

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the **2002** calendar year, or tax year beginning **2002**, and ending

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	C Name of organization INTERNATIONAL DEVELOPMENT ENTERPRISES	D Employer identification number 23-2220051
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 10403 W COLFAX AVE #500 500 City or town state or country, and ZIP + 4 LAKEWOOD, CO 80215	E Telephone number (303) 232-4336

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 **WWW IDE-INTERNATIONAL.ORG**

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 **3,936,607**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1		
	a Direct public support	1a	126,231
	b Indirect public support	1b	
	c Government contributions (grants)	1c	3,642,119
	d Total (add lines 1a through 1c) (cash \$ 3,768,350 noncash \$)	1d	3,768,350
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	5,991
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	8a		
	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	162,266	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,936,607	
Expenses	13 Program services (from line 44, column (B))	13	3,313,586
	14 Management and general (from line 44, column (C))	14	584,381
	15 Fundraising (from line 44, column (D))	15	119
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	3,898,086
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	38,521
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	191,724
	20 Other changes in net assets or fund balances (attach explanation) STMT 12	20	-20,019
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	210,226

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 page 21 of the instructions)

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 \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 167,245		167,245	
26 Other salaries and wages	26 1,646,222	1,472,768	173,454	
27 Pension plan contributions	27 22,636	11,318	11,318	
28 Other employee benefits	28 40,760	23,209	17,551	
29 Payroll taxes	29 29,476	5,870	23,606	
30 Professional fundraising fees	30 119			119
31 Accounting fees	31 9,992		9,992	
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 10,223		10,223	
35 Postage and shipping	35 8,248		8,248	
36 Occupancy	36 62,585		62,585	
37 Equipment rental and maintenance	37 6,199		6,199	
38 Printing and publications	38 6,658		6,658	
39 Travel	39 435,742	412,859	22,883	
40 Conferences, conventions, and meetings	40			
41 Interest	41 33		33	
42 Depreciation depletion etc (attach schedule)	42 2,953		2,953	
43 Other expenses not covered above (itemize) STMT 16	43a 1,448,995	1,387,562	61,433	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,898,086	3,313,586	584,381	119

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 page 24 of the instructions)

What is the organization's primary exempt purpose? STMT 17

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

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 \$ _____)	3,313,586
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,313,586

Part IV Balance Sheets (See page 24 of the instructions)

Note 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
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	490,732	46	530,326
	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	203,248	49	174,761
	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	137,079	53	120,270
	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 STMT 20	68,713			
b Less accumulated depreciation (attach schedule)	63,850	8,006	57c	4,863
58 Other assets (describe <input type="checkbox"/> STMT 21)		3,000	58	3,000
59 Total assets (add lines 45 through 58) (must equal line 74)	842,065	59	833,220	
Liabilities	60 Accounts payable and accrued expenses	44,931	60	39,967
	61 Grants payable		61	
	62 Deferred revenue	605,410	62	562,583
	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"/> NONE)			65	20,444
66 Total liabilities (add lines 60 through 65)	650,341	66	622,994	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	161,852	67	199,633
	68 Temporarily restricted	29,872	68	10,593
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	191,724	73	210,226	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	842,065	74	833,220	

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 page 27 of the instructions)

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	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization: <u>STMT 27</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	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)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
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	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter Amount of tax on line 89c, above reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <u>COLORADO</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	14
91	The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>(303) 232-4336</u> Located at <u>10403 WEST COLFAX AVE, LAKEWOOD CO</u> ZIP + 4 <u>80215</u>		
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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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	5,991	
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 CONSULTING FEES					147,192
c NET ASSETS RELEASE					15,074
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				5,991	162,266
105 Total (add line 104, columns (B) (D), and (E))					168,257

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 page 32 of the instructions.)

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	CONSULTING FEES ENABLE SUPERVISION AND EXPERTISE IN MANAGEMENT OF VARIOUS PROJECTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

(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 Sign: [Signature] Date: 8/13/03
Chief Operating Officer

Date: 8/13/03 Check if self: Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Name of the organization

INTERNATIONAL DEVELOPMENT ENTERPRISES

Employer identification number

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) 2002

JSA
2E1210 1 000

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 a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts 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>	1		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> <p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>	3		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	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 5 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 5 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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,212,996	4,334,870	4,498,519	4,354,312	17,400,697
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,960	30,859	28,232	34,239	106,290
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	STMT 28 21,090	25,182	27,581	165,752	239,605
23 Total of lines 15 through 22	4,247,046	4,390,911	4,554,332	4,554,303	17,746,592
24 Line 23 minus line 17	4,247,046	4,390,911	4,554,332	4,554,303	17,746,592
25 Enter 1% of line 23	42,470	43,909	45,543	45,543	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 **NQT APPLICABLE** ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2001) _____ 5,380 (2000) _____ 4,700 (1999) _____ 47,200 (1998) _____ 1,050

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) _____ NONE (2000) _____ NONE (1999) _____ NONE (1998) _____ NONE

c Add Amounts from column (e) for lines 15 17,400,697 16 _____
17 _____ 20 _____ 21 _____ ▶ 27c 17,400,697

d Add Line 27a total 58,330 and line 27b total NONE ▶ 27d 58,330

e Public support (line 27c total minus line 27d total) ▶ 27e 17,342,367

f Total support for section 509(a)(2) test. Enter amount from line 23 column (e) ▶ 27f 17,746,592

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 97.7222 %

h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.5989 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations														
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36															
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37															
38 Total lobbying expenditures (add lines 36 and 37)	38															
39 Other exempt purpose expenditures	39															
40 Total exempt purpose expenditures (add lines 38 and 39)	40															
41 Lobbying nontaxable amount Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">If the amount on line 40 is -</td> <td style="width: 30%;">The lobbying nontaxable amount is -</td> <td style="width: 40%;"></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td rowspan="5" style="font-size: 3em; vertical-align: middle;">}</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -		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	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	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -															
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															
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															
42 Grassroots nontaxable amount (enter 25% of line 41)	42															
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43															
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44															

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 11 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
BOOK/TAX DIFFERENCE - DEPRECIATION	-740.
TEMPORARILY RESTRICTED	-19,279.

TOTAL	-20,019.
	=====

Description of Property															
GENERAL DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
93 FURN/FIXTURES	01/01/1993	2,618	100 000			2,618	2,249	2,249	DDB		7 000				
93 COMPUTER EQUIP	01/01/1993	2,258	100 000			2,258	2,258	2,258	DDB		5 000				
94 FURN/FIXTURES	06/30/1994	2,068	100 000			2,068	1,927	1,927	DDB		7 000				
94 COMPUTER EQUIP	06/30/1994	4,633	100 000			4,633	4,439	4,439	DDB		5 000				
95 SOFTWARE	04/30/1995	813	100 000			813	813	813	SL		3 000				
95 COMPUTERS	03/31/1995	1,349	100 000			1,349	1,349	1,349	DDBA		5 000				
95 BOOKS/SHelves	04/30/1995	354	100 000			354	314	325	DDB		7 000				11
96 TELEPHONE SYSTE	06/30/1996	4,353	100 000			4,353	3,988	3,988	DDB		5 000				
96 COMP TABLE/CR	06/30/1996	3,150	100 000			3,150	2,305	2,546	DDB		7 000				241
96 LAPTOP COMPUTER	06/30/1996	1,135	100 000			1,135	1,040	1,040	DDB		5 000				
96 MONITOR	06/30/1996	375	100 000			375	344	344	DDB		5 000				
96 MODEM	06/30/1996	211	100 000			211	194	194	DDB		5 000				
97 SOFTWARE	01/01/1997	861	100 000			861	861	861	SL		3 000				
97 PHONE SYSTEM	05/01/1997	302	100 000			302	271	283	DDB		5 000				12
97 FURNITURE	07/07/1997	1,647	100 000			1,647	1,279	1,384	DDB		7 000				105
97 FURNITURE	08/01/1997	240	100 000			240	193	206	DDB		7 000				13
97 COMPUTER	08/08/1997	1,655	100 000			1,655	1,483	1,552	DDB		5 000				69
97 FILE CABINETS	12/01/1997	302	100 000			302	271	283	DDB		5 000				12
97 FURNITURE/FIX	01/01/1997	16,168	100 000			16,168	16,168	16,168	DDB		7 000				
Less Retired Assets															
Subtotals															
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS															
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization	
TOTALS															

*Assets Retired
JSA
2X0024 1 000

Description of Property														
GENERAL DEPRECIATION														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- Inhd Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
98 PHONE SYSTEM	01/15/1998	1,389	100.000			1,389	1,149	1,245	DDB	5 000				96
98 VIDEO CAMERA	01/15/1998	3,758	100.000			3,758	3,109	3,369	DDB	5 000				260
98 PHONE SYSTEM	02/15/1998	2,084	100.000			2,084	1,724	1,868	DDB	5 000				144
98 PHONE SYSTEM	04/15/1998	593	100.000			593	491	532	DDB	5 000				41
98 PHONE SYSTEM	05/15/1998	158	100.000			158	130	141	DDB	5 000				11
98 CHAIRS	07/15/1998	602	100.000			602	413	467	DDB	7 000				54
98 FURNITURE	07/15/1998	432	100.000			432	297	336	DDB	7 000				39
98 PRINTER	07/15/1998	210	100.000			210	144	163	DDB	7 000				19
98 FILE CABINET	08/15/1998	290	100.000			290	199	225	DDB	7 000				26
98 OVERHEAD PROJ	12/15/1998	280	100.000			280	232	251	DDB	5 000				19
98 SOFTWARE	04/15/1998	55	100.000			55	55	55	SL	3 000				
98 SOFTWARE	05/15/1998	116	100.000			116	116	116	SL	3 000				
98 FUNDRAIS SOFTRA	08/15/1998	2,691	100.000			2,691	2,691	2,691	SL	3 000				
98 COMPUTER HARDWA	03/15/1998	106	100.000			106	87	95	DDB	5 000				8
98 COMPUTER HARDWA	07/15/1998	134	100.000			134	111	120	DDB	5 000				9
98 COMPUTER	09/15/1998	1,566	100.000			1,566	1,295	1,403	DDB	5 000				108
98 LAPTOP COMPUTER	10/15/1998	1,755	100.000			1,755	1,452	1,573	DDB	5 000				121
98 COMPUTER UPGRAD	12/15/1998	228	100.000			228	189	205	DDB	5 000				16
99 COMPUTER	06/30/1999	1,025	100.000			1,025	730	848	200DE HY			5		118
Less Retired Assets														
Subtotals														
Listed Property														
Less Retired Assets														
Subtotals														
TOTALS														
AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life			Current-year amortization	
TOTALS														

*Assets Retired
JSA
2X9024 1 000

2002

Description of Property															
GENERAL DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CFS class	Current-year 179 expense	Current-year depreciation
00 COMPUTER EQUIP	04/15/2000	2,699	100 000			2,699	1,404	1,922	200DE	HY			5		518
00 COMPUTER EQUIP	10/15/2000	335	100 000			335	174	238	200DE	HY			5		64
00 COMPUTER EQUIP	02/15/2000	1,630	100 000			1,630	848	1,161	200DE	HY			5		313
00 COMPUTER EQUIP	12/15/2000	530	100 000			530	276	378	200DE	HY			5		102
01 SOFTWARE	02/01/2001	250	100 000			250	76	159	SL		3 000				83
01 COMPUTER EQUIP	02/01/2001	756	100 000			756	151	393	200DE	HY			5		242
02 OFFICE FURNITUR	06/01/2002	550	100 000			550	79	79	200DE	HY			7		79
Less Retired Assets															
Subtotals .		68,714				68,714	59,289	62,242							2,953
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		68,714				68,714	59,289	62,242							2,953
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization	
TOTALS															

*Assets Retired
JSA
2X9024 1 000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTING	129,482.	115,312.	14,170.
MISCELLANEOUS	48,584.	7,535.	41,049.
MARKETING & PROMOTION	341,647.	341,647.	
PRODUCT DEVELOPMENT	153,869.	153,869.	
CAPITAL EXPENDITURES	159,983.	159,983.	
INTERNET	2,953.		2,953.
TRAINING & EDUCATION	248,451.	247,116.	1,335.
ADMINISTRATIVE	343,824.	343,824.	
MATERIALS	18,276.	18,276.	
SOFTWARE & SOFTWARE SUPPORT	1,926.		1,926.
TOTALS	1,448,995.	1,387,562.	61,433.

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	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	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	1,927		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	314	11	325
96 TELEPHONE SYSTEMS	DDB	4,353		4,353	3,988		3,988
96 CONF TABLE/CH	DDB	3,150		3,150	2,305	241	2,546
96 LAPTOP COMPUTERS	DDB	1,135		1,135	1,040		1,040
96 MONITOR	DDB	375		375	344		344
96 MODEM	DDB	211		211	194		194
97 SOFTWARE	SL	861		861	861		861
97 PHONE SYSTEM	DDB	302		302	271	12	283
97 FURNITURE	DDB	1,647		1,647	1,279	105	1,384
97 FURNITURE	DDB	240		240	193	13	206
97 COMPUTER	DDB	1,655		1,655	1,483	69	1,552
97 FILE CABINETS	DDB	302		302	271	12	283

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
97 FURNITURE/FIX	DDB	16,168		16,168	16,168		16,168
98 PHONE SYSTEM	DDB	1,389		1,389	1,149	96	1,245
98 VIDEO CAMERA	DDB	3,758		3,758	3,109	260	3,369
98 PHONE SYSTEM	DDB	2,084		2,084	1,724	144	1,868
98 PHONE SYSTEM	DDB	593		593	491	41	532
98 PHONE SYSTEM	DDB	158		158	130	11	141
98 CHAIRS	DDB	602		602	413	54	467
98 FURNITURE	DDB	432		432	297	39	336
98 PRINTER	DDB	210		210	144	19	163
98 FILE CABINET	DDB	290		290	199	26	225
98 OVERHEAD PROJ	DDB	280		280	232	19	251
98 SOFTWARE	SL	55		55	55		55
98 SOFTWARE	SL	116		116	116		116
98 FUNDRALS SOFTWARE	SL	2,691		2,691	2,691		2,691
98 COMPUTER HARDWA9	DDB	106		106	87	8	95
98 COMPUTER HARDWA9	DDB	134		134	111	9	120
98 COMPUTER	DDB	1,566		1,566	1,295	108	1,403
98 LAPTOP COMPUTER9	DDB	1,755		1,755	1,452	121	1,573

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
98 COMPUTER UPGRAD9	DDB	228		228	189	16	205
99 COMPUTER	M5	1,025		1,025	730	118	848
00 COMPUTER EQUIPM0	M5	2,699		2,699	1,404	518	1,922
00 COMPUTER EQUIPM0	M5	335		335	174	64	238
00 COMPUTER EQUIPM0	M5	1,630		1,630	848	313	1,161
00 COMPUTER EQUIPM0	M5	530		530	276	102	378
01 SOFTWARE	SL	250		250	76	83	159
01 COMPUTER EQUIP	M5	756		756	151	242	393
TOTALS		68,164		68,164	59,289		62,163

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	740.
TOTAL	----- 740. =====

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	91,536.	9,747.
FRITZ KRAMER	CHIEF OPER	75,709.	
DONALD HEDRICK 100 FLINT AVENUE HARRISONBURG, VA 22801	DIRECTOR		
PAUL MYERS TEN THOUSAND VILLAGES 704 MAIN STREET AKRON, PA 17501	CHAIRPERSON		
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
		167,245.	
GRAND TOTALS			9,747.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

IDE - CANADA (CANADIAN ORGANIZATION)

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2001	2000	1999	1998	TOTAL
CONSULTING FEES	21,090.	25,182.	27,581.	165,752.	239,605.
TOTALS	21,090.	25,182.	27,581.	165,752.	239,605.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number

INTERNATIONAL DEVELOPMENT ENTERPRISES

23-2220051

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 2 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 2 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 2001 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 2003 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 qualified property (other than listed property) placed in service during the tax year (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	1,517

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 2002	17	1,357
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 2002 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 DETAIL					
b 5-year property						
c 7-year property		550	7,000	HY	200DB	79
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 2002 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	2,953.
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 qualified listed property placed in service during the tax year 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

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)	(a)	(b)	(c)	(d)	(e)	(f)				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6				
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
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
36 Is another vehicle available for personal use?	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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2002 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See page 9 of the instructions for where to report					44

Description of Property														
GENERAL DEPRECIATION														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- (had) Conv	Life	ACRS class	MA ORS class	Current-year 179 expense	Current-year depreciation
93 FURN/FIXTURES	01/01/1993	2,618	100 000			2,618	2,249	2,249	DBB	7 000				
93 COMPUTER EQUIP	01/01/1993	2,258	100 000			2,258	2,258	2,258	DBB	5 000				
94 FURN/FIXTURES	06/30/1994	2,068	100 000			2,068	1,927	1,927	DBB	7 000				
94 COMPUTER EQUIP	06/30/1994	4,633	100 000			4,633	4,439	4,439	DBB	5 000				
95 SOFTWARE	04/30/1995	813	100 000			813	813	813	SL	3 000				
95 COMPUTERS	03/31/1995	1,349	100 000			1,349	1,349	1,349	DBBA	5 000				
95 BOOKS/SHelves	04/30/1995	354	100 000			354	314	325	DBB	7 000				11
96 TELEPHONE SYSTE	06/30/1996	4,353	100 000			4,353	3,988	3,988	DBB	5 000				
96 COMP TABLE/CH	06/30/1996	3,150	100 000			3,150	2,305	2,546	DBB	7 000				241
96 LAPTOP COMPUTER	06/30/1996	1,135	100 000			1,135	1,040	1,040	DBB	5 000				
96 MONITOR	06/30/1996	375	100 000			375	344	344	DBB	5 000				
96 MODEM	06/30/1996	211	100 000			211	194	194	DBB	5 000				
97 SOFTWARE	01/01/1997	861	100 000			861	861	861	SL	3 000				
97 PHONE SYSTEM	05/01/1997	302	100 000			302	271	283	DBB	5 000				12
97 FURNITURE	07/07/1997	1,647	100 000			1,647	1,279	1,384	DBB	7 000				105
97 FURNITURE	08/03/1997	240	100 000			240	193	206	DBB	7 000				13
97 COMPUTER	08/08/1997	1,655	100 000			1,655	1,483	1,552	DBB	5 000				69
97 FILE CABINETS	12/01/1997	302	100 000			302	271	283	DBB	5 000				12
97 FURNITURE/FIX	01/01/1997	16,168	100 000			16,168	16,168	16,168	DBB	7 000				
Less Retired Assets														
Subtotals														
Listed Property														
Less Retired Assets														
Subtotals														
TOTALS														
AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life			Current-year amortization	
TOTALS														

*Assets Retired
JSA
2X0024 1 000

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.

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

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 08/15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 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 ▶ 5/15/03

For Paperwork Reduction Act Notice, see Instruction