

# Return of Organization Exempt From Income Tax

**2001**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2001 calendar year, or tax year beginning 2001, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL DEVELOPMENT ENTERPRISES</b>	<b>D</b> Employer identification number <b>23-2220051</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>10403 W COLFAX AVE #500</b> <b>500</b>	<b>E</b> Telephone number ( ) -
	City or town, state or country and ZIP + 4 <b>LAKWOOD, CO 80215</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	Please use IRS label or print or type See Specific Instructions	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations**

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN ▶

M Check  if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

**G** Web site ▶

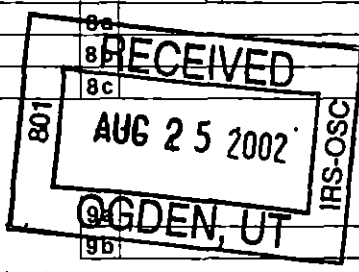
**J** Organization type (check only one) ▶  501(c) ( 03 ) ◀ (insert no) 4947(a)(1) or 527

**K** Check here  if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶ **4,247,046**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16 )**

Revenue	<b>1</b> Contributions gifts, grants and similar amounts received <b>STMT 1</b>			
	<b>a</b> Direct public support	<b>1a</b>	<b>54,102</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>4,158,894</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>4,212,996</b> noncash \$ )	<b>1d</b>		<b>4,212,996</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>12,960</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>			
Expenses	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		<b>8a</b>	<b>8b</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>8c</b>		
	<b>c</b> Gain or (loss) (attach schedule)			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
	<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	
		<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII line 103)	<b>11</b>		<b>21,090</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>4,247,046</b>	
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>3,688,801</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>673,296</b>
	<b>15</b> Fundraising (from line 44 column (D))	<b>15</b>		<b>15,086</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>4,377,183</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-130,137</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>317,201</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT 8</b>	<b>20</b>		<b>4,660</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>191,724</b>	



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	158,154		158,154	
26	Other salaries and wages	1,835,551	1,588,863	246,688	
27	Pension plan contributions	18,587	5,883	12,704	
28	Other employee benefits	35,605	9,116	26,489	
29	Payroll taxes	27,449	2,307	25,142	
30	Professional fundraising fees	15,086			15,086
31	Accounting fees	8,677		8,677	
32	Legal fees				
33	Supplies				
34	Telephone	15,210		15,210	
35	Postage and shipping	5,206		5,206	
36	Occupancy	59,699		59,699	
37	Equipment rental and maintenance	7,973		7,973	
38	Printing and publications	5,087		5,087	
39	Travel	523,332	492,810	30,522	
40	Conferences, conventions, and meetings				
41	Interest	10		10	
42	Depreciation depletion, etc (attach schedule)	4,737		4,737	
43	Other expenses not covered above (itemize) <b>STMT 12</b>	1,656,820	1,589,822	66,998	
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	4,377,183	3,688,801	673,296	15,086

**Joint Costs** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <b>STMT 13</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>INCOME GENERATION AND TECHNOLOGY DEVELOPMENT FOR UNDERDEVELOPED COUNTIES</u>	
(Grants and allocations \$ _____)	3,688,801
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	3,688,801

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	838,499	46	490,732
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	529,821	49	203,248
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	253,955	53	137,079
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis <b>STMT</b>	67a 68,163			
b Less accumulated depreciation (attach schedule)	57b 60,157	13,393	57c 8,006	
58 Other assets (describe <input type="checkbox"/> <b>STMT 17</b> )		3,000	58 3,000	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	1,638,668	59	842,065	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	125,979	60	44,931
	61 Grants payable		61	
	62 Deferred revenue	1,195,488	62	605,410
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
<b>66 Total liabilities</b> (add lines 60 through 65)	1,321,467	66	650,341	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	290,774	67	161,852
	68 Temporarily restricted	26,427	68	29,872
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)	317,201	73	191,724	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,638,668	74	842,065	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 27)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? <span style="float: right;">STMT 23</span>	X	
b If "Yes," enter the name of the organization _____ and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditure. See line 81 instructions		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members		
d Section 162(e) lobbying and political expenditures		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs Enter a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A		
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A		
90a List the states with which a copy of this return is filed <input type="checkbox"/> COLORADO		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		9
91 The books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (303) 232-4336 Located at <input type="checkbox"/> 10403 WEST COLFAX AVE, LAKEWOOD CO ZIP + 4 <input type="checkbox"/> 80215		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

\*Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,960	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <b>CONSULTING FEES</b>					19,049
c <b>NET ASSETS RELEASE</b>					2,041
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				12,960	21,090
105 Total (add line 104, columns (B), (D), and (E))					34,050

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103A	<b>CONSULTING FEES ENABLE SUPERVISION AND EXPERTISE IN MANAGEMENT OF VARIOUS PROJECTS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please

*[Signature]*

20 August 2002  
Date

OPERATIONS OFFICER

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No. 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**INTERNATIONAL DEVELOPMENT ENTERPRISES**

**23-2220051**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(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
NONE				
Total number of other employees paid over \$50 000 ▶ NONE				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶ NONE		

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

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities (See page 2 of the instructions )**

	Yes	No
<p>1 During the year, has the organization attempted to influence national state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A or line I or Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )**

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4) (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions merchandise; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )**

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check  **a** if the organization belongs to an affiliated group
- Check  **b** if you checked "a" and "limited control" provisions apply

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>Limits on Lobbying Expenditures</b>			
(The term "expenditures" means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500 000	20% of the amount on line 40		
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000		
Over \$1 000,000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1,500 000		
Over \$17 000,000	\$1 000 000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
		(a) 2001	(b) 2000	(c) 1999	(d) 1998
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization

Employer identification number

INTERNATIONAL DEVELOPMENT ENTERPRISES

23-2220051

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions )

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in **Part I** each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete **Part II**.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on **Part I** must also complete **Part III**.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on **Part I**, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach **Part III**.

## Specific Instructions

**Note** You may duplicate **Parts I, II, and III** if more copies are needed. Number each page of each **Part**.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in **Part I**. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete **Parts I through III** for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of **Part III**, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first **Part III** page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**INTERNATIONAL DEVELOPMENT ENTERPRISES**

**23-2220051**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
5		5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
8		9,006	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
15		1,443,083	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
16		350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
17		241,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

Employer identification number

**INTERNATIONAL DEVELOPMENT ENTERPRISES**

**23-2220051**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		330,780	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
19		234,463	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
20		86,824	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
21		33,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
22		20,622	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
23		28,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization: **INTERNATIONAL DEVELOPMENT ENTERPRISES**  
 Employer identification number: **23-2220051**

**Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
25		986,964	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
33		5,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
34		11,866	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
41			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
42			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

<b>Name of organization</b> <b>INTERNATIONAL DEVELOPMENT ENTERPRISES</b>	<b>Employer identification number</b> <b>23-2220051</b>
---	--

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
44	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
45	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
46	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
47	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
48	_____	45,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**INTERNATIONAL DEVELOPMENT ENTERPRISES**

**23-2220051**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	_____	23,034	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
50	_____	17,580	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	01/02/2001	250.	
	01/03/2001	2,500.	
	12/15/2001	10,000.	
	01/05/2001	150.	
	12/15/2001	5,100.	
	01/02/2001	1,000.	
	01/03/2001	500.	
	07/31/2001	9,006.	

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	01/05/2001	100.	
	01/31/2001	2,000.	
	04/13/2001	500.	
	06/01/2001	150.	
	01/29/2001	250.	
	01/29/2001	100.	1,443,083.
			350,000.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
			241,970.
			330,780.
			234,463.
			86,824.
			33,650.
			20,622.
			28,837.
			11,000.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	01/05/2001	50.	986,964.
	01/29/2001	250.	
	02/28/2001	1,000.	
	02/28/2001	25.	
	02/28/2001	75.	
	03/15/2001	500.	
	06/01/2001	100.	

986,964.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	01/05/2001	5,030.	
	06/30/2001	11,866.	
	12/07/2001	300.	
	12/31/2001	100.	
	12/31/2001	500.	
	12/31/2001	100.	
	05/16/2001	2,500.	
		100.	

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
			45,118.
			23,034.
			17,580.
			43,849.
			19,934.
			37,690.
			45,946.
			50,000.

INTERNATIONAL DEVELOPMENT ENTERPRISES

FORM 990, PART I - LIST OF CONTRIBUTORS  
(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	GOVERNMENT GRANTS
			47,500.
			60,050.
TOTAL CONTRIBUTION AMOUNTS		54,102.	4,158,894.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

-----

-----

BOOK/TAX DIFFERENCE - DEPRECIATION  
TEMPORARILY RESTRICTED

-1,655.  
6,315.

-----

TOTAL

4,660.

=====

Q





Description of Property															
GENERAL DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
00 COMPUTER EQUIPM	04/15/2000	2,699	100 000			2,699		540	200DE	HY			5		864
00 COMPUTER EQUIPM	10/15/2000	335	100 000			335		67	200DE	HY			5		107
00 COMPUTER EQUIPM	02/15/2000	1,630	100 000			1,630		326	200DE	HY			5		522
00 COMPUTER EQUIPM	12/15/2000	530	100 000			530		106	200DE	HY			5		170
01 SOFTWARE	02/01/2001	250	100 000			250			SL		3 000				76
01 COMPUTER EQUIP	02/01/2001	756	100 000			756			200DE	HY			5		151
Less Retired Assets															
Subtotals		68,164				68,164		54,552							
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		68,164				68,164		54,552							4,737
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization	
TOTALS															

\*Assets Retired  
JSA  
1X9024 5 000

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTING	70,863.	29,113.	41,750.
MISCELLANEOUS	98,453.	76,865.	21,588.
MARKETING & PROMOTION	489,319.	489,319.	
PRODUCT DEVELOPMENT	237,095.	237,095.	
TRAINING	121,679.	120,645.	1,034.
CAPITAL EXPENDITURES	126,566.	126,566.	
INTERNET	2,270.		2,270.
TRAINING & EDUCATION	61,958.	61,602.	356.
ADMINISTRATIVE	448,617.	448,617.	
TOTALS	1,656,820.	1,589,822.	66,998.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

ASSIST WITH THE DEVELOPMENT OF THIRD WORLD AND/OR UNDERDEVELOPED  
COUNTRIES IN THE AREA OF HUMAN AND NATURAL RESOURCE AND TECHNOLOGICAL  
DEVELOPMENT.

## LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
93 FURN/FIXTURES	DDB	2,618			2,618	2,249			2,249
93 COMPUTER EQUIP	DDB	2,258			2,258	2,258			2,258
94 FURN/FIXTURES	DDB	2,068			2,068	1,871	56		1,927
94 COMPUTER EQUIP	DDB	4,633			4,633	4,439			4,439
95 SOFTWARE	SL	813			813	813			813
95 COMPUTERS	DDBA	1,349			1,349	1,349			1,349
95 BOOKSHELVES	DDB	354			354	298	16		314
96 TELEPHONE SYSTEMS	DDB	4,353			4,353	3,745	243		3,988
96 CONF TABLE/CH	DDB	3,150			3,150	1,967	338		2,305
96 LAPTOP COMPUTERS	DDB	1,135			1,135	976	64		1,040
96 MONITOR	DDB	375			375	323	21		344
96 MODEM	DDB	211			211	182	12		194
97 SOFTWARE	SL	861			861	861			861
97 PHONE SYSTEM	DDB	302			302	250	21		271
97 FURNITURE	DDB	1,647			1,647	1,132	147		1,279
97 FURNITURE	DDB	240			240	174	19		193
97 COMPUTER	DDB	1,655			1,655	1,369	114		1,483
97 FILE CABINETS	DDB	302			302	250	21		271

## LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

## FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
97 FURNITURE/FIX	DDB	16,168			16,168	16,168			16,168
98 PHONE SYSTEM	DDB	1,389			1,389	989	160		1,149
98 VIDEO CAMERA	DDB	3,758			3,758	2,676	433		3,109
98 PHONE SYSTEM	DDB	2,084			2,084	1,484	240		1,724
98 PHONE SYSTEM	DDB	593			593	423	68		491
98 PHONE SYSTEM	DDB	158			158	112	18		130
98 CHAIRS	DDB	602			602	338	75		413
98 FURNITURE	DDB	432			432	243	54		297
98 PRINTER	DDB	210			210	118	26		144
98 FILE CABINET	DDB	290			290	163	36		199
98 OVERHEAD PROJ	DDB	280			280	200	32		232
98 SOFTWARE	SL	55			55	54	1		55
98 SOFTWARE	SL	116			116	116			116
98 FUNDRAIS SOFTR9	SL	2,691			2,691	2,691			2,691
98 COMPUTER HARDWA9	DDB	106			106	75	12		87
98 COMPUTER HARDWA9	DDB	134			134	96	15		111
98 COMPUTER	DDB	1,566			1,566	1,115	180		1,295
98 LAPTOP COMPUTER9	DDB	1,755			1,755	1,250	202		1,452

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
98 COMPUTER UPGRAD9	DDB	228			228	163	26		189
99 COMPUTER	M5	1,025			1,025	533	197		730
00 COMPUTER EQUIPM0	M5	2,699			2,699	540	864		1,404
00 COMPUTER EQUIPM0	M5	335			335	67	107		174
00 COMPUTER EQUIPM0	M5	1,630			1,630	326	522		848
00 COMPUTER EQUIPM0	M5	530			530	106	170		276
01 SOFTWARE	SL		250		250		76		76
01 COMPUTER EQUIP	M5		756		756		151		151
TOTALS		67,158			68,164	54,552			59,289

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	3,000.
TOTALS	----- 3,000.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
DEPRECIATION	1,655.
	-----
TOTAL	1,655.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
DEPRECIATION	
TOTAL	

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
PAUL POLAK 10403 WEST COLFAX, SUITE #500 LAKEWOOD, CO 80215	PRESIDENT 40	72,042.	12,996.
FRITZ KRAMER	CHIEF OPER	86,112.	
DONALD HEDRICK 100 FLINT AVENUE HARRISONBURG, VA 22801	DIRECTOR		
PAUL MYERS TEN THOUSAND VILLAGES 704 MAIN STREET AKRON, PA 17501	CHAIRPERSO		
MICHAEL EDESESS 2023 E 3RD AVENUE DENVER, CO 80206	DIRECTOR		
PENNY LIND 1 MAIN STREET STONINGTON, CT 06738	DIRECTOR		
DAN SPICER 650 S CHERRY STREET, SUITE 1400 DENVER, CO 80222	DIRECTOR		
SALLY ZIMMERMAN FRIENDS VILAS-FISCHER TRUST COMPANY ONE WORLD TRADE CENTER, SUITE 2101 NEW YORK, NY 10048-0080	DIRECTOR		

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
-----	-----	-----	-----
JACK KELLER CEO KELLER BLIESNER ENGINEERING 78 EAST CENTER LOGEN, UTAH 84321	DIRECTOR		
FRANK DEFEHR GENERAL MANAGER PERIMTER INDUSTRIES, LTD. 2262 SPRINGFIELD ROAD WINNIPEG, MANITOBA R2C 2Z2	DIRECTOR		
GERRY DYCK KALORA INTERIORS 3 WATER STREET ST. JACOBS, ONTARIO N0B2N0	DIRECTOR		
AL DOERKSEN PALLISER FURNITURE, LTD. 55 FURNITURE PARK WINNIPEG, MANITOBA R2G 1B9	DIRECTOR		
CURTIS STEIMAN WINFIELD DEVELOPMENT 22 CASTLEBURY COURT WINNIPEG, MANITOBA R3P 1J7	DIRECTOR		
BILL FAST 606 HENDERSON HWY WINNIPEG, MANITOBA R2K 2H5	DIRECTOR		
ART DEFEHR	DIRECTOR		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
	GRAND TOTALS	158,154.	12,996.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

IDE - CANADA (CANADIAN ORGANIZATION)

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
CONSULTING FEES	25,182.	27,581.	165,752.	35,157.	253,672.
TOTALS	25,182.	27,581.	165,752.	35,157.	253,672.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 12 - 2000

DISQUALIFIED PERSON -----	AMOUNT -----
PAUL MYERS	500
SALLY ZIMMERMAN	500
KUNSTADTER	200
MICHAEL EDESESS	2,500
PENNY LIND	1,000
	-----
TOTAL	4,700
	=====

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 12 - 1999

DISQUALIFIED PERSON -----	AMOUNT -----
MICHAEL EDESSUS	1,500
KUNSTADTER	3,200
PAUL MEYERS	500
ZIMMERMAN	1,000
DAN SPICER	41,000
	-----
TOTAL	47,200
	=====

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 12 - 1998

DISQUALIFIED PERSON

AMOUNT

SALLY ZIMMERMAN	400
DONALD HEDRICK	400
MICHAEL EDESSES	250
TOTAL	1,050

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 12 - 1997

DISQUALIFIED PERSON -----	AMOUNT -----
GERI KUNSTADTER	2,000
DAN SPICER	15,000
PAUL POLAK	22
MICHAEL EDESESS	250
	-----
TOTAL	17,272
	=====

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return

Identifying number  
**23-2220051**

**INTERNATIONAL DEVELOPMENT ENTERPRISES**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**

Note. If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10 less line 12	13	

Note Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	2,726.

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	1,860.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE					
b 5-year property	DETAIL	756	5 000	HY	200DB	151
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	4,737
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)							25	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h) lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions) .		

**Note** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See page 9 of the instructions for where to report					44







# Return Processing Charges

Name INTERNATIONAL DEVELOPMENT ENTERPRISES  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Client Code IDE-T Tax Year 2001

Account 6997  
Locator G0L03M  
Return Type 990  
Date 08/13/2002

NUMBER OF PAGES PRINTED	57.	
LOCATOR FEE		45.00
NUMBER OF FEDERAL PAGES PRINTED:		
57. AT \$ 0.40 PER PAGE	22.80	
PRINTING CHARGE		22.80
TAX RETURN COVER		3.00
		-----
TOTAL FAST TAX CHARGES		70.80
		=====

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Automatic 3-Month Extension of Time - Only submit original (no copies needed)**  
**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>INTERNATIONAL DEVELOPMENT ENTERPRISES</b>	Employer Identification number <b>23-2220051</b>
	Number, street, and room or suite no If a P O box, see instructions <b>10403 W COLFAX AVE #500</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>LAKWOOD, CO 80215</b>	

**Check type of return to be filed (file a separate application for each return)**

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

• 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until \_\_\_\_\_ to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶  calendar year 2001 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a 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 \$ \_\_\_\_\_

### 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 ▶ Cara Fitcher Title ▶ CPA Date ▶ 5/9/02  
For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

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)

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form header section with fields: Name of Exempt Organization (INTERNATIONAL DEVELOPMENT ENTERPRISES), Employer Identification number (23-2220051), Address (10403 W COLFAX AVE #500, LAKEWOOD, CO 80215)

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

Form with checkboxes for various return types: Form 990 (checked), Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

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

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

Form section 4-7: 4 I request an additional 3-month extension of time until 11/15/2001; 5 For calendar year 2001; 6 If this tax year is for less than 12 months, check reason; 7 State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

Form section 8a-c: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits; 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made; 8c Balance Due

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 section: Signature (Cara Stetcher), Title (CPA), Date (8/15/02)

Notice to Applicant - To Be Completed by the IRS

Form with checkboxes for IRS notice: We have approved this application; We have not approved this application; We cannot consider this application because it was filed after the due date

Director and Date fields

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form for alternate mailing address: Name (RICHEY, MAY & COMPANY, P C), Address (5251 DTC PARKWAY, SUITE 280, GREENWOOD VILLAGE, CO 80111)