

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

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization D Employer identification number E Telephone number F Name and address of principal officer G Gross receipts \$ H(a) Is this a group return for affiliates? H(b) Are all affiliates included? I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile:

1 Briefly describe the organization's mission or most significant activities: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34

Table with columns: Revenue (8-12), Expenses (13-19), Net Assets or Fund Balances (20-22). Sub-columns: Prior Year, Current Year, Beginning of Current Year, End of Year.

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.

Sign Here: Signature of officer, Date, Type or print name and title. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: IDEA PUBLIC SCHOOLS PREPARES STUDENTS FROM UNDERSERVED COMMUNITIES FOR SUCCESS IN COLLEGE AND CITIZENSHIP BY PROVIDING EDUCATIONAL SERVICES TO STUDENTS IN GRADE K (KINDERGARTEN) THROUGH 12 (TWELVE).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 71,341,702. including grants of \$ ) (Revenue \$ 3,917,016. ) IDEA PUBLIC SCHOOLS IS A GROWING NETWORK OF TUITION-FREE K-12 PUBLIC CHARTER SCHOOLS SERVING MORE THAN 9,252 STUDENTS IN 20 SCHOOLS THROUGHOUT THE RIO GRAND VALLEY AND CENTRAL TEXAS. IDEA IS COMMITTED TO "COLLEGE FOR ALL CHILDREN" AND HAS SENT 100% OF ITS GRADUATES TO THE COLLEGE OR UNIVERSITY OF THEIR CHOICE FOR SIX CONSECUTIVE YEARS. THE SCHOOL EXCEEDED GOALS RELATING TO STUDENT ACHIEVEMENT MEASURED THROUGH THE STATE TESTING INSTRUMENT TAKS AND END OF COURSE. FOR THE SECOND YEAR IN A ROW, IDEA PUBLIC SCHOOLS HAS BEEN RATED AN "EXEMPLARY" DISTRICT BY THE TEXAS EDUCATION AGENCY. IN ADDITION, SPECIFIC NEEDS OF

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses J

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

(continued)

		Yes	No
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	
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 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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~	25a	
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			
a	If "Yes," complete Schedule L, Part IV	28a	
b	If "Yes," complete Schedule L, Part IV	28b	
c	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	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes rows for Form 1096 reporting (294, 0), employee reporting (1765), and various tax compliance questions.

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

Check if Schedule O contains a response to any question in this Part VI

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ~~~~~		
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? ~~~~~		
4	Did the organization take any significant assets, including investments, to a person or persons for the organization's private inurement or self-dealing? ~~~~~		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~		
6	Did the organization have members or stockholders? ~~~~~		
7a	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? ~~~~~		
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~~~~~		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	T374 Tm (-,60 634.5070Jte514.74 ove (persons other than the gover208.68 406.50 Tm (10) Tj1 4 454.4delegate control over management duties cu70		
8b			
9	If "Yes," provide the names and addresses in Schedule O		

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have a policy prohibiting the organization from making political contributions?		
10b	If "Yes," (Did the organization have a written policy, as, prre e its governiind ten avi duti4 4suher t ptolderay olilegts?) Tj1 0 0 1 48 84 382.50 Ts, abmpo eld		
11a			
11b			
12a	Did the organization have a policy prohibiting the organization from making political contributions? ~~~~~		
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization have a policy prohibiting the organization from making political contributions? ~~~~~ If "Yes," describe in Schedule O how this was done		
13	Did the organization have a policy prohibiting the organization from making political contributions? ~~~~~		
14			
15			
15a			
15b			
16a			
16b			

17 \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_



	<table border="1"><tr><td data-bbox="679 709 719 1010"></td><td data-bbox="719 709 759 1010"></td><td data-bbox="759 709 799 1010"></td><td data-bbox="799 709 839 1010"></td><td data-bbox="839 709 879 1010"></td><td data-bbox="879 709 914 1010"></td></tr></table>								





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		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11			11
	12			12
13			13	
14			14	
15			15	
16	Total assets.		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
		25		
26	Total liabilities.		26	
	Organizations that follow SE2D 0 1 49.c Tm (25) Pslnh.48 re B0.35 w 0.0 g 358.20 669.62 2l d356			
27				
28				
29				
30				
31				
32				
33				
34				

[Grey box]

- 1
- 2
- 3
- 4
- 5
- 6

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____

[Grey box]

		Yes	No
1	_____	[Grey]	[Grey]
2a			
		[Grey]	[Grey]

*B*

(Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Blank input fields for organization name and EID number.

- 1 section 170(b)(1)(A)(i).
- 2 section 170(b)(1)(A)(ii).
- 3 section 170(b)(1)(A)(iii).
- 4 section 170(b)(1)(A)(iii).
- 5
- 6 section 170(b)(1)(A)(iv).
- 7 section 170(b)(1)(A)(v).
- 8 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(vi).
- 10 section 509(a)(2).
- 11 section 509(a)(4).
- section 509(a)(3).
- a b c d.iv. a(2).


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



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Subtract line 5 from line 4.

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organization under section 6101						
5						
6 Total.						
7a						
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						
c						
8 Public support (Subtract line 7c from line 6.)						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c						
11						
12						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years.						

stop here.

15		15	
16		16	
17	2011	17	
18	2010	18	

19a 33 1/3% support tests - 2011.

stop here.

b 33 1/3% support tests - 2010.

stop here.

20 Private foundation.

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Organization type

Filers of:

Section:

not

(7), (F) 8), General Rule for organizations (Special Rules for both see tm (General Rule and (Special Rules in Instruction.) Tj1 0 0

Note.

General Rule

Special Rules

(1)

(2)

exclusively

exclusively

exclusively

General Rule

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

Employer identification number



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

Name of organization

Employer identification number

**IDEA PUBLIC SCHOOLS**

**74-2948339**

**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	<b>THE CARVER ACADEMY</b>  <b>217 ROBINSON PLACE</b>	\$ <b>2,865,000.</b>	Person Payroll Noncash <b>X</b> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization <b>IDEA PUBLIC SCHOOLS</b>	Employer identification number <b>74-2948339</b>
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**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
<b>13</b>	<b>GREATER TEXAS FOUNDATION</b> <b>6100 FOUNDATION PLACE DR</b> <b>BRYAN, TX 77807</b>	\$ <b>125,000.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>14</b>	<b>GEORGE W. BRACKENRIDGE FOUNDATION</b> <b>119 TAYLOR ST.</b> <b>SAN ANTONIO, TX 78205</b>	\$ <b>105,000.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>15</b>	<b>CARNEGIE CORPORATION OF NEW YORK</b> <b>437 MADISON AVE FL 26</b> <b>NEW YORK, NY 10022</b>	\$ <b>88,000.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>16</b>	<b>MAHLE FAMILY FOUNDATION</b> <b>4608 PLEASANT AVENUE S</b> <b>MINNEAPOLIS, MN 55419</b>	\$ <b>40,000.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>17</b>	<b>GEN YOUTH FOUNDATION</b> <b>10255 WEST HIGGINS ROAD, SUITE 900</b> <b>ROSEMONT, IL 60018</b>	\$ <b>35,325.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>18</b>	<b>MIKE RHODES</b> <b>1020 ALLEN VIEW DR</b> <b>NEW BRAUNFELS, TX 78132</b>	\$ <b>17,000.</b>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
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**Ty 358.2058.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.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**IDEA PUBLIC SCHOOLS****74-2948339****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
<b>25</b>	<b>PETER HAYES</b> _____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**IDEA PUBLIC SCHOOLS****74-2948339****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
<b>31</b>	<b>ALONZO CANTU</b> <b>P. O. BOX 2673</b> <b>MCALLEN, TX 78502-2673</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>32</b>	<b>DOCTORS HOSPITAL AT RENAISSANCE</b> <b>5501 S MCCOLL RD</b> <b>EDINBURG, TX 78539-9152</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>33</b>	<b>H-E-B DISTRICT OFFICE</b> <b>2502 CORNERSTONE BLVD</b> <b>EDINBURG, TX 78539-8461</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>34</b>	<b>LONE STAR NATIONAL BANK</b> <b>520 E NOLANA AVE</b> <b>MCALLEN, TX 78504</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>35</b>	<b>PETER JENNINGS FOUNDATION</b> <b>875 3RD AVE</b> <b>NEW YORK, NY 10022-6225</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<b>36</b>	<b>RIGNEY CONSTRUCTION &amp; DER. LLC</b> <b>413 DELIA AVE</b> <b>ALAMO, TX 78516-3204</b>	\$ <b>5,000.</b>	Person <b>X</b> Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
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(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 Noncasha)

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

Name of organization

Employer identification number

**IDEA PUBLIC SCHOOLS**

**74-2948339**

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II 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
<u>7</u>	<b>LAND AND BUILDING</b> _____ _____ _____	\$ <u>5,365,000.</u>	<u>02/23/12</u>
<u>19</u>	<b>FURNITURE</b> _____ _____ _____	\$ <u>13,000.</u>	<u>01/18/12</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

IDEA PUBLIC SCHOOLS

Employer identification number 74-2948339

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **..... Yes No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **..... Yes No**

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance .....	1c
d Additions during the year .....	1d
e Distributions during the year .....	1e
f Ending balance .....	1f

2a Did the organization include an amount on Form 990, Part X, line 21? **..... Yes No**

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment | \_\_\_\_\_%
- b Permanent endowment | \_\_\_\_\_%
- c Temporarily restricted endowment | \_\_\_\_\_%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		<b>10,433,420.</b>		<b>10,433,420.</b>
b Buildings .....		<b>93,962,580.</b>	<b>9,529,111.</b>	<b>84,433,469.</b>
c Leasehold improvements .....		<b>2,632,602.</b>	<b>638,495.</b>	<b>1,994,107.</b>
d Equipment .....		<b>1,707,229.</b>	<b>620,382.</b>	<b>1,086,847.</b>
e Other .....		<b>34,322,312.</b>	<b>2,951,337.</b>	<b>31,370,975.</b>
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b> .....				<b>129318818.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . .	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CAPITAL LEASES PAYABLE</b>	<b>1,047,794.</b>
(3) <b>OTHER LIABILITIES</b>	<b>71,744.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) . . . . .	<b>1,119,538.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

1					1
2					
a				2a	
b				2b	
c				2c	
d				2d	
e	2a	2d			2e
3	2e	1			3
4			1		
a				4a	
b				4b	
c	4a	4b			4c
5		3	4c		5

1					1
2					
a				2a	
b				2b	
c				2c	
d				2d	
e	2a	2d			2e
3	2e	1			3
4			1		
a				4a	
b				4b	
c	4a	4b			4c
5		3	4c		5







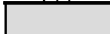

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	(a)	(b)	(c)	(d)
				(a) (c)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				



	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d)
1				
2				
3				
4				
5				
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	
7				
8				

9 \_\_\_\_\_  
 a Yes No  
 b \_\_\_\_\_

10a Yes No  
 b \_\_\_\_\_

- 11 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 to administer charitable gaming? ~~~~~ Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility ~~~~~	13a	%
b An outside facility ~~~~~	13b	<b>100.00</b> %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name | **WYATT TRUSCHEIT**

Address | **505 ANGELITA DR. , SUITE 9 - WESLACO, TX 78596**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~~~ Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization | \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party | \$ \_\_\_\_\_ .

c If "Yes," enter name and address of the third party:

Name | \_\_\_\_\_

Address | \_\_\_\_\_

- 16 Gaming manager information:

Name | \_\_\_\_\_

Gaming manager compensation | \$ \_\_\_\_\_

Description of services provided | \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/officer                      Employee                      Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~~~~~ Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART III, LINE 9B**

**NOT LICENSED TO OPERATE EXPLANATION**

**THE ORGANIZATION OBTAINED CLEARANCE FROM THE CAMERON COUNTY, TX**

**DISTRICT ATTORNEY'S OFFICE TO OPERATE THE EVENT WITHOUT A GAMING**

**LICENSE. (ORGANIZATION OPERATES SOME OF ITS SCHOOLS IN CAMERON COUNTY).**

**NO CASH PRIZE WAS AWARDED TO ANY INDIVIDUAL DONOR/PARTICIPANT, WHO EACH**

**DONATED \$100 TO PLAY, GROSS CASH GAMING REVENUE ("POKER WINNINGS") OF**

**THE DONOR/PARTICIPANTS INURED ONLY TO THE BENEFIT OF THE ORGANIZATION.**

**NONCASH PRIZES WERE DONATED BY SPONSORS AND AWARDED TO APROXIMATELY 7**



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**IDEA PUBLIC SCHOOLS**

Employer identification number  
**74-2948339**

**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' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No
- 2 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. . . . .

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHARR- SAN JUAN- ALAMO INDEPENDENT SCHOOL DISTRICT - 601 E. KELLY - PHARR, TX 78577	74-6001876	501(C)(1)	581,861.	0.	FMV		IMPROVEMENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | **1.**

3 Enter total number of other organizations listed in the line 1 table . . . . . | **0.**





Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Note.

(A)	(B)			(C)	(D)	(E)	(F)
	(i)	(ii)	(iii)				
1	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							



Name of the organization \_\_\_\_\_ Employer identification number \_\_\_\_\_

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A											
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?								
15 Were the bonds issued as part of an advance refunding issue?								
16 Has 1 0 0 1 426.60 516.90 Tm (   ) TjuTj1 0 0 1 52.2eequad1 275.40 144.90 820.00 0 • • • • • Has 1 0 0 1 4 • • • • •								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

**Part III Private Business Use**

1	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
2								



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.

Open to Public Inspection

Name of the organization \_\_\_\_\_ Employer identification number \_\_\_\_\_

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #48	(d) 35 w 0.0 g 30.60	(e) 1 0 0 1 pr 4 25.2.3	(f) 468.90 Tm	(g) Issuer EIN		(h) of issuer		(i) 0 1 p re B0.35 w	
						Yes	No	Yes	No	Yes	No
A											
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

**Part III Private Business Use**

1	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
2								



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.

Open to Public Inspection

Employer identification number

**Part I Bond Issues**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)		(i)	
							Yes	No	Yes	No	Yes	No
A												
B												
C												
D												

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
123								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								





Supplemental Information on Tax-Exempt Bonds

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

ENTITY 8

OMB No. 1545-0047

2011  
Open to Public Inspection

Name of the organization

**IDEA PUBLIC SCHOOLS**

Employer identification number  
**74-2948339**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>IDEA PUBLIC SCHOOLS (SERV A 2011)</b>	<b>74-2948339</b>	<b>187145BC0</b>	<b>11/17/11</b>	14,130,000.	<b>CONSTRUCTION/DEBT SERVICE</b>		<b>X</b>	<b>X</b>			<b>X</b>
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	<b>14,130,000.</b>			
4 Gross proceeds in reserve funds	<b>1,899,820.</b>			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	<b>714,073.</b>			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	<b>8,010,230.</b>			
11 Other spent proceeds				
12 Other unspent proceeds	<b>3,505,877.</b>			
13 Year of substantial completion	<b>2012</b>			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		<b>X</b>		
15 Were the bonds issued as part of an advance refunding issue?		<b>X</b>		
16 Has the final allocation of proceeds been made?		<b>X</b>		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	<b>X</b>			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		<b>X</b>						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		<b>X</b>						



IDEA PUBLIC SCHOOLSaGIC)?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? <b>0-0-1-173-40-60.90 Tm (Comp re 0 1 657.0 re90 Tm (Comp re 0 1 657.0 the</b>								
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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes No

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes **X** No

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

IDEA PUBLIC SCHOOLSaGIC)?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? <del>0-0-1-173-40-60-90 Tm (Comp re 0 1 657.0 re90 Tm (Comp re 0 1 657.0 the</del>								
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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes No

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes **X** No

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes  No

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes  No

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private 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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of 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 federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations .....

Yes  No

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a								
b								
c								
d								
4								
5								
6								
7								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3a								
b								
c								
d								
e								
4a								
b								
c								
d								
5								
6								

Part V Procedures To Undertake Corrective Action









Supplemental Information to Form 990 or 990-EZ

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

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 ORGANIZATION'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 CONFLICT OF INTEREST  
POLICY BY HAVING ALL PERSONNEL SIGN AN ANNUAL TEA GOVERNANCE REPORTING  
FORM. ADDITIONALLY, THE BOARD IS REQUIRED TO COMPLETE CONFLICT OF INTEREST  
DISCLOSURE FORMS.**

**FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP  
OFFICIAL: FOR CEO COMPENSATION, THE BOARD OF DIRECTORS CONTRACTED AN  
INDEPENDENT EXPERT TO CONDUCT A SURVEY OF CEO'S IN SIMILAR SIZED NON-PROFIT  
ORGANIZATIONS 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 ADDITION, THE ANNUAL TABS REPORT ON  
SALARIES IN TEXAS PUBLIC SCHOOLS WAS UTILIZED TO CHECK EXTERNAL  
COMPARABLES.**

Name of the organization

**IDEA PUBLIC SCHOOLS**

Employer identification number

**74-2948339**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS FINACIAL STATEMENTS ARE AVAILABLE UPON REQUEST.**

**FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:**

**PRIOR PERIOD ADJUSTMENTS:**

**4, 248, 052.**

**FORM 990, PART XII, LINE 2C EXPLANATION**

**THE FINANCE COMMITTEE ASSUMES RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.**

**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.

Name of the organization

**IDEA PUBLIC SCHOOLS**

Employer identification number  
**74-2948339**

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IDEA SCHOOLS - DONNA LLC - 46-0663509 505 ANGELITA DR. SUITE 9 WESLACO , TX 78596	NEW MARKET TAX CREDIT PROJECT	TEXAS	0.	0.	IDEA PUBLIC SCHOOLS

**Part II** 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 organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No











