from line 4						1,914,264 768,774,687
:	Section B. Total Support		<u>'</u>		'		
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7		134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951
8	Gross income from interest.						

5	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,914,264 768,774,687
5	Section B. Total Support				_		
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	134,387,094	159,672,781	149,449,061	162,185,238	164,994,777	770,688,951
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	256	208,332	182,556	107,955	1,040,702	1,539,801

33,233

294,722

1,093

224,261

1,138,867

Schedule A (Form 990 or 990-EZ) 2018

12

14

15

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 20/ 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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)? 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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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	11 c		
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.	1		
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	2		
	organization	-		
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		
_	<u> </u>			
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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	Parent of Supported Organizations Answer (a) and (b) below.	_		
	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 exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6			
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.						
	Section A - Adjusted Net Income (A) Prior 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					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see			

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

Software Version: **EIN:** 36-4241970

Name: NOBLE NETWORK OF CHARTER SCHOOLS

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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

SCHEDULE C

(Form 990 or 990-

EZ)

2

5

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493139006330

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on 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" on 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) 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 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

REVENUES

PART II-B, LINE 1

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	,)	(b)	
activii	· · · · · · · · · · · · · · · · · · ·	Yes	No	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				_
а	Volunteers?		No	1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1	
С	Media advertisements?		No	1	
d	Mailings to members, legislators, or the public?		No	<u> </u>	
е	Publications, or published or broadcast statements?		No	Ī	
f	Grants to other organizations for lobbying purposes?		No	Ī	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	ĺ .	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	ſ	
i	Other activities?	Yes		2	21,000
j	Total Add lines 1c through 1i				21,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	No	ſ	
b	If "Yes," enter the amount of any tax incurred under section 4912	\neg		1	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ	1 1	1	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ļ	1 7	ĺ	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n	
	501(c)(6).				
ı			_		No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,			(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		Ī		
a	Current year	2a	<u> </u>		
b	Carryover from last year	2b			
С	Total	2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	<u></u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				_
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	A, lines 1	and 2 (see	_

Explanation

THE ORGANIZATION ENGAGED THE SERVICES OF A LEGAL FIRM TO PROVIDE ADVICE RELATING TO PROPOSED STATE LEGISLATION DIRECTLY AFFECTING THE ORGANIZATION AND ITS PROGRAM SERVICE

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

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493139006330 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

NOE	BLE NETWORK OF CHARTER SCHOOLS				36-4	4241970	
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye						
	Complete if the organization answered Te			sed funds		(b)Funds and other accounts	_
L	ital number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						_
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised	funds are the	— о
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						o
Pa	t II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Fori	n 990), Part IV, line 7.	
L	Purpose(s) of conservation easements held by the organ	nization (check all	hat a	oply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	histor	rically important land area	
	Protection of natural habitat			Preservation of a	certifie	ed historic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a	qualified conservat	ion co	ntribution in the fo	rm of a	a conservation	
	easement on the last day of the tax year Total number of conservation easements				l a- 1	Held at the End of the Year	
a L	Total acreage restricted by conservation easements				2a 2b		_
b	· ·	c structure include	dın (a	1	2c		_
c d							
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	d, or terminated by	the or	ganization during the	
1	Number of states where property subject to conservation	n easement is loca	ted ►			_	
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds	ne periodic monitor 5?	ing, ir	spection, handling	of viola	ations,	
5	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	iolatio	ns, and enforcing c	onserv	vation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, a	nd enforcing conser	vation	easements during the year	
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(\parallel)?	above satisfy the	requir	ements of section 1	70(h)((4)(B)(ı) ☐ Y es ☐ N o	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	s ın ıt: ganıza	revenue and expe tion's financial state	nse sta ements	atement, and s that describes	
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Si	milar Assets.	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not t public exhibition, e	o repo	ort in its revenue sta ion, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to re	port ır	ıts revenue staten			
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
	i)Assets included in Form 990, Part X					·	
2 '	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				incial g	gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1	(555)	9			▶ \$	
	Assets included in Form 990, Part X					• 	

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, Hi	istori	cal T	reasu	res, o	r Other	Similar As	sets (cont	ınued)	
3		ng the organization's acq ns (check all that apply)	uisition, accession	n, and other	records, o	check a	any of	the fo	llowing	that are a	significant u	se of its col	lection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Other						
С		Preservation for future	e generations											
4		vide a description of the c	organization's col	ections and	explain h	ow the	y furtl	ner the	organi	zation's ex	kempt purpos	se in		
5		ing the year, did the orga ets to be sold to raise fur									ılar	☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990	, Part	IV, lıı	ne 9, o	r reporte	ed an amou	nt on Forn	n 990,	Part
1a		he organization an agent uded on Form 990, Part)		an or other	intermedia	ary for	contri	butions	s or oth	er assets	not	☐ Yes	□ N	o
ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the foll	owina	table				Ar	nount		_
С		inning balance		'		,				1c				_
d	Add	litions during the year								1d				_
е	Dist	ributions during the year	-							1e				_
f	End	ıng balance								1f				_
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2	1, for (escrov	or cu	stodial a	account lia	bility?	Yes	□ N	0
		res," explain the arrange										_		
	rt V	Endowment Fund												
			· · · · · · · · · · · · · · · · · · ·	(a)Curren			nor yea				(d)Three year		Four year	rs back
1a	Begir	nning of year balance .												
b	Conti	ributions												
c	Net i	nvestment earnings, gair	ns, and losses											
d	Gran	ts or scholarships												
е		r expenditures for facilitie programs	es											
f	Admı	nistrative expenses .												
g	End o	of year balance												
2	Pro	vide the estimated percei	ntage of the curre	nt year end	l balance ((line 1g	g, colu	mn (a)) held a	ıs				
а	Boa	rd designated or quasi-e	ndowment 🟲											
b	Per	manent endowment 🕨												
c	Ten	nporarily restricted endov	wment ▶											
		percentages on lines 2a		· ·										
3а		there endowment funds anization by	not in the posses	sion of the o	organizatio	on that	are h	eld and	d admın	istered fo	r the		Yes	No
	(i)	unrelated organizations					•					3a(i)		
		related organizations .										3a(ii)		
b ₄		res" on 3a(II), are the rel	_					· ·				3b		
4		cribe in Part XIII the inte			n s endow	ment f	unas							
rel	rt VI	Land, Buildings, Complete if the org			" on Forn	n 990	, Part	IV. lu	ne 11a	. See Foi	m 990. Par	t X, line 1	0.	
	Desc	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost o						lepreciation		ook valu	e
1a	Land						6.42	23,651					f	5,423,651
	Build							09,877			4,950,623			5,059,254
		ehold improvements					•	50,498			25,191,670			7,358,828
		oment						31,944			7.678.709			1.303.235

3,955,585

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

1,987,735

106,132,703

1,967,850

Part VII Investments—Other Securities. Complete if the organ	nization ans	swered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book	(c) Method of valuation Cost or end-of-year market value
	value	
(1) Financial derivatives	-	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99		
(a) Description of investment (b)) Book value	e (c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990 F	Part IV line 11d. See Form 900. Part V line 15
(a) Description	110//// 250,1	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere	d 'Yes' on F	· · · · · · · · ▶ Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b)	Book value
(1) Federal income taxes		
DEFERRED RENT DEFERRED LEASE INCENTIVE		2,631,924 1,924,108
(3)		
(4)		
(5)		
(6)	1	
(7)	+	
(8)	+	
(9)	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	4,556,032
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che		

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Rev zation answered 'Yes' on Form 990, Part IV, line 12a.	enue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties 2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		. 3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
С	Add lines 4a and 4b		. 4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Statements With Ex zation answered 'Yes' on Form 990, Part IV, line 12a.	penses per Retur	n.
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines : 2d and 4b Also complete this part to provide any additional i		e 4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

chedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 36-4241970

Name: NOBLE NETWORK OF CHARTER SCHOOLS

MANAGEMENT HAS DETERMINED THAT THE SCHOOL WAS NOT REQUIRED TO RECORD A LIABILITY RELATED T

Supplemental Information

a promoneur amor mation					
Return Reference	Explanation				
PART X, LINE 2	THE SCHOOL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED T HAT THE SCHOOL IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE THE SCHOOL HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND				

O UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493139006330 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990-EZ) (2018)

SCHEDULE G
(Form 990 or 990-EZ)

As Filed Data
Supplemental Info

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

DLN: 93493139006330 OMB No 1545-0047

Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 99	90 or 990-EZ) 2018					Page :
L	Does the orga	nization conduct gamin	g activities with nonmember	rs?		☐Yes	✓ No
		ation a grantor, benefic minister charitable gamii		a member of a partnership or other er	ntity	□ Yes	
	Indicate the p	ercentage of gaming ac	vity conducted in			- 133	
a	The organizati	ion's facility			13a		9/
b	An outside fac	cility			13b		100 000 %
	Enter the nam	ne and address of the pe	rson who prepares the orga	anization's gaming/special events book	ks and records		
	Name ►	ALEJANDRO RAMIREZ					
	Address ►	1 NORTH STATE STRE CHICAGO, IL 60602					
а	_	nization have a contrac	: with a third party from wh	om the organization receives gaming			
_	revenue?					☐ Yes	☑ No
0				ganization 🕨 \$	_ and the		
			y the third party ► \$				
2	If "Yes," enter	r name and address of t	ne third party				
	Name ►						
	Address ►						
	Gamıng mana	ger information					
	Name ►	ALEJANDRO RAMIREZ					
	Gaming mana	ger compensation > \$					
	Description of	services provided > 0	OVERALL FINANCIAL OVERS	SIGHT OF ALL ACTIVITIES OF THE ORG	GANIZATION		
	☑ Director/d	officer	☐ Employee	☐ Independent contracto	or		
	Mandatory dis	stributions					
3	Is the organiz	ation required under sta	te law to make charitable d	distributions from the gaming proceeds	s to	_	
L		te gaming license?				☐ Yes	⊻ No
J		· ·	uired under state law distrib vities during the tax year 🟲	outed to other exempt organizations or • • •	spent		
a	rt IV Supp	lemental Informati	on. Provide the explana	tions required by Part I, line 2b, oblicable. Also provide any addition			
	Return	n Reference		Explanation			
_					Schodulo C /E	000 or	990-F7) 2018

DLN: 93493139006330 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NOBLE NETWORK OF CHARTER SCHOOLS 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 1 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" on 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2
			als. Complete if the orga	anization answered "Yes"	s" on Form 990, Part IV, line 22	
(a) Type of grant or a		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS		677	3,091,622			
(2)						
(3)						
(4)	1					
(5)						
(6)	1					
(7)	,			1		
Part IV Supplemen	ntal Information	on. Provide the info	ormation required in I	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanation	ion				
SCHEDULE I PART I #2	CRITERIA -	- APPLICANTS MUST HA	HAVE A 2 0 MINIMUM CUN	JMULATIVE GPA RECIPIE	IENTS WILL BE CHOSEN BASED UP	, A STUDENT MUST COMPLETE AN APPLICATION PON A DISPLAY OF VALUES FOUND CONSISTENT D WORK AND GETTING EXTRA HELP TO ACHIEVE

SCHOLARSHIP WILL BE BASED ON NEED AND AVAILABLE FUNDS

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

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	19313	39006	330
Sch	edule J	Comp	ensat	ion Information	OM	1B No	1545-0	0047
(For	n 990)	For certain Officers, Di						
		► Complete if the organizat	Compensation answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	18	₹
_			▶ Attach	to Form 990.		Open to Public		
								n
	me of the organiza BLE NETWORK OF CH				Employer identificat	ion nu	ımber	
NOE	SLE NETWORK OF CE	ARTER SCHOOLS			36-4241970			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provi ection A, line 1a Complete Part III to						
		or charter travel		Housing allowance or residence for p				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	H	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	reur, cner)			
b		kes in line 1a are checked, did the orga Il of the expenses described above? If			ent or reimbursement	1b		
2		tion require substantiation prior to rei es, officers, including the CEO/Executi			1-2	2		
	directors, truste	es, officers, including the CEO/Executi	ve Directo	r, regarding the items checked in line	lar			
3		f any, of the following the filing organ			e			
	_	EO/Executive Director Check all that a d organization to establish compensat		,	n Part III			
				Markey and a second				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensation	ion committee			
4		did any person listed on Form 990, Pa	art VII Se					
•	related organiza		11 C VII, 5C	ction A, interfat, with respect to the fi	ing organization of a			
а	Receive a sever	ance payment or change-of-control pa	yment?			4a		No
b	Participate in, o	receive payment from, a supplement	al nonqual	ıfıed retırement plan?		4b		No
С	•	receive payment from, an equity-bas	•	-		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provi	de the app	plicable amounts for each item in Part	III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organ	nizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, lir		•				
	compensation c	ontingent on the revenues of						
а	The organization	17				5a	Yes	
b	Any related orga					5b		No
_	-	5a or 5b, describe in Part III		L I.				
6		ed on Form 990, Part VII, Section A, Iir ontingent on the net earnings of	ie 1a, did	tne organization pay or accrue any				
a	The organization					6a		No
Ь	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	للسياسة	the every water and a second	ı			
7		ed on Form 990, Part VII, Section A, lir escribed in lines 5 and 67 If "Yes," des			ı	7		No
8		nts reported on Form 990, Part VII, pa itial contract exception described in Re			escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the i	ebuttable	presumption procedure described in	Regulations section	9		140
For I	Danerwork Bedu	ction Act Notice, see the Instruction	ns for Fo	orm 990 Cat No. 5	0053T Schedule 1	(Forn	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+		-	
1							
			1				

chedule J (Form 990) 2018 Page 3						
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					

SUCCESSFUL EXECUTION OF CERTAIN FINANCING AGREEMENTS

Additional Data	а							
			Software ID:					
			Software Version:					
			EIN:	36-4241970				
			Name:	NOBLE NETWORK O	F CHARTER SCHOOLS			
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Ko (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISO				Highest Compensate	d Employees (D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
CONSTANCE JONES	(1)	212,295	10,000	0	4,000	407	226,702	0
	(11)	0	0	0	0	0	0	0
ALEJANDRO RAMIREZ TREASURER & CFO	(1)	148,500	25,250	0	0	403	174,153	0

16,154

11,771

4,523

4,000

4,000

4,000

4,000

4,000

2,095

343

279

287

338

602

5,467

369

273,427

210,153

173,924

186,384

198,325

206,831

208,766

190,280

	(~)	IVali	10	anu	TICIC	
CO CE		ANCE	JC	NES		

MICHAEL MILKIE

HEAD OF SCHOOLS

HEAD OF SCHOOLS-TERM

TRESSIE MCDONOUGH

MANAGING DIRECTOR OF

CHIEF PEOPLE OFFICER

CHIEF OPERATING OFFICER

CHIEF ACADEMIC OFFICER

CHIEF COLLEGE OFFICER

CEO- TERM

ELLEN METZ

TYSON KANE

SCHOOLS

JAMES TROUPIS

MICHAEL MADDEN

MATTHEW NIKSCH

KYLE COLE

(11) (1)

(11)

(1)

(11)

(1)

(1)

(11)

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(II)

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(1)

(II)

(ı)

(II)

233,278

160,039

134,122

143,097

174,941

192,704

190,139

177,156

21,900

38,000

35,000

39,000

19,046

9,525

9,160

8,755

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No	te: To capture the full conte		ent, please sele	ct landscape mode	(11" x 8.	5") wł	hen p	printing.						
	hedule K	Sui	pplemental	Information o	n Tax-E	xem	pt E	Bonds					1545-00	
(F	orm 990)		e organization ans	wered "Yes" to Form	990, Part \	/I, line	24a. I		criptions,			2(18	
Dani	explanations, and any additional information in Part VI. Partment of the Treasury Attach to Form 990.												to Public	
Inte	rnal Revenue Service		▶Go to <u>www</u> .	irs.gov/Form990 for		nforma	ition.					Ins	pection	•
	ne of the organization BLE NETWORK OF CHARTER SCHOO	DLS								'	•	tification n	ımber	
										36-42	41970			
Pa	Bond Issues	(1) 7	() QUOTD "	1 (1) 5 :				(0.5		1, 15		41.0		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice		(f) Description	on of purpose	(g) De	feased	(h) Or behalf o	,	i) Pool nancing
												ıssuer		
_	ILLINOIS FINANCE AUTHORITY	86-1091967	45203ACF2	10-24-2013	10.0	02 020	IEA C	CEDIEC 2012	- RENOVATIO	Yes	No X		No Yes	S No X
Α	ILLINOIS FINANCE AUTHORITY	86-1031367	45203ACF2	10-24-2013	19,9	03,620	IIFA S	SEKIES 2013	- KENOVATIO		^		^	^
В	ILLINOIS FINANCE AUTHORITY	86-1091967	45203ACGD	04-28-2015	21,4	95,226		SERIES 2015 JNDING	- ADVANCE		Х		X	X
Pa	art II Proceeds													
						4		В		С			D	
1	Amount of bonds retired													
2	Amount of bonds legally defease													
3	Total proceeds of issue					19,906	5,561		21,617,661					
4	Gross proceeds in reserve funds				2,010,360 1,682,797									
5	Capitalized interest from procee				1,669,579									
6	Proceeds in refunding escrows .													
7	Issuance costs from proceeds .				398,076 429,905									
8	Credit enhancement from proced													
9	Working capital expenditures fro													
10	Capital expenditures from proce					17,838	3,905							
11	Other spent proceeds								21,187,756					
12	Other unspent proceeds													
13	Year of substantial completion .					16		20:						
					Yes	No	-	Yes	No	Yes	No	Y	es	No
14	Were the bonds issued as part o					Х			Х					
15	Were the bonds issued as part of					Х		Х						
16	Has the final allocation of procee	eds been made? .			X			X						
17 Does the organization maintain adequate books and records to support the final allocation of				Х			х							
D	proceeds?													
	Fill ate business 03					<u> </u>		В	1	C			D	
					Yes	No	,	Yes	No	Yes	No	Y	es	No
1	Was the organization a partner financed by tax-exempt bonds?					Х			Х					
2	Are there any lease arrangemen property?	nts that may result in	private business us			Х			Х					
Ear	Panerwork Reduction Act Notice	re see the Instruct	tions for Form 990		C-31	No 50	01935	:			C.	chedule K	(Form 9	90\ 2018

За

ь

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Х

Χ

Χ

Χ

C

No

Yes

Yes

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No

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Yes

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Χ

Χ

No

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Yes

Χ

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No

Yes

Yes Are

Are there any management or service contracts that may result in private business use of bond-financed property?
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?
Are there any research agreements that may result in private business use of bond-financed property?

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Term of hedge Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

			4
		Yes	No
ā	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х

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

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART II, LINE 3,

COLUMN A - TOTAL PROCEEDS OF

Schedule K (Form 990) 2018

period?

Part V

Part VI

ISSUE

	Yes	No
a guaranteed investment contract		Х

В

Nο

Explanation

INCLUDES \$19,903,820 OF SALES PROCEEDS PLUS \$2,741 OF INVESTMENT EARNINGS AND \$2,010,360 IN RESERVE FUNDS DERIVED FROM NON-SALE

Χ

PROCEEDS PROJECT COMPLETED 2016 ALL FUNDS DRAWN-DOWN AND APPLIED AGAINST CAPITAL EXPENDITURES

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Yes

Х

No

Х

Х

Yes

Yes

No

No

Yes

Nο

Page 3

No

Nο

D

Yes

Yes

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN B - TOTAL PROCEEDS DF ISSUE	INCLUDES \$21,495,226 OF SALE PROCEEDS PLUS \$122,435 OF INVESTMENT EARNINGS AND \$1,682,797 IN RESERVE FUNDS DERIVED FROM NON-SALE PROCEEDS

 \sim

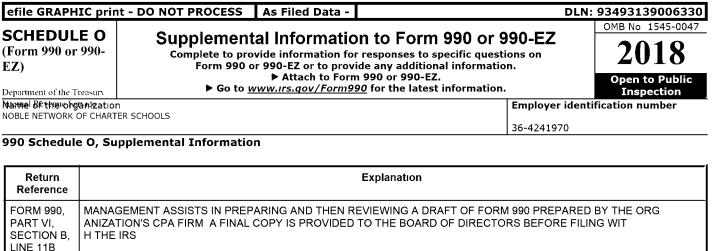
Return Reference	Explanation
SCHEDULE K, PART II, LINE	\$21,062,321 OF 2015 TAX-EXEMPT BOND PROCEEDS PLUS \$122,435 OF INVESTMENT EARNINGS USED TO
11, COLUMN B - OTHER SPENT	ADVANCE REFUND THE 2006 SERIES AND 2007 SERIES PRIOR ISSUES OF TAX-EXEMPT BONDS, WITH FINAL
PROCEEDS	REFUNDING IN SEPTEMBER 2017

Return Reference	Explanation
	SUMMARY OF REBATE DETERMINATION ISSUED 10/24/2018 CONCLUDED A REBATE AMOUNT OF \$0 NEXT REBATE CALCULATION DUE ON 10/24/2023

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493139006330 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 30,293 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)



Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,	THIS POLICY REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTER
PART VI,	ESTS THAT COULD GIVE RISE TO CONFLICTS NOBLE NETWORK OF CHARTER SCHOOLS ENFORCES AND MONI
SECTION B,	TORS ITS COMPLIANCE BY REVIEWING DISCLOSURE STATEMENTS REGULARLY AND REQUIRES ALL PARTIES

LINE 12C TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR.

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, PART VI, SECTION C.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493139006330 OMB No 1545-0047

> Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number NOBLE NETWORK OF CHARTER SCHOOLS 36-4241970 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) NOBLE DAY CARE L3C DAY CARE ΙL 748,069 161,715 NOBLE NETWORK OF CHARTER 1333 W CHICAGO AVE SCHOOLS CHICAGO, IL 60642 26-3214132 (2) NOBLE MANAGEMENT LLC MANAGEMENT ΙL 3,686,675 NOBLE NETWORK OF CHARTER 1 N STATE ST 7TH FL SCHOOLS CHICAGO, IL 60602 36-4241970 (3) MANSUETO HIGH SCHOOL LLC SCHOOL ΙL 3,686,675 NOBLE MANAGEMENT LLC 1 N STATE ST 7TH FL CHICAGO, IL 60602 36-4241970 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) (b) (d) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) NOBLE NETWORK EDUCATION FOUNDATION TYPE 3 SUPPORTING ΙL 501(C)(3) 11C NOBLE NETWORK OF Yes 1 N STATE STREET 7TH FLOOR ORGANIZATION CHARTER SCHOOLS CHICAGO, IL 60602 32-0342169 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

one or more related organizations treated as a partnership du (a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, excluded fron tax under sections 512- 514)	d, total incom				(i) Code V-UI amount in I 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Per	V, lin-	e	(i) Section 5 (13) continuity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

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1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
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	1a		No				
h. Cift, grant, or capital contribution to related organization(c)	16		No				

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	1 b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) (g) Share of Share of end-of-year assets		(h) e of Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
										Schedul	e R (Forn	n 99	0) 2018	

