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Short Form

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)

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

► 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 \$500,000 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.

A For the 2009 calendar year, or tax year beginning MAR 17, 2009 and ending DEC 31, 2009

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

IDAHO TECHNOLOGY COUNCIL, INC.

D Employer identification number

80-0402085

Number and street (or P O box, if mail is not delivered to street address)

209 W. MAIN STREET

Room/suite

200

E Telephone number

208-388-3357

City or town, state or country, and ZIP + 4

BOISE, ID 83702

F Group Exemption

Number ►

- 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 method Cash Accrual
 Other (specify) ►

I Website: ► WWW.IDAHOECHCOUNCIL.ORG

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to 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 instead of Form 990-EZ ► \$ 65,950.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

| | | | |
|----|---|----|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 65,950. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| b | Less cost or other basis and sales expenses | 5b | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> | 6 | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| b | Less direct expenses other than fundraising expenses | 6b | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| b | Less cost of goods sold | 7b | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe ►) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 65,950. |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 29,000. |
| 13 | Professional fees and other payments to independent contractors | 13 | 300. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 1,045. |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe ►) | 16 | 3,915. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 34,260. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 31,690. |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 0. |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 31,690. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|----|-----------------------|-----------------|
| 22 | 0. 22 | 31,067. |
| 23 | 23 | |
| 24 | 0. 24 | 623. |
| 25 | 0. 25 | 31,690. |
| 26 | 0. 26 | 0. |
| 27 | 0. 27 | 31,690. |

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED NOV 01 2010

09231004 099931 IDTECH2085

2009.04040 IDAHO TECHNOLOGY COUNCIL, I IDTECH21 18

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE STATEMENT 4

| | | | | |
|---|--|----------------------------|------|---------|
| (Grants \$ |) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 28a | 34,260. |
| 29 | | | | |
| (Grants \$ |) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 29a | |
| 30 | | | | |
| (Grants \$ |) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 30a | |
| 31 Other program services (attach schedule) | | | | |
| (Grants \$ |) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | | ► 32 | 34,260. |

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| JAY LARSEN, 200 W. MAIN ST, SUITE 200, BOISE, ID 83702 | PRESIDENT 40.00 | 29,000. | 0. | 0. |
| PETER MIDGLEY, 960 BROADWAY AV., SUITE 250, BOISE, ID 83706 | SECRETARY 0.00 | 0. | 0. | 0. |
| BRADY PANATOPoulos, 101 S. CAPITOL BLVD., SUITE 1700, BOISE, ID 83702 | TREASURER 0.00 | 0. | 0. | 0. |
| MARK SOLON 802 W. BANNOCK ST., BOISE, ID 83702 | DIRECTOR 0.00 | 0. | 0. | 0. |
| DOUG SAYER, 1858W. BRIDGE ST., BLACKFOOT, ID 83221 | DIRECTOR 0.00 | 0. | 0. | 0. |
| MIKE REYNOLDSON 8000 S. FEDERAL WAY, BOISE, ID 83707 | DIRECTOR 0.00 | 0. | 0. | 0. |
| BOB LOKKEN, 225 N. 9TH ST., SUITE 530, BOISE, ID 83702 | DIRECTOR 0.00 | 0. | 0. | 0. |
| DOUG JONES, 1274 W. BERRymore DR., MERIDIAN, ID 83646 | DIRECTOR 0.00 | 0. | 0. | 0. |
| JOHN GROSSENBACHER FREEMONT AVE., IDAHO FALLS, ID 83402 | DIRECTOR 0.00 | 0. | 0. | 0. |
| PETER GOMBERT 404 S. 8TH ST., BOISE, ID 83706 | DIRECTOR 0.00 | 0. | 0. | 0. |
| ROBERT GEDDES, 370 MOUNTAIN VIEW AVE., SODA SPRINGS, ID 83276 | DIRECTOR 0.00 | 0. | 0. | 0. |
| JOSH EVARTS 8645 FRANKLIN ROAD, BOISE, ID 83709 | DIRECTOR 0.00 | 0. | 0. | 0. |
| ARCHIE CLEMINs, 2041 S. WHITE PINE LN., BOISE, ID 83706 | DIRECTOR 0.00 | 0. | 0. | 0. |
| HAVEN BAKER, 999 MAIN ST., SUTIE 1300, BOISE, ID 83702 | DIRECTOR 0.00 | 0. | 0. | 0. |
| KELLY ANDERSON 102 WEST MAIN ST., BURLEY, ID 83318 | DIRECTOR 0.00 | 0. | 0. | 0. |
| RICH STUPPY 917 LUSK STREET, BOISE, ID 83706 | DIRECTOR 0.00 | 0. | 0. | 0. |
| RICH RAIMONDI 807 W. WYNDEMERE DR., BOISE, ID 83702 | DIRECTOR 0.00 | 0. | 0. | 0. |

Part V | Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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
 a 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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

| Yes | No |
|-----|----|
| 33 | X |
| 34 | X |

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

► **37a**

0.

| | |
|-----|-----|
| 35a | X |
| 35b | N/A |

| | |
|-----|---|
| 36 | X |
| 37b | X |

38a 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?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

► **38b** N/A

38b N/A

38a N/A

| | |
|-----|---|
| 38a | X |
|-----|---|

39 Section 501(c)(7) organizations Enter

► **39a** N/A

39a N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

| | |
|-----|-----|
| 39b | N/A |
|-----|-----|

| | |
|-----|-----|
| 40b | N/A |
|-----|-----|

section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

b 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

► **N/A**

c 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

► **N/A**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

► **N/A**

e 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

| | |
|-----|---|
| 40e | X |
|-----|---|

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **JAY LARSEN** Telephone no ► **208-388-3357**
 Located at ► **209 W. MAIN STREET, BOISE, ID** ZIP + 4 ► **83702**

b 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)?

| Yes | No |
|-----|----|
| 42b | X |

| | |
|-----|---|
| 42c | X |
|-----|---|

If "Yes," enter the name of the foreign country ► _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c 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 ► _____

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

► **43**

| | |
|----|-----|
| 43 | N/A |
|----|-----|

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

| Yes | No |
|-----|----|
| 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 |
|----|---|

Form 990-EZ (2009)

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| Yes | No |
|-----|----|
| 46 | |
| 47 | |
| 48 | |
| 49a | |
| 49b | |

| (a) Name and address of each employee paid more than \$100,000 N/A | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

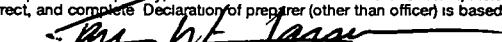
1 Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ► _____

| | | | |
|-----------|--|---|----------------|
| Sign Here | 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 | | Date 8-25-2010 |
| | ► Signature of officer  | Type or print name and title Jay W. Larsen President | |

| | | | | |
|--------------------------|---|--------------|---|--|
| Paid Preparer's Use Only | Preparer's signature  | Date 8/25/10 | Check if self-employed ► <input type="checkbox"/> | Preparer's identifying number (See Instr) P00910473 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► DELOITTE TAX LLP 101 S. CAPITOL BLVD., SUITE 1700 BOISE, ID 83702-5958 | EIN ► | Phone ► no (208) 342-9361 | |

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|---------------------------------------|---------------|--------|------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| | PROGRAM SERVICES COMPUTER & EQUIPMENT | 091509SL | | 5.00 | 16 | 668. | | | | | | 45. |
| | * 990-EZ PG 1 TOTAL | | | | | 668. | 0. | 668. | 0. | 0. | 0. | 45. |
| | PROGRAM SERVICES | | | | | | | | | | | |
| | * GRAND TOTAL | | | | | 668. | 0. | 668. | 0. | 0. | 0. | 45. |
| | 990-EZ PG 1 DEPR | | | | | | | | | | | |

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

| | |
|--------------------------------------|---------------|
| TRAVEL/AUTO EXPENSE | 2,283. |
| OFFICE SUPPLIES | 762. |
| MEALS/ENTERTAINMENT | 870. |
| TOTAL TO FORM 990-EZ, LINE 16 | 3,915. |

FORM 990-EZ

OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

STATEMENT 2

DESCRIPTION

AMOUNT

| | |
|--------------------------------------|---------------|
| DEPRECIATION | 45. |
| OTHER EXPENSES | 1,000. |
| TOTAL TO FORM 990-EZ, LINE 14 | 1,045. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE DEVELOPMENT OF THE TECHNOLOGY INDUSTRY IN THE STATE OF IDAHO AND TO PROVIDE LEADERSHIP, INFRASTRUCTURE AND PERSONAL PARTICIPATION TO STRENGTHEN THIS INDUSTRY AND ENCOURAGE THE DEVELOPMENT AND RETENTION OF THE TECHNOLOGY BUSINESS AND ACTIVITIES WITHIN THE STATE OF IDAHO.

THE IDAHO TECHNOLOGY COUNCIL IS DEDICATED TO FOSTERING THE DEVELOPMENT OF TECHNOLOGY COMPANIES IN IDAHO, PRIMARILY IN THE AREAS OF INFORMATION TECHNOLOGY, AGRISCIENCE AND ENERGY.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|--|--|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization IDAHO TECHNOLOGY COUNCIL, INC. | Employer identification number 80-0402085 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 519 W. FRONT STREET | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions BOISE, ID 83702 | |

Check type of return to be filed (File a separate application for each return):

| | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► JAY W. LARSEN

Telephone No ► 208-388-3357 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning 20_____, and ending 20_____.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

| | |
|---|---------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ 0 |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►