Form

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

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

Open to Public Inspection

OMB No. 1545-0047

•		interservice The organization may have to	1.2	Ť	roporting	roquironnoi	113.	Hispectio	11
		2011 calendar year, or tax year beginning	and	ending	15.5	1			
B c	theck if pplicable	C Name of organization			D Emp	ioyer iden	titicati	on number	
	Addres	55							
	Name change				1				
Initial returr Termi ated		Number and street (or P.O. box if mail is not delivered to street address) Room/suite				ohone num	ber		
	Ameno return Applica	City or town, state or country, and ZIP + 4	G Gross receipts \$ H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No						
	tion pendin	F Name and address of principal officer:							
	3v ove	empt status: 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	- ' '			d? Yes (see instruction	No
	Vebsit	•	(11001(110.)	01 021		oup exemp			13)
		•	ociation Other	∟ Year	of formation			ate of legal domici	le:
Governance	1	Briefly describe the organization's mission or most s	significant activities:						
erna	2	Check this box if the organization discont	tinued its operations or dispo	sed of mor	e than 25°	% of its ne	așset	S.	
3006		Number of voting members of the governing body (I					3		
8 8		Number of independent voting members of the government					4		
Activities &		Total number of individuals employed in calendar ye					5		
ctivi		Total number of volunteers (estimate if necessary) ~					6		
Ă		Total unrelated business revenue from Part VIII, colu Net unrelated business taxable income from Form 9		~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~		7a 7b		
		Net difference business taxable income from Form 7	70-1, 11110 34		Prior	Year		Current Year	
Ф	8				11101	roui		<u> </u>	
enn	9								
Revenue	10								
_	11								
	12								
	13						-		
(S	14 15								
Expenses	16a								
per	b		1						
û	17								
	18								
(0	19								
ts or				В	eginning of	Current Ye	ar	End of Year	
\sse Bala	20								
Net Assets or Fund Balances	21 22								
<u> u</u>	1 22	I							
Unde	er pena	Ities of perjury, I declare that I have examined this return, ii	ncluding accompanying schedule	s and staten	nents. and t	o the best o	f mv kno	owledge and belie	f. it is
		t, and complete. Declaration of preparer (other than officer							
Sian		Signature of officer				Date			
Sign Here		•							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN	
Paid	ı		-			if self-em	ployed		
Prep	oarer	Firm's name				Firm's EIN			
Use	Only	Firm's address							
						Phone no.			
								Voc	No

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

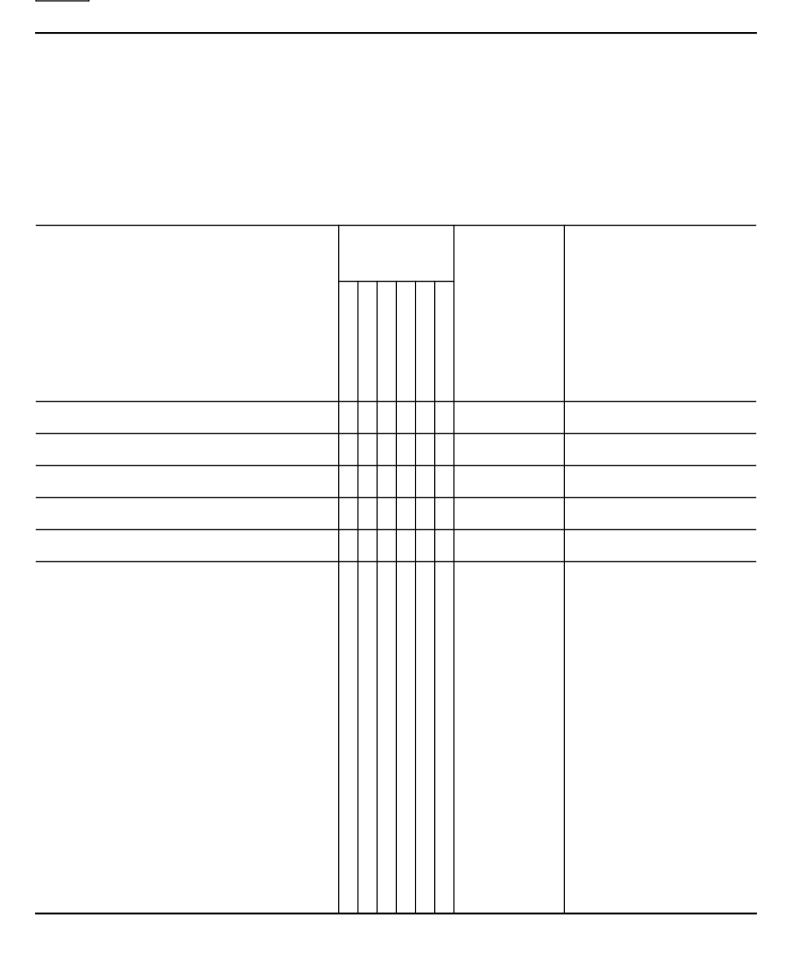
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~~~	9		X
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			X
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	10		21
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44	X	
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	11a		X
С	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	11b		X
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	11c		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	1
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12a 12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	v	X
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	complete Schedule G, Part III	19	X	v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b	000 /	<u> </u>

Form	990 (2011)		Pa	age
	(continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	If "Yes," complete Schedule L, Part II	26		
27				
	If "Yes," complete Schedule L, Part III	27		
28				
а	If "Yes," complete Schedule L, Part IV	28a		
b	If "Yes," complete Schedule L, Part IV	28b		
С				
	If "Yes," complete Schedule L, Part IV	28c		
29	If "Yes," complete Schedule M	29		
30	If "Yes," complete Schedule M	30		
31	If "Yes," complete Schedule N, Part I	31		
32	If "Yes," complete Schedule N, Part II	32		
33	If "Yes." complete Schedule R, Part I	33		
34	ii roo, complete concessions, restri	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35a		35a		
b	If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. If "Yes," complete Schedule R, Part V, line 2	36		
37	If "Yes," complete Schedule R, Part VI	37		
38	Note.	38		

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~~~ 1a 294			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~~ \leftarrow \leftarrow \rightarrow \rig			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~~ \begin{align*} \ 2a \end{align*} \qq \qq \q		47	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~ ~ ~ ~ ~ ~ ~ ~ ~	4a		X
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~~	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~ 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ \leftarrow \leftarrow \leftarrow \leftarrow \leftarrow \rightarrow \leftarrow \rightarrow \rightarro			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) ~~~~~~~~~~~ 11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	13a		
ᆈ	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	140		
14d L	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>14a</u> 14b		
D	II TES. Has it lieu a FUIII 720 to report these payments? "	140		

rm 9	90 (2011) For each "Yes" response to lines 2 through 7	b bolow, and for a "No		Page
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins		respor	ise
	Check if Schedule O contains a response to any question in this Part VI • • • • • • • • • • • • • • • • • •			
	VINAK I VARAMIC V MAININ II			
			Yes	No
a E	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ 1a			
	there are material differences in voting rights among members of the governing body, or if the governing			
b	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b E	inter the number of voting members included in line 1a, above, who are independent ~~~~~ \tag{1b}			
	Oid any officer, director, trustee, or key employee have a family relationship or a business relationship with a			
0	officer, director, trustee, or key employee?	~~~~~~ 2		
3 D	old the organization delegate control over management duties customarily performed by or under the direct	supervision		
0	of officers, directors, or trustees, or key employees to a management company or other person? \sim	~~~~~~ 3		
	old the prganizationationakeemiyosibmiliigamii dataagotisa, ocillatyoppinayda; jappinaisiga maaciidaaapasiopipoovaliaholipudig		<u>i41045642</u>	1500) Titanxa
	Did the organization become aware during the year of a significant diversion of the organization's assets? \sim			
	olid the organization have members or stockholders?		+	+
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint o			
	nore members of the governing body?		a	+
	are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol			
	persons other than the governing body?)	
	oid the organization contemporaneously document the meetings held or written actions undertaken during the year by the			
	374 Tm (~,60 634.5070Jte514.74 ove (persons other than the gover208.68 406.50 Tm (10) Tj1 4 454.4del	-	Г	ent duties
b		8		+
	If "Yes," provide the names and addresses in Schedule O			
	(This Section B requests information about policies not required by the Internal Revenue C		+	+
	(The section 2 requests intermedial about points of the required 2) the internal relations	.,	Voc	No
a D	olid the organization halocrovnt ptolderbmpo elders, ay olilegsets?	10		1100
	f "Yes, (Did the organization haor writtut policis, as, prre e its governiid ten avi duti4 4suher t ptolderay olile <u>c</u>			Tis ahmr
	Ties, (bla the organization had writter policis, as, pire ents governila ten avi dati 4 4 sanci i producia) olice	10		13, dbiiik
а		11		
b				
a D	Did the organization haaaor writtly doculers exportantaliopay@agetr"N9:\"gpteyline.43	12	а	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	cts? 12	b	
с С	Did the organizatiregulararis, ate sistlpoarimonits, a, aes inceent cliernangoverof tut poy?age If "Yes," des	cribe		
ir	n Schedule O how this was done	12	С	<u> </u>
D	oid the organization haaaor writtw4 ttleble powut poy?ts?	1	3	
		1	1	
а		15	а	
b		15	b	_
а				
		16	а	
b				
		116	b I	

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					1		
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(include		
section 401(k) and section 403(b) employer contributions)		
Total functional expenses.		
i otai iuliotionai expenses.		
Check here if following SOP 98-2 (ASC 958-720)		

				_
		(A)		(B)
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	3		3	
	4		4	
	5			
	١,		5	
	6			
S			6	
Assets	7		7	
As	8		8	
	9 10a		9	
	10a	<u>10a</u>		
	b		10c	
	11		11	
	12		12	
	13		13	
	14 15		14 15	
	16	Total assets.	16	
	17		17	
	18		18	
	19		19	
S	20 21		20 21	
Liabilities	22			
iabi				
			22	
	23		23	
	24		24	
	25			
			25	
	26	Total liabilities.	26	
		Organizations that follow SE2D 0 1 49.c Tm (25) PsInh.48 re B0.35 w 0.0 g 35 8.20 669.62 2I d356		
	27			
	28			
	29			
	30			
	31 32			
	33			
	34			

1 2 3 4 5			1 2 3 4 5		
1 2a				Yes	No
の					

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

а

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

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

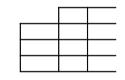
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 1 section 170(b)(1)(A)(i). 2 section 170(b)(1)(A)(ii). section 170(b)(1)(A)(iii). 3 section 170(b)(1)(A)(iii). 5 section 170(b)(1)(A)(iv). section 170(b)(1)(A)(v). 6 7 section 170(b)(1)(A)(vi). section 170(b)(1)(A)(vi). 8 9 section 509(a)(2). section 509(a)(4). 10 11 section 509(a)(3).

С

b



d.iv). a)(2).

(i)	(ii)	(iii)	(iv) (i)	(v)	(vi)	(vii)
				(i)	 (1)	
		(see instructions)				

Subtract line 5 from line 4.								
	<u> </u>	<u> </u>				<u> </u>		
					<u> </u>			

/F 000 000 F7				OMB No	1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Attach to	Form 990, Form 990-EZ, or Form 990-PF.			
Name of the organization			Emp	oloyer identifi	cation number
Organization type					
Filers of:	Section:				
		not			
Note.)(7),F)8),1 Gēmé(@a PRbe eorg	gar ிक्र da t & கி ச.boxeions fbothsee tm (Gen	eral Ruand am (Special Runue	e ie Instructiion.) Tj1
General Rule					
Special Rules					
				(1)	(2)
	excl	usively			
	exclusively				
	choluditoly	General Rule	exclusively		
				_	
Caution. must					

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization Emphdyleyeidedefitefiticationmbermber

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		_	Person Payroll Noncash
_			
_			
		_	

Employer identification number

I DEA PUBLI C SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE CARVER ACADEMY 217 ROBI NSON PLACE	\$ 2, 865, 000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01.5		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

I DEA PUBLI C SCHOOLS

IDLA	FUBLIC SCHOOLS		F- 2946339
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GREATER TEXAS FOUNDATION 6100 FOUNDATION PLACE DR BRYAN, TX 77807	\$125, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GEORGE W. BRACKENRI DGE FOUNDATI ON 119 TAYLOR ST. SAN ANTONI O, TX 78205	\$105, 000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CARNEGIE CORPORATION OF NEW YORK 437 MADI SON AVE FL 26 NEW YORK, NY 10022	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MAHLE FAMILY FOUNDATION 4608 PLEASANT AVENUE S MI NNEAPOLIS, MN 55419	\$40, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	GEN YOUTH FOUNDATION 10255 WEST HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018	\$35, 325	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	MI KE RHODES 1020 ALLEN VI EW DR NEW BRAUNFELS, TX 78132		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

Ty 358.2	2058.n.) (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

I DEA PUBLI C SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PETER HAYES		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

I DEA PUBLI C SCHOOLS

	FUDLI C SCHOOLS		4- 2946339
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ALONZO CANTU P. O. BOX 2673 MCALLEN, TX 78502- 2673	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	DOCTORS HOSPITAL AT RENAISSANCE 5501 S MCCOLL RD EDINBURG, TX 78539-9152	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	H- E- B DI STRI CT OFFI CE 2502 CORNERSTONE BLVD EDI NBURG, TX 78539-8461	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	LONE STAR NATIONAL BANK 520 E NOLANA AVE MCALLEN, TX 78504	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	PETER JENNINGS FOUNDATION 875 3RD AVE NEW YORK, NY 10022-6225	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	RIGNEY CONSTRUCTION & DER. LLC 413 DELIA AVE ALAMO, TX 78516- 3204	\$5, 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (d) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncasha)

Employer identification number

I DEA PUBLI C SCHOOLS

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	LAND AND BUILDING	_	
			02/23/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	FURNI TURE	_	
		13, 000.	01/18/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			90, 990-EZ, or 990-PF) (2011)

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

I DEA PUBLI C SCHOOLS

Employer identification number **74-2948339**

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year ~~~~~~~~~~		
2	Aggregate contributions to (during year) ~~~~~~		
3	Aggregate grants from (during year) ~~~~~~~		
4	Aggregate value at end of year ~~~~~~~		
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control? ~ ~ ~ ~ ~ ~ ~ ~ ~	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	0 0	3
	impermissible private benefit? • • • • • • • • • • • • • • • • • • •		
Par			
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~	
h	Total acreage restricted by conservation easements $\sim \sim \sim \sim$		
C	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		
u	listed in the National Register ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
3	Number of conservation easements modified, transferred, release		
Ü	year	isoa, extingaismoa, or terminated by th	o organization daring the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	·	
5	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)? $\sim \sim \sim$		
9	In Part XIV, describe how the organization reports conservation		
7		-	
	include, if applicable, the text of the footnote to the organizatio	ir s illialiciai statements that describes	the organization's accounting for
Par	conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or C	other Similar Assets
ı aı	Complete if the organization answered "Yes" to Form 99		Aller Sirillar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		mont and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhib	-	
	·		ince of public service, provide, in Fait XIV,
h	the text of the footnote to its financial statements that describe		t and balance shoot works of art, historical
D	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance or pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1 ~~~~~		
	(ii) Assets included in Form 990, Part X ~~~~~~~~~~~~~~		
2	If the organization received or held works of art, historical treas		ai gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1 ~~~~~~~		
b	Assets included in Form 990, Part X $\sim \sim $	~~~~~~~~~~~~~~~~~	-~- \$

	t III Organizations Maintaining Co	llections of A		torical Tr	easures d	or Other	Similar	Assets (continu	rage z ied)
3	Using the organization's acquisition, accession								
Ü	(check all that apply):	i, and other record	13, 01100	it diriy or tiro	ronoving tria	it are a sign	iiiodini us	o or its concenter in	.01113
а	Public exhibition	d	ı	Loan or exc	hange progra	ams			
b	Scholarly research	е			riarige progre				
C	Preservation for future generations	Č		Otrici					
4		ections and explai	n how th	hev further t	he organizati	on's evemi	nt nurnose	o in Part XIV	
5									
Ü	to be sold to raise funds rather than to be main							• Yes	No_
Par	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Part		010 1	5 0. gam.zam	anomorou		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X? ~~~~~~~~~~		-					~~ Yes	No
b	If "Yes," explain the arrangement in Part XIV ar								
	3		3					Amount	
С	Beginning balance ~~~~~~~~~~~	~~~~~~~	~ ~ ~ ~	~~~~~	~~~~~	~~~~	1c		
	Additions during the year ~~~~~~~~~						1d		
е	Distributions during the year ~~~~~~						1e		
f	Ending balance ~~~~~~~~~~~~						1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21? ~	~~~~~	~~~~~	~ ~ ~ ~ ~ ~	~~~~	~ ~ Yes	No
	If "Yes." explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete if t	he organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three year	rs back (e) Four ye	ars back
1a	Beginning of year balance ~~~~~								
b	Contributions ~~~~~~~~								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships ~~~~~~								
е	Other expenditures for facilities								
	and programs ~~~~~~~~								
f	Administrative expenses ~~~~~~								
g	End of year balance ~~~~~~								
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	nd administe	red for the	organizat		
	by:							Y (es No
	(i) unrelated organizations \sim \sim \sim \sim \sim \sim \sim \sim						- ~ ~ ~ ~ ~	~ ~ ~ ~ 3a(i)	
	(ii) related organizations $\sim \sim \sim$						- ~ ~ ~ ~ ~	~ ~ ~ ~ <u>3a(ii)</u>	
b	If "Yes" to 3a(ii), are the related organizations I				~~~~~	~ ~ ~ ~ ~ ~	- ~ ~ ~ ~ ~	~~~ 3b	
4	Describe in Part XIV the intended uses of the c	•							
Par					-				
	Description of property	(a) Cost or o			or other		umulated	(d) Book v	alue
		basis (investr	nent)		(other) 3, 420.	aepre	eciation	10, 433,	120
	Land ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				2, 580.	0 59	29, 111		
	Buildings				2, 602.		38, 495		
	Leasehold improvements ~~~~~~~~~				7, 229.		20, 382		
	Equipment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				2, 312.		51, 337		
	Other • • • • • • • • • • • • • • • • • • •	ual Form 990 Part	X colu					129318	
TOTAL	. Aug lines to mitoudit te. (Soldinii (d) mast eq	J JJO, i alt	, Joiul	(<i>D</i>), iii lO	. ~ (~/./• • • •				

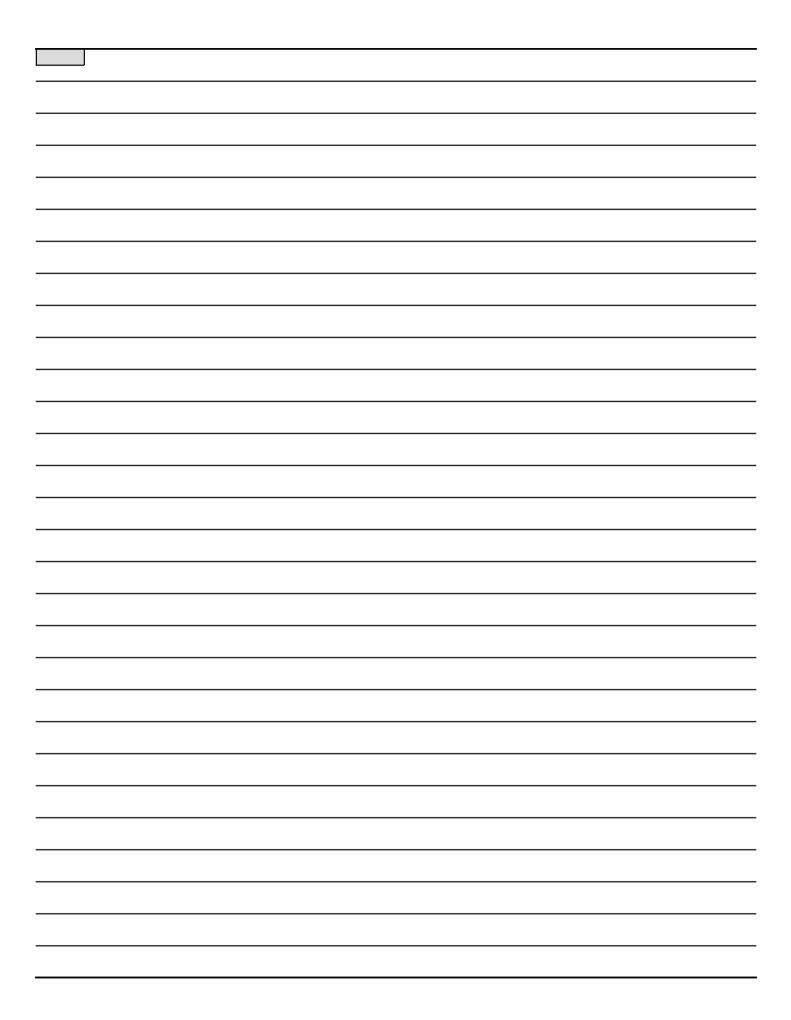
Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 I DEA PUBLI			74-	2948339 Page
Part VII Investments - Other Securities.	See Form 990, Part X, lin	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1) Financial derivatives ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~			
(2) Closely-held equity interests ~~~~~~~~~~~				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	. See Form 990, Part X. li	ne 13.		
(a) Description of investment type	(b) Book value	Со	(c) Method of valua st or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, I	ine 15.		i	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	line 1F \			
Total. (Column (b) must equal Form 990, Part X, col (B)		• • • • • • • • • • •	• • • • • • • •	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, IIne 25.	(b) Book value		
··· · · · · · · · · · · · · · · · · ·		(b) Book value	-	
(1) Federal income taxes (2) CAPITAL LEASES PAYABLE		1, 047, 794.		
(3) OTHER LIABILITIES		71, 744.		
(4)		, _, 		
(4)				
			-	

(6) (7) (8) (9) (10) (11)

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b	<u>2b</u>		
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е	2a 2d		2e
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	OMB No.	1545-004	17
Department of the Treasury Internal Revenue Service			



(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

required to complete this part.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

Open To Public Inspection

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. | See separate instructions Name of the organization Employer identification number

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations	e S	Solicitation of	non-g	overnment grants		
b Internet and email solicitations	f S	Solicitation of	goveri	nment grants		
c Phone solicitations	g S	Special fundra	iising 6	events		
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with any ind	dividual (inclu	ding of	fficers, directors, tru	stees or	
key employees listed in Form 990, Pa	art VII) or entity in connection	with profess	ional f	undraising services?	Yes	No
b If "Yes," list the ten highest paid indi	viduals or entities (fundraisers	s) pursuant to	agree	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
		(''')	D		(v) Amount noid	
(i) Name and address of individual	(ii) Activity	(iii) fundi have c	aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	itrol of utions?	from activity	fundraiser listed in col. (i)	to (or retained by) organization
		CONTIND	1110113:		listed in col. (i)	
		Yes	No			
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10a b					Yes No

	edule G (Form 990 or 990-F7) 2011			Page 3
	Does the organization operate gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	`	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
10	to administer charitable gaming? 		Yes	No
ıs a		13a		~ ~ ,CIIN I IMe
b		13b		
14				
1 E o		,	Yes	No
15a			163	NO
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а				
		`	Yes	No
b				
	Supplemental Information.			
				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 74-2948339 IDEA PUBLIC SCHOOLS Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed • • • • • • • • • • • (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government if applicable non-cash assistance or assistance cash grant non-cash FMV, appraisal, assistance other) PHARR- SAN JUAN- ALAMO INDEPENDENT SCHOOL DISTRICT - 601 E. KELLY -**PHARR, TX 78577** 74-6001876 501(C)(1) 0. FMV **IMPROVEMENTS** 581,861

		2

Note.

	(B)		(C)	(D)	(E)	(F)	
(A)	(i)	(ii)	(iii)				
,							
(i)							
_2 (ii)							
(i)							
_3 (ii)							
_ 4 (i)							
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_ 5 (ii)							
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SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

OMB No. 1545-0047

Open to Public

Inspection

explanations, and any additional information in Part VI. Attach to Form 990. See separate instructions.

Name of the organization Employer identification number Part I Bond Issues (b) Issuer EIN (c) CUSIP# (a) Defeased (h) On behalf (i) Pooled (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Proceeds Proceeds in refunding escrows ••••••••••••••••••••••• Yes No Yes Nο Yes No Yes Nο Were the bonds issued as part of a current refunding issue? • • • • • • • • • • • Were the bonds issued as part of an advance refunding issue? Has1 0 0 1 426.60 516.90 Tm (|) TiuTi1 0 0 1 52.2eeguad1 275.40 144.90 820.00 0. Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use 1 Yes Yes Nο Yes Nο Yes Nο Nο 2

SCHEDULE K Department of the Treasury Internal Revenue Service								OME	3 No. 154	45-0047	7
nternal Revenue Service											
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Does the organization maintain adequate books and records to	o support the final allocatio	on of proceeds?							<u> </u>		_
											—
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SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

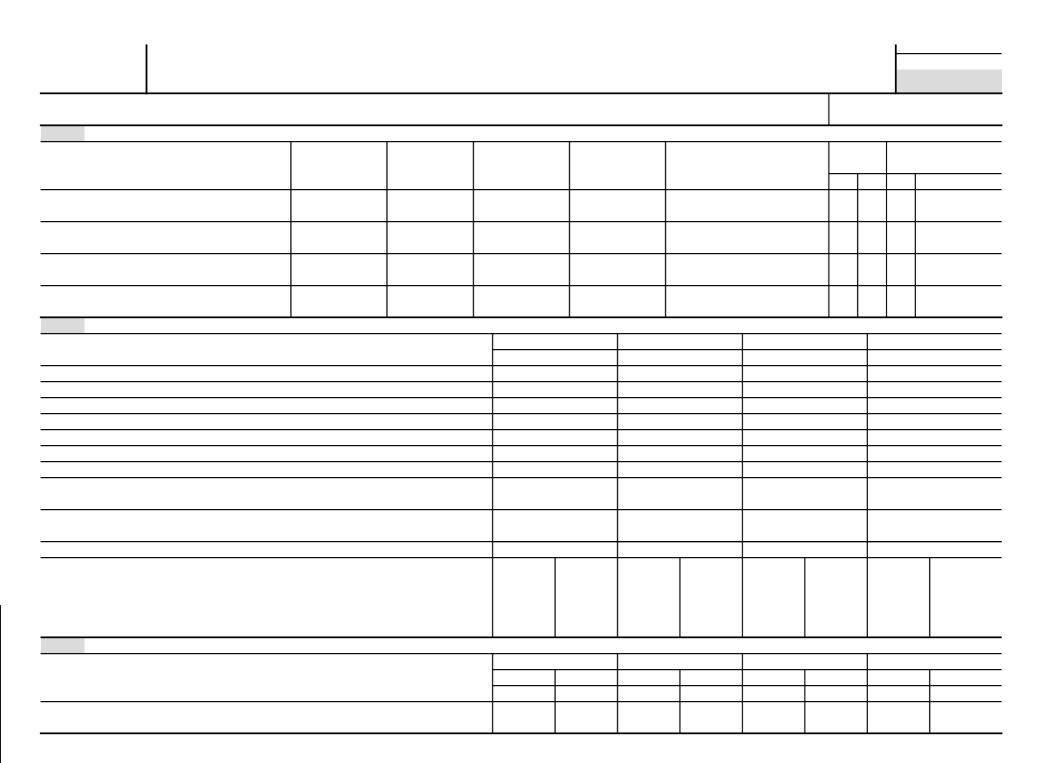
Attach to Form 990.

See separate instructions. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organization								Emp	oloyer i	dentif	icatio	n num	ber
Part I	Bond Issues	_												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #48	re (B10).35 w 0.0 g	30.60(ළ)j1 (0 0 1 pr4 25	2.2.3(27)468.90	Tm (Issueruer I	EIN) Tj(g)ODO	⊉f@#4€2l5	(4h o). Ofis:	b el oals suer	1(i)) O	1 p0 re B0.
									Yes	No	Yes	No	Yes	No
														
Α														
В														
С														
D			<u> </u>											
Part II	Proceeds					<u> </u>								
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	the organization maintain adequate books and records	s to support the final allocation	on of proceeds?											
	Private Business Use				_	1		<u> </u>						
1					A		В		}			P		
				Yes	No	Yes	No	Yes	No	+	Yes	-	No	
				I	1				ı	- 1		- 1		
2														



SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

nternal Revenue Service	Attach to Form 990.					See separate instructions.							Inspection							
									Emp	loyer	identif	icatio	n num	ıber						
Part I Bond Issues									•											
(a)	(b)	(c)	(0	d)	(e)		(f)		(g)		(h)		(i)							
								Yes	No_	Yes	_No_	Yes	_No_							
A																				
В			_									ļ								
С			+																	
D														ļ						
Part II Proceeds																				
				F	4		В	С				D								
123																				
2										_										
3																				
<u>4</u> 5																				
5										_										
6										_										
7 8																				
8																				
9 10										_										
10																				
11																				
12										_										
13					1					_		—								
				Yes	No					-		+								
14										-		+								
15 16										-		+								
10 17 Does the organization maintain adequate books ar	nd records to support the final all	ocation of proceeds?										+								
The Boos the Organization maintain adequate books are	ia records to support the final air	ocation of proceeds.					•	•												

SCHEDULE K (Form 990) Department of the Treasury

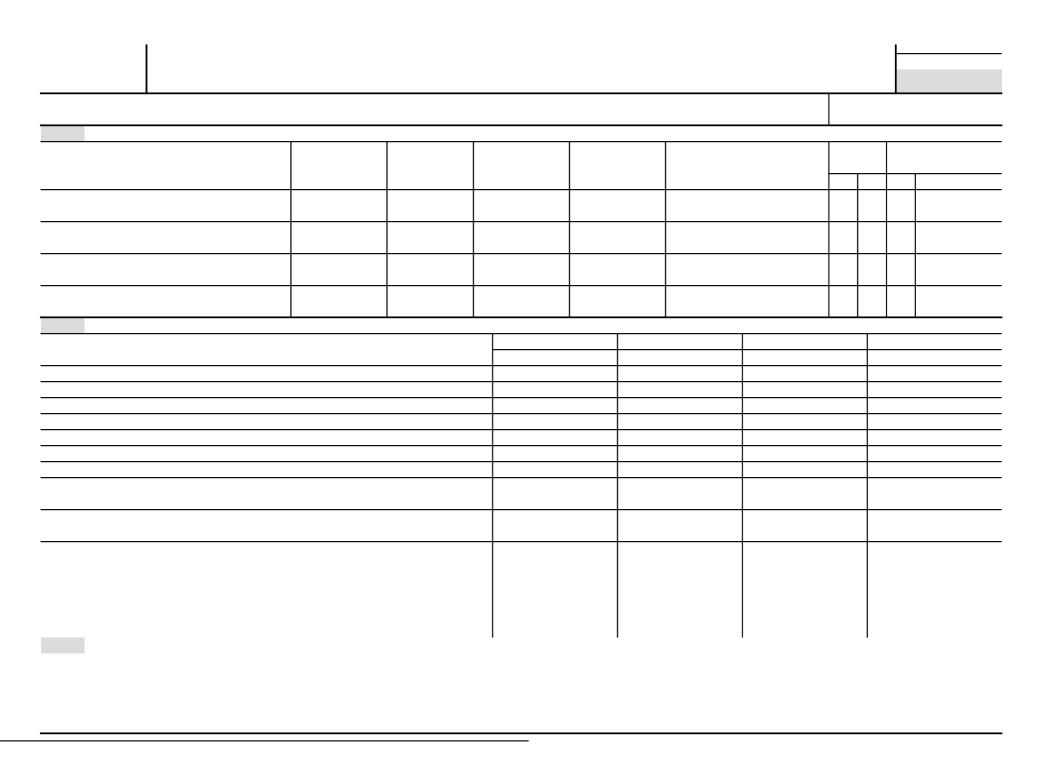
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

internal Revenue Service				Employer identification numb										
Part I Bond Issues (a)	(b)	(c)	(d)	(e)		(f)		(g)		(h)		(i)	
										Ι				
									Yes	No	Yes	No	Yes	<u>No</u>
A			_											
В														
Б														
С			-											
D														
Part II Proceeds														
1				A			В	С				D		
2														
3														
4										-				
										-				
										_				
										+				
										_		_		
										+		+		
Does the organization maintain adequate books	s and records to support the final allo	cation of proceeds?												
						1								
										-				
										+		+		



ENTITY 8

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Supplemental Information on Tax-Exempt Bonds

Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

| See separate instructions

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization Employer identification number 74-2948339 I DEA PUBLI C SCHOOLS Bond Issues Part I (c) CUSIP# (g) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes Nο Nο IDEA PUBLIC SCHOOLS (SER CONSTRUCTI ON/DEBT 74-2948339 187145BC0 11/17/11 14,130,000.**SERVI CE** Δ 2011) X X X Proceeds 14, 130, 000. 1, 899, 820. Proceeds in refunding escrows ••••••••••••••••••••••• 714, 073. 8, 010, 230. 3, 505, 877. 2012 Yes No Yes Nο Yes No Yes Nο X Were the bonds issued as part of a current refunding issue? • • • • • • • • • • • • Were the bonds issued as part of an advance refunding issue? • • • • • • • • • • • X Does the organization maintain adequate books and records to support the final allocation of proceeds? • • • • Part III Private Business Use Was the organization a partner in a partnership, or a member of an LLC Yes Yes Nο Yes Nο Yes No Nο X 2 Are there any lease arrangements that may result in private business use of X

Part III Private Business Use (Continued)									
	Д		В	3	()	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •									
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
counsel to review any management or service contracts relating to the financed property?									
C Are there any research agreements that may result in private business use of bond-financed property?									
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
counsel to review any research agreements relating to the financed property? • • • • •									
4 Enter the percentage of financed property used in a private business use by									
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of									
unrelated trade or business activity carried on by your organization, another									
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%	
6 Total of lines 4 and 5		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the									
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • •									
Part IV Arbitrage									
	A	\	Ę	3	(7)	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No	
Arbitrage Rebate, been filed with respect to the bond issue? 9.0.1.173.40.6	0. 90 Tr	ı (Comp	<u>re 0 1</u>	657. 0	<u>re90 '</u>	Im (Com	re O	<u>1 657.</u> c	o the
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •									
3a Has the organization or the governmental issuer entered into a qualified									
hedge with respect to the bond issue? •••••••••••••••									
b Name of provider • • • • • • • • • • • • • • • • • • •									
c Term of hedge • • • • • • • • • • • • • • • • • • •						,			
d Was the hedge superintergrated? •••••••••••••••									
e Was the hedge terminated? ••••••••••••••••									
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •									
b Name of provider • • • • • • • • • • • • • • • • • • •									
c Term of GIC ••••••••••						,			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5 Were any gross proceeds invested beyond an available temporary period? • • • • • •									
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •									
Part V Procedures To Undertake Corrective Action									
Check the box if the organization established written procedures to ensure that violations of fed			-		_	_		ement	
program if self-remediation is not available under applicable regulations • • • • • • • • • • • • • • • • • • •				• • • • • •	• • • • • •	• • • • • •	Yes	s No	
Part VI Supplemental Information. Complete this part to provide additional information for re	sponses to c	uestions on :	Schedule K.						

Schedule K (Form 990) 2011

Page 2

Part III Private Business Use (Continued)								
		Ą		В	(0)
3a Are there any management or service contracts that may result in private	Yes	No X	Yes	No X	Yes	No X	Yes	No
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
C Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property? • • • • •								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • • •	X		X		X		X	
Part IV Arbitrage								
	,	Ą		В	(C)
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue? • • • • • • • • • • •	Yes X		X		X		Yes X	
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of hedae ••••••••••••								
d Was the hedge superintergrated?								
e Was the hedge terminated? • • • • • • • • • • • • • • • • • • •								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •		•						
c Term of GIC •••••••••								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period? • • • • •		X		X		X		X
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •		X		X		X		X
O DIS THE SOLID ROOM MAINLY TO BIT ONCOPHIOT TO TOMATO.		•	•	•		•		•
Part V Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fed	eral tax requ	irements are t	timely identif	ied and correc	ted through	the voluntary	closing agree	ement
program if self-remediation is not available under applicable regulations ••••••••	•		-		•			37

Part VI Supplemental Information, Complete this part to provide additional information for responses to questions on Schedule K.

Part III Private Business Use (Continued)									
	Д	\	E	3	(Ç)	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •									
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
counsel to review any management or service contracts relating to the financed property?									
C Are there any research agreements that may result in private business use of bond-financed property?									
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
counsel to review any research agreements relating to the financed property? • • • • •									
4 Enter the percentage of financed property used in a private business use by									
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%_	
5 Enter the percentage of financed property used in a private business use as a result of									
unrelated trade or business activity carried on by your organization, another									
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • • • • • • • • •		%		%		%		%_	
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%_	
7 Has the organization adopted management practices and procedures to ensure the									
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • • • • • • • • • •									
Part IV Arbitrage									
	A	.	E	3	(7)	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No	
Arbitrage Rebate, been filed with respect to the bond issue? 9 • 0 • 1 • 173 • 40 • 6	0. 90 Tr	ı (Comp	re 0 1	657. 0	<u>re90 '</u>	Im (Com	p re 0	<u>1 657.</u> c) the
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •									
3a Has the organization or the governmental issuer entered into a qualified									
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •						1			
b Name of provider • • • • • • • • • • • • • • • • • • •									
c Term of hedge									
d Was the hedge superintergrated? ••••••••••••••••									
e Was the hedge terminated? ••••••••••••••••									
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •						1			
b Name of provider • • • • • • • • • • • • • • • • • • •									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5 Were any gross proceeds invested beyond an available temporary period? • • • • • •									
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •									
Part V Procedures To Undertake Corrective Action									
Check the box if the organization established written procedures to ensure that violations of fed					•	-		ement	
program if self-remediation is not available under applicable regulations • • • • • • • • • • • • • • • • • • •				• • • • • •	• • • • • •	• • • • • •	Yes	s No	
Part VI Supplemental Information. Complete this part to provide additional information for re	esponses to c	questions on :	Schedule K.						

Part III Private Business Use (Continued)								
		Ą		В	(Ç	Γ	<u> </u>
3a Are there any management or service contracts that may result in private	Yes	No X	Yes	No X	Yes	No X	Yes	No
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property? • • • • •								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • • •	X		X		X		X	
Part IV Arbitrage								
	<i>'</i>	<u> </u>		В		}	<u></u>	}
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes X	No	Yes X	No	Yes X	No	Yes X	No
Arbitrage Rebate, been filed with respect to the bond issue? • • • • • • • • • • • •	X	37	X	77	X	1	X	- V
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified		37		3 7		.		
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of hedge		1						
d Was the hedge superintergrated?								
e Was the hedge terminated? • • • • • • • • • • • • • • • • • • •		37		77		1		- V
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of GIC ••••••••••••••••••••••••		1						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		T 7		=7				T ,
5 Were any gross proceeds invested beyond an available temporary period? • • • • • •		X		X		X		X
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •	<u> </u>	X		X		X		X
Part V Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fed								ement
program if self-remediation is not available under applicable regulations • • • • • • • • • • • • •	<u></u>				<u></u>	· • • • • •	 Ye 	\mathbf{x} \mathbf{X} No

Part VI Supplemental Information, Complete this part to provide additional information for responses to questions on Schedule K.

Part VI Supplemental Information, Complete this part to provide additional information for responses to questions on Schedule K.

Schedule K (Form 990) 2011

Page 2

Part III Private Business Use (Continued)								
		Ą		В	(Ç	Γ	<u> </u>
3a Are there any management or service contracts that may result in private	Yes	No X	Yes	No X	Yes	No X	Yes	No
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property? • • • • •								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • • •	X		X		X		X	
Part IV Arbitrage								
	<i>'</i>	<u> </u>		В		}	<u></u>	}
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes X	No	Yes X	No	Yes X	No	Yes X	No
Arbitrage Rebate, been filed with respect to the bond issue? • • • • • • • • • • • •	X	37	X	77	X	1	X	- V
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified		37		3 7		.		
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of hedge		1						
d Was the hedge superintergrated?								
e Was the hedge terminated? • • • • • • • • • • • • • • • • • • •		37		77		1		- V
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of GIC •••••••••••••••••••••••		1						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		T 7		=7				T ,
5 Were any gross proceeds invested beyond an available temporary period? • • • • • •		X		X		X		X
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •	<u> </u>	X		X		X		X
Part V Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fed								ement
program if self-remediation is not available under applicable regulations • • • • • • • • • • • • •	<u></u>				<u></u>	· • • • • •	 Ye 	\mathbf{x} \mathbf{X} No

Part VI Supplemental Information, Complete this part to provide additional information for responses to questions on Schedule K.

74-2948339

Part III Private Business Use (Continued)								
		A	E	3	()
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
C Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property? • • • • •								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • •	X		X		X		X	
Part IV Arbitrage								
		Ą	[3	(2)
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue? • • • • • • • • • • •	X		X		X		X	
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of hedge • • • • • • • • • • • • • • • • • • •								
d Was the hedge superintergrated? • • • • • • • • • • • • • • • • • • •								
e Was the hedge terminated? •••••••••••••••••								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of GIC •••••••••								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period? • • • • •		X		X		X		X
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •		X		X		X		X
Part V Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fed	leral tax requ	irements are t	imely identifi	ed and correc	ted through	the voluntary	closing agree	
program if solf remediation is not available under applicable regulations							• Vo	$\mathbf{x} \mathbf{X}_{No}$

74-2948339

Part VI Supplemental Information, Complete this part to provide additional information for responses to questions on Schedule K.

Page 2

Part III Private Business Use (Continued)								
		Ą		В	(Ç	Γ	<u> </u>
3a Are there any management or service contracts that may result in private	Yes	No X	Yes	No X	Yes	No X	Yes	No
business use of bond-financed property? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property? • • • • •								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government • •		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government • • • • • • • • • • • •		%		%		%		%
6 Total of lines 4 and 5 • • • • • • • • • • • • • • • • • •		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the								
post-issuance compliance of its tax-exempt bond liabilities? • • • • • • • • • • • •	X		X		X		X	
Part IV Arbitrage								
		<u> </u>		В		}	<u></u>	}
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes X	No	Yes X	No	Yes X	No	Yes X	No
Arbitrage Rebate, been filed with respect to the bond issue? • • • • • • • • • • • •	X	37	X	77	X	1	X	- V
2 Is the bond issue a variable rate issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified		37		3 7		.		
hedge with respect to the bond issue? • • • • • • • • • • • • • • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of hedge		1						
d Was the hedge superintergrated?								
e Was the hedge terminated? • • • • • • • • • • • • • • • • • • •		37		77		1		- V
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? • • • • • •		X		X		X		X
b Name of provider • • • • • • • • • • • • • • • • • • •								
c Term of GIC •••••••••••••••••••••••		1						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		T 7		=7				T ,
5 Were any gross proceeds invested beyond an available temporary period? • • • • • •		X		X		X		X
6 Did the bond issue qualify for an exception to rebate? • • • • • • • • • • • • • • • • • • •		X		X		X		X
Part V Procedures To Undertake Corrective Action								
Check the box if the organization established written procedures to ensure that violations of fed								ement
program if self-remediation is not available under applicable regulations • • • • • • • • • • • • •	<u> </u>				<u></u>	· • • • • •	 Ye 	\mathbf{x} \mathbf{X} No

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Part III Private Business Use									
	J.	١	E	3		<u> </u>			
3a	Yes	No	Yes	No	Yes	No	Yes	No	
b									
_ C									
d									
4				<u> </u>					
•									
5									
_6				I		Γ			
7									
Part IV Arbitrage									
·	Į.	\	E	3)	D		
1	Yes	No	Yes	No	Yes	No	Yes	No	
_ 2									
3a									
b									
C					l				
C									
d									
d e									
d e 4a									
d e 4a									
d e 4a b c									
d e 4a b c									
d e 4a b c d d 5									

Part VI Sup (2) Tj1 0 0 1 3emental Informa1 34.19.88 516.90 T6421-23-12Tj1 0 0chtakle K (Form 990)Tj11 Tf1 0 701 746.04 540.90 T15.48 53(No) 1 0 (Continued) Tf1 0 711 746.04 540.90 T1 8 80.45

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

| Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

OMB No. 1545-0047

| Attach to Form 990 or Form 990-EZ. | See separate instructions. Inspection Name of the organization Employer identification number (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990. Part IV. line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax,634.reasuryEnter the ~~~~~~ (f) (a) (b) (c) (e) (g) (d) Yes Yes No No Yes (a) (b) (c)

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Invol	_			
· · · · · · · · · · · · · · · · · · ·	d "Yes" on Form 990. Part IV. line 28a, 28 (b) Relationship between interested		+	(a) Charina af
(a) Name of interested person	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
CVI MANI I FADNI NO	EODIED DI DECTOR	050 000	A CADENTIC CO	Yes No
SYLVAN LEARNI NG	FORMER DIRECTOR	252, 968.	ACADEMI C CO	X
	+			
Part V Supplemental Information				,
	nal information for responses to question	s on Schedule I. (see	instructions)	
Somplete this part to provide addition	Tal Internation for responses to question	S CIT CONCAGIO E (SCO	instructions).	
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:	
(A) NAME OF PERSON: SYLVA	N LEARNI NG			
(D) DESCRIPTION OF TRANSA	CTION: ACADEMIC COUNS	SELI NG		

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

| Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

IDEA PUBLIC SCHOOLS

Employer identification number **74-2948339**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CITIZENSHIP BY PROVIDING EDUCATIONAL SERVICES TO STUDENTS IN GRADE K

(KINDERGARTEN) THROUGH 12 (TWELVE).

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE WILL REVIEW

THE FORM 990 PRIOR TO FILING. POINTS RAISED BY THIS REVIEW ARE RESOLVED

BETWEEN KEY FINANCIAL PERSONNEL, OTHER MANAGEMENT PERSONNEL (IF NEEDED) AND

THE ORGNALZATION'S OUTSIDE TAX PREPARER BEFORE FILING. IN ADDITION THE 990

WILL BE EMAILED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IDEA PUBLIC SCHOOL REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFICLT OF INTEREST POLICY BY HAVING ALL PERSONNEL SIGN AN ANNUAL TEA GOVERNANCE REPORTING FORM. ADDITIONALY, THE BOARD IS REQUIRED TO COMPLETE CONFLICT OF INTEREST DISCLOSURE FORMS.

SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP FORM 990. PART VI. OFFICIAL: FOR CEO COMPENSATION, THE BOARD OF DIRECTORS CONTRACTED AN INDEPENDENT EXPERT TO CONDUCT A SURVEY OF CEO'S IN SIMILAR SIZED NON-PROFIT ORGNAIZATIONS IN THE SAME INDUSTRY, BASED ON THE ANALYSIS, THE BOARD OF DIRECTORS APPROVED A SALARY AT A LEVEL WITHIN NON-PROFIT INDUSTRY NORMS. FOR OTHER EXECUTIVES, SALARY WAS SET USING A SIMILAR PROCESS OF INDUSTRY BENCHMARKING BASED ON DATA AGGREGATED BY A FIRM THAT SPECIALIZED IN NON-PROFIT COMPENSATION REPORTS. IN ADDITON, THE ANNUAL TASB REPORT ON SALARIES IN TEXAS PUBLIC SCHOOLS WAS UTILIZED TO CHECK EXTERNAL

COMPARABLES.

Name of the organization I DEA PUBLIC SCHOOLS	Employer identification number 74-2948339
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS	S FI NACI AL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
PRI OR PERI OD ADJUSTMENTS:	4, 248, 052.
FORM 990, PART XII, LINE 2C EXPLANATION	
THE FINANCE COMMITTEE ASSUMES RESPONSIBLITY FOR OVERSIGE	HT OF THE AUDIT
OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPEND	DENT ACCOUNTANT.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2011 Open to Public Inspection

Employer identification number 74-2948339 Name of the organization IDEA PUBLIC SCHOOLS Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Legal domicile (state or Name, address, and EIN Primary activity Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) IDEA SCHOOLS - DONNA LLC - 46-0663509 505 ANGELITA DR. SUITE 9 NEW MARKET TAX CREDIT WESLACO, TX 78596 0. DEA PUBLIC SCHOOLS PROJECT TEXAS 0. Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN controlled status (if section of related organization section entity entity? foreign country) 501(c)(3)) Yes Nο

Part III Ide	entification of Related Org ganizations treated as a pa	ganizations Taxable a ortnership during the ta	as a Partn ıx year.)	ership (Complete if	the organi	zation answe	ered "Yes" to Form	990, Part IV, line	e 34 be	cause	it had oi	ne or mor	e rela	ted	
Name of re	(a) , address, and EIN lated organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi (related excluded f	(e) nant income , unrelated, rom tax under s 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispro ate allo	h) portion- cations?	Code amour 20 of S	(i) e V-UBI nt in box Schedule rm 1065)	(j) Genera manag partn Yes	al or ging er?	(k) Percentage ownership
Part IV Ide	entification of Related Organizations treated as a co	ganizations Taxable a rporation or trust durir	as a Corpo	oration or Trust (Co year.)	mplete if t	he organizat	ion answered "Yes	" to Form 990, P	art IV,	line 34	because	e it had o	ne or	mor	e related
	(a) Name, address, and E of related organizatio	IIN n		(b) Primary activ	vity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S cor or trust)	y S p,	(f) Share o incor	f total	(g Shar end-of ass	e of -year	F	(h) Percentage ownership

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership r2f 264.58 Tm (Part VI)6.9l0Nr Tji65)r T 264.58 Tm (Part VI)6.9l0NYes∞

		_	ı		_								
(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(r	1)	(i)	(j)	(k)	
			Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a	all s sec.			Dispre	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or	
			(related, unrelated, excluded from tax	501(c) orgs)(3) ;.?			allocat	iate ions?	amount in box 20 of Schedule K-1	partne	?	
			under section 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	0	
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