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Form **990-EZ**

Short Form

2009

OMB No 1545 1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year

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

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending		,
В_	Check if applicable C	D Employ	yer identification number
	Address change Please use IRS IDAHO CHARTER SCHOOL NETWORK INC	27-	0654125
	Name change label or 815 W. WASHINGTON	E Teleph	one number
—	Initial return lype BOISE, ID 83702	208	-426-3257
-	Termination Specific Instruc-		-
\vdash	Application pending tions	F Group	Exemption er ►
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Other (spe	*	X Cash Accrual
	H Check ►		organization is not
1	Website: ► N/A required to	attach Sc	hedule B (Form 990,
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or	990-PF).	
K	Check Inf the organization is not a section 509(a)(3) supporting organization and its gross receipts ar \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return	e normally , be sure t	not more than o file a complete return
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990		100 150
	instead of Form 990-EZ		\$ 188,150.
P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	e instruc	tions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received		100 150
	Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income		-
	5a Gross amount from sale of assets other than inventory 5a		
ь	b Less, cost or other basis and sales expenses 5b		
Ë	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	. — 🗀	ic
Ě	5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	니ㅣ	
2010,mczm <m3< td=""><td>a Gross revenue (not including \$of contributions</td><td></td><td></td></m3<>	a Gross revenue (not including \$of contributions		
چ و	reported on line 1) 6a		
S	b Less, direct expenses other than fundraising expenses 6b		
		<u></u>	ic
N	7a Gross sales of inventory, less returns and allowances 7a 7b 7b Less cost of goods sold 7b		
=			
٦ ا	c Gross profit or (loss) from sales of inventory (Subtract line 7b (represented by VED)		'c
ゔ	8 Other revenue (describe	_) _	
—	9 Total revenue Add lines 1, 2, 3, 4, 50, 60, 70, and 6 1 1 0 60.00 1 01	▶ 9	
	To Grants and Similar amounts paid (attach schedule)	10	
-		11	
X	12 Salaries, other compensation, and employee benefits	12	
EXPENSE	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractopic GDEN, UT 14 Occupancy, rent, utilities, and maintenance	13	
Ş	14 Occupancy, rent, utilities, and maintenance	14	
Š	15 Frinting, publications, postage, and snipping	15	
	16 Other expenses (describe ► SEE STATEMENT 1	_) 16	
	17 Total expenses. Add lines 10 through 16	▶ 17	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	161,179.
N S	[8] 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year	
E S	 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 	19	
	e character and ages in the assets of faile balances (attach explanation)	20	
-	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990		
	(See the instructions for Part II) (A) Beginning		(B) End of year
22			2 161,179.
23			23
24	` 		24
25			161,179.
	6 Total liabilities (describe >)		26 0.
27		0. 2	[7] 161,179.
ВA	AA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)

	990-EZ (2009) IDAHO CHARTER S				-065	5 4125 Page 2
Par	t III Statement of Program Se	rvice Accomplishment	s (See the instructi	ions.)	Д	Expenses
What i	s the organization's primary exempt purpose? SE	E STATEMENT 2			5010	uired for section
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	oses. In a clear and con	icise manner,	orgai	c)(3) and (4) nizations and section (a)(1) trusts, optional
progr	ribe the services provided, the number of ram title.	persons benefited, or other re	elevant information for (eacn	4947	(a)(1) trusts, optional thers.)
	ENSURE AND SHARE SUCCESS	OF TDAHO PUBLIC CH	ARTER SCHOOLS			
		21 121210 102210 21				
				ہم		06 071
	(Grants \$ 150,000.) If th	is amount includes foreign gr	ants, check here		28 a	26,971.
29						
			. 	_ _		
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ [29 a	
30	<u></u>		<u></u>			
	(Grants \$) If th	is amount includes foreign gra	ants check here		30 a	
21	Other program services (attach schedule		ants, check here		30 4	
3,) is amount includes foreign gr	ante chack hara	▶ □	31 a	
22	Total program service expenses (add lin		ants, check here		32	26,971.
Par		¥	anlovoos turtuuritu		_==	
T #31	t IV List of Officers, Directors				-	
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar	is and	(e) Expense account and other allowances
	W. GIAVED	to position		deferred compensa		
	Y CLAVER	PRESIDENT	0.		0.	0.
	5 S. EAGLE RD, SUITE 190	0				
MER	RIDIAN, ID 83642					
LAU	RIE WOLFE	PRESIDENT ELECT	0.		0.	0.
PO	BOX 338	o				
DEA	RY, ID 83823					
	NN MABILE	TREASURER	0.	-	0.	0.
	4 N. DUNCAN DRIVE	0			٠.	
		١				
COE	UR D' ALENE, ID 83815					
						
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BAA			1/20/10	L,		Form 990-EZ (2009)
DAH		TEEA0812L 0	11/30/10			FUITH 330-EA (2003)

Pai	V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	ENT	3
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
ā	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 N/A			ĺ
t	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			ĺ
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			ĺ
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		x
¢	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
€	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► DIANE DEMAREST Telephone no ► 208-42 Located at ► 815 W. WASHINGTON BOISE ID ZIP+4 ► 83702	<u>26-32</u>	2 <u>57</u> 	
		Γ	Yes	No
t	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)?	42b		X
	If 'Yes,' enter the name of the foreign country'			
Ċ	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		<u>x</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year	• [N/A N/A No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		X

	501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) no s for lines 50 and 5	nexempt charit 51.	able trusts must answe	er quest	ions	
46 Did	the organization engage in direct or indirec	et political campaign acti	vities on behalf of o	r in opposition to candidates		Yes	No
for p	oublic office? If 'Yes,' complete Schedule C	C, Part I		· · · · · · [46		X
	the organization engage in lobbying activiti	•	•		47		X
	le organization a school as described in se		•		48	_	X
	the organization make any transfers to an	•	elated organization?	,	49a		<u> </u>
	es,' was the related organization a section	5			49 b		
50 Con	nplete this table for the organization's five holoyees) who each received more than \$10	nighest compensated em	ployees (other than	officers, directors, trustees	and key		
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owance:	
NONE							
<u> </u>	·						
	•				. ,		
1 10t2	al number of other employees paid over \$1	00,000		_			
	nplete this table for the organization's five hippensation from the organization. If there is		dependent contracto	rs who each received more t	han \$100	o 000,	f
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
NONE _							
- -			,				
			<u> </u>	·			
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	• • • • • • • • • • • • • • • • • • • •			-	-		
			-		·		
	·						
d Tota	al number of other independent contractors	each receiving over \$10	00.000	>			
	·	J	•				
	Under penalties of perjury, I declare that I have examiting correct, and complete Declaration of preparer	nined this return, including acco	mpanying schedules and	statements, and to the best of my kno	wledge and	belief, it	ıs
	inde, correct, and complete becaration of preparer	other than onicer) is based on a	all illiormation of which pro				
Sian	Call Janes			5-14-10			
Sign Here	Signature of officer			Date			
	CODY CLAVER			PRESIDENT			
	Type or print name and title						
Paid	Preparer's	0 0 1	Date /	/ CHECK /Saa	arer's Identi	ying Nu)	mber
Pre-	signature Den Duc	Randorf	5/6/	/D self employed ► N/			
parer's		PA P.C.	/ 7			_	
Use	employed), > 514 S. ORCHARD	ST., SUITE 102			/A		
Only	ZIP + 4 BOISE, ID 83/05	<u> </u>		Phone no ► (208)		-	
	RS discuss this return with the preparer shi	own above? See instruc	lions		►X Yes		No
BAA					Form 99	U-EZ ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Name of the organization IDAHO CHARTER SCHOOL NETWORK INC 27-0654125 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) **(i)** below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (iv) Is the organization in col (v) Did you notify the organization in (ii) EIN (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (vii) Amount of Support (vi) Is the e organization col (i) of your support? (i) organized in the governing document? Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

	t II Support Schedule for					4 170/hV1VAV	(vi)
Га	(Complete only if you checke	_					(VI)
Sec	tion A. Public Support	sa the box on the	5, 7, 01 8 01 Fait 1	.)			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	0.	0.	0.	0.	0.	0.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						0.
Sec	tion B. Total Support			-			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	0.	0.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10			#			0.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	► [X]
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from 2	,	``	11, column (f)		14	<u>%</u> %
	33-1/3 support test – 2009. If the and stop here. The organization	e organization did r	not check the box		ne line 14 is 33-1/3	3 % or more, check	< this box ►
Ŀ	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33-1	/3% or more, chec	k this box
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st — 2009 If the org meets the 'facts-ar	ganization did not	check a box on lir	ox and stop here.	Explain in Part IV	
t	o 10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	is 10% how the ►
18	Private foundation. If the organiz		-	•		=	ictions.

Schedule A (Form 990 or 990-EZ) 2009 IDAHO CHARTER SCHOOL NETWORK INC Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	ine box on ii	ne 5 or i art i.j				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1		(2) 2000	(2) 2000	(0) 2007	(4) 2000	(6) 2003	(i) Fotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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's benefit and either paid to or expended on its behalf		·				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
•	: Add lines 7a and 7b						
8	Public support (Subtract line	, rege					
	7c from line 6.)				1		
Sec	tion B. Total Support		, ,				
	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	RAdd lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12)	.,			<u> </u>		
14	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, second	l, third, fourth, o	r fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu		Percentage				
	Public support percentage for 200			13, column (f))		15	%
	Public support percentage from 2	•	•	-, -2.2 (//)		16	<u> </u>
	tion D. Computation of Inv			<u> </u>		1 1	
17	Investment income percentage for				nn (f))	17	%
18	Investment income percentage from				V//	18	 %
	33-1/3 support tests - 2009. If the	e organization did	not check the box	x on line 14, and	l line 15 is more th	an 33-1/3%, and lir	
	more than 33-1/3%, check this bo	ox and stop here.	The organization of	qualifies as a put	olicly supported org	janization	▶
	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	nd line 18
<u>20</u> ΒΔΔ	Private foundation. If the organiz	ation dia not chec	te a box on line 14			ee instructions	

Schedule .	A (Form 990'or 9	90-EZ) 2009	IDAHO	CHARTER	SCHOOL	NETWORK	INC	27-0654125	Page 4
Part IV	Supplemen	tal Inform	ation. Cor	nplete this	part to	provide the	explanati	27-0654125 ions required by Part II, Iir nal information. See instru	ne 10;
	Part II, line	17a or 17i	b; and Pa	rt III, line 1	12. Provid	de any othe	er addition	ial information. See instru	ictions.
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2009	FEDERAL STATEMENTS	PAGE 1
	IDAHO CHARTER SCHOOL NETWORK INC	27-0654125
STATEMENT 1 FORM 990-EZ, PAF OTHER EXPENSES CONFERENCES, CO INSURANCE MISC. OFFICE EXPENSES TRAVEL	NVENTIONS, AND MEETINGS	\$ 150. 2,245. 595. 3,697. 2,549. L \$ 9,236.
THE MISSION OF	RT III PRIMARY EXEMPT PURPOSE THE IDAHO CHARTER SCHOOL NETWORK IS TO ENSURE AND SHAR CHARTER SCHOOLS, FOR THE BENEFIT OF IDAHO CHILDREN.	E THE SUCCESS
STATEMENT 3 FORM 990-EZ, PAF REGARDING TRAN	RT V ISFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	
INDIRECTLY, TO (B) DID THE OR	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECT PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? GANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR A PERSONAL BENEFIT CONTRACT?	NO