

Return of Organization Exempt From Income Tax

2003

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 2003 calendar year, or tax year beginning 2003, and ending

Form A: Name of organization (INTERNATIONAL DEVELOPMENT ENTERPRISES), Employer ID number (23-2220051), Telephone number, Accounting method (Accrual).

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

Form H-I: H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

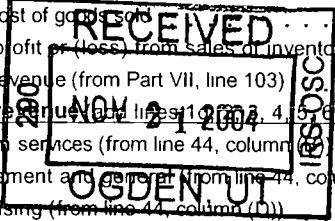
Form G-J: Website (WWW.IDE-INTERNATIONAL.ORG), Organization type (501(c)(03)), Check here if gross receipts normally not more than \$25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 4,280,776.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows: 1 Contributions, gifts, grants, and similar amounts received (94,779); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments (6,048); 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue (108,246); 12 Total revenue (4,280,776); 13 Program services (3,262,677); 14 Management and general expenses (926,756); 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (4,189,433); 18 Excess or (deficit) for the year (91,343); 19 Net assets or fund balances at beginning of year (210,226); 20 Other changes in net assets or fund balances (-75,992); 21 Net assets or fund balances at end of year (225,577).

SCANNED DEC 15 2004 Revenue



For Paperwork Reduction Act Notice, see the separate instructions.

**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 22 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 \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	105,396.	105,396.		
26 Other salaries and wages	1,668,512.	1,091,184.	577,328.	
27 Pension plan contributions	19,667.	19,667.		
28 Other employee benefits	97,739.	32,319.	65,420.	
29 Payroll taxes	29,850.	6,050.	23,800.	
30 Professional fundraising fees				
31 Accounting fees	10,755.		10,755.	
32 Legal fees				
33 Supplies				
34 Telephone	10,598.		10,598.	
35 Postage and shipping	8,973.		8,973.	
36 Occupancy	58,864.		58,864.	
37 Equipment rental and maintenance				
38 Printing and publications	14,475.		14,475.	
39 Travel	424,267.	374,654.	49,613.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	5,205.		5,205.	
43 Other expenses not covered above (itemize) STMT 15	1,735,132.	1,633,407.	101,725.	
b				
c				
d				
e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	4,189,433.	3,262,677.	926,756.	

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 25 of the instructions.)

What is the organization's primary exempt purpose? STMT 16

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 \$ _____)	3,262,677.
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)		3,262,677.

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	530,326.	<b>46</b>	488,493.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 121,711.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	121,711.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .	174,761.	<b>49</b>	228,118.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	120,270.	<b>53</b>	41,643.
	<b>54</b> Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis <b>STMT 19</b> . . . . .	<b>57a</b> 85,345.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 69,479.	4,863.	<b>57c</b> 15,866.	
<b>58</b> Other assets (describe <input type="checkbox"/> <b>STMT 20</b> ) . . . . .		3,000.	<b>58</b> 3,000.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	833,220.	<b>59</b>	898,831.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	39,967.	<b>60</b>	197,918.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	562,583.	<b>62</b>	427,781.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .	20,444.	<b>65</b>	47,555.
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	622,994.	<b>66</b>	673,254.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	199,633.	<b>67</b>	185,552.
	<b>68</b> Temporarily restricted . . . . .	10,593.	<b>68</b>	40,025.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	210,226.	<b>73</b>	225,577.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	833,220.	<b>74</b>	898,831.

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 28 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
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year?	78a 78b	X X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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? b If "Yes," enter the name of the organization <u>STMT 25</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	80a	X
81a Enter direct and indirect political expenditures. See line 81 instructions. <u>81a</u>	81a	
b Did the organization file Form 1120-POL for this year?	81b	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? 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)	82a 82b	X N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X X
84a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a 84b	X 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	85a 85b	N/A 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 b Gross receipts, included on line 12, for public use of club facilities	86a 86b	N/A N/A
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)	87a 87b	N/A 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
89a 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>N/A</u> d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>N/A</u>	89a 89b	X
90a 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, 2003 (See instructions)	90b	
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 <u>92</u>	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

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	6,048.	
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> . . . . .					118,558.
c <b>NET ASSETS RELEASE</b> . . . . .					-10,312.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				6,048.	108,246.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					114,294.

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 34 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	<b>CONSULTING FEES ENABLE SUPERVISION AND EXPERTISE IN MANAGEMENT OF VARIOUS PROJECTS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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 9870 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

*Mr. [Signature]*

Date  
15 NOVEMBER 2004

**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

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

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

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

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
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) 2003

JSA

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
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 of Part VI-B.) . . . . .		X
	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		
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 )		
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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . .		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X

**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 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets; 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: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; 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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test Enter line 24, column (e); d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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

(2002) 3,000 (2001) 5,380 (2000) 4,700 (1999) 47,200

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

(2002) (2001) (2000) (1999)

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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)

NOT APPLICABLE

		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
<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 - 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	<b>41</b>		
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			
<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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<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**

(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



FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

=====

DESCRIPTION	AMOUNT
-----	-----
INTEREST INCOME	6,048.
	-----
TOTAL	6,048.
	=====

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

DESCRIPTION -----	AMOUNT -----
BOOK/TAX DIFFERENCE - DEPRECIATION	-424.
TEMPORARILY RESTRICTED	29,432.
DONATION TO IDE INTERNATIONAL	-105,000.
	-----
TOTAL	-75,992.
	=====





Description of Property															
GENERAL DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	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
.00 COMPUTER EQUIPM	04/15/2000	2,699.	100.000			2,699.	1,922.	2,233.	200DE	HY			5		311.
.00 COMPUTER EQUIPM	10/15/2000	335.	100.000			335.	238.	277.	200DE	HY			5		39.
.00 COMPUTER EQUIPM	02/15/2000	1,630.	100.000			1,630.	1,161.	1,349.	200DE	HY			5		188.
.00 COMPUTER EQUIPM	12/15/2000	530.	100.000			530.	378.	439.	200DE	HY			5		61.
.01 SOFTWARE	02/01/2001	250.	100.000			250.	159.	242.	SL		3,000				83.
.01 COMPUTER EQUIP	02/01/2001	756.	100.000			756.	393.	538.	200DE	HY			5		145.
.02 OFFICE FURNITUR	06/01/2002	550.	100.000			550.	79.	214.	200DE	HY			7		135.
.03 FURNITURE	06/30/2003	1,009.	100.000			1,009.		144.	200DE	HY			7		144.
.03 COMPUTERS	06/30/2003	15,623	100.000			15,623.		3,125.	200DE	HY			5		3,125.
Less Retired Assets															
<b>Subtotals</b>		85,346.				85,346.	62,242.	67,447.							5,205.
Listed Property															
Less Retired Assets															
<b>Subtotals</b>															
<b>TOTALS</b>		85,346.				85,346.	62,242.	67,447.							5,205.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization	
<b>TOTALS</b>															

\*Assets Retired  
JSA  
3X9024 2 000

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTING	126,173.	99,976.	26,197.
MISCELLANEOUS	166,664.	125,251.	41,413.
MARKETING & PROMOTION	171,217.	171,217.	NONE
PRODUCT DEVELOPMENT	123,845.	123,845.	NONE
CAPITAL EXPENDITURES	84,180.	84,180.	NONE
INTERNET	5,729.	NONE	5,729.
TRAINING & EDUCATION	201,679.	195,785.	5,894.
ADMINISTRATIVE	292,418.	292,418.	NONE
MATERIALS	72,115.	72,115.	NONE
SOFTWARE & SOFTWARE SUPPORT	62,275.	45,144.	17,131.
EQUIPMENT	196,964.	191,603.	5,361.
HID	75,069.	75,069.	NONE
PROJECT IMPLEMENTATION	156,804.	156,804.	NONE
TOTALS	1,735,132.	1,633,407.	101,725.

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	DDRA	1,349.		1,349.	1,349.		1,349.
95 BOOKSHELVES	DDB	354		354	325.		325.
96 TELEPHONE SYSTES9	DDB	4,353		4,353.	3,988.		3,988.
96 CONF TABLE/CH	DDB	3,150.		3,150.	2,546.	173.	2,719.
96 LAPTOP COMPUTER9	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 PRONE SYSTEM	DDB	302.		302.	283.		283.
97 FURNITURE	DDB	1,647		1,647.	1,384.	75.	1,459.
97 FURNITURE DISPL9	DDB	240.		240.	206.	10.	216.
97 COMPUTER	DDB	1,655.		1,655.	1,552.		1,552.
97 FILE CAB. DISPL9	DDB	302.		302.	283.		283.

## 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.	1,245.	58.		1,303.
98 VIDEO CAMERA	DDB	3,758.			3,758.	3,369.	156.		3,525.
98 PHONE SYSTEM	DDB	2,084.			2,084.	1,868.	86.		1,954.
98 PHONE SYSTEM	DDB	593.			593.	532.	24.		556.
98 PHONE SYSTEM	DDB	158.			158.	141.	7.		148.
98 CHAIRS	DDB	602.			602.	467.	39.		506.
98 FURNITURE	DDB	432.			432.	336.	27.		363.
98 PRINTER	DDB	210.			210.	163.	13.		176.
98 FILE CABINET	DDB	290.			290.	225.	19.		244.
98 OVERHEAD PROJ	DDB	280.			280.	251.	12.		263.
98 SOFTWARE	SL	55.			55.	55.			55.
98 SOFTWARE	SL	116.			116.	116.			116.
98 FUNDRALS SOFTWA9	SL	2,691.			2,691.	2,691.			2,691.
98 COMPUTER HARDWA9	DDB	106.			106.	95.	4.		99.
98 COMPUTER HARDWA9	DDB	134.			134.	120.	6.		126.
98 COMPUTER	DDB	1,566.			1,566.	1,403.	65.		1,468.
98 LAPTOP COMPUTERS	DDB	1,755.			1,755.	1,573.	73.		1,646.

## 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.	205.	9	214.
99 COMPUTER	M5	1,025.		1,025.	848.	118.	966.
00 COMPUTER EQUIPM0	M5	2,699.		2,699.	1,922.	311.	2,233.
00 COMPUTER EQUIPM0	M5	335.		335.	238.	39.	277.
00 COMPUTER EQUIPM0	M5	1,630.		1,630.	1,161.	188.	1,349.
00 COMPUTER EQUIPM0	M5	530.		530.	378.	61.	439.
01 SOFTWARE	SL	250.		250.	159.	83.	242.
01 COMPUTER EQUIP	M5	756		756.	393.	145.	538.
TOTALS		68,164.		68,164.	62,163.		63,964.

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	424.
TOTAL	----- 424. =====

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	EXPENSE ACCT AND OTHER ALLOWANCES
PAUL POLAK 10403 WEST COLFAX, SUITE #500 LAKEWOOD, CO 80215	PRESIDENT	105,396.	12,996.	NONE
PAUL MYERS TEN THOUSAND VILLAGES 704 MAIN STREET AKRON, PA 17501	SECRETARY	NONE	NONE	NONE
MICHAEL EDESESS 2023 E 3RD AVENUE DENVER, CO 80206	CHAIRMAN	NONE	NONE	NONE
SALLY ZIMMERMAN FRIENDS VILAS-FISCHER TRUST COMPANY ONE WORLD TRADE CENTER, SUITE 2101 NEW YORK, NY 10048-0080	DIRECTOR	NONE	NONE	NONE
JACK KELLER CEO KELLER BLIESNER ENGINEERING 78 EAST CENTER LOGEN, UTAH 84321	DIRECTOR	NONE	NONE	NONE
AL DOERKSEN PALLISER FURNITURE, LTD. 55 FURNITURE PARK WINNIPEG, MANITOBA R2G 1B9	DIRECTOR	NONE	NONE	NONE
GARY BARR 1567 PRINCE CREEK DR. CARBONDALE, CO 81623	DIRECTOR	NONE	NONE	NONE

## 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	EXPENSE ACCT AND OTHER ALLOWANCES
BILL FAST 606 HENDERSON HWY WINNIPEG, MANITOBA R2K 2H5	DIRECTOR	NONE	NONE	NONE
ROBERT HAVENER 625 REGENCY CIRCLE SACRAMENTO, CA 95864	DIRECTOR	NONE	NONE	NONE
PAULA HERZMARK DENVER HEALTH AND HOSPITALS 660 BANNOCK ST., MAIL CODE 0278 DENVER, CO 80204-4507	DIRECTOR	NONE	NONE	NONE
MIKE MCCUNE ARGUS REAL ESTATE 3996 SOUTH MAGNOLIA WAY DENVER, CO 80237	DIRECTOR	NONE	NONE	NONE
MOHAN UTTARWAR 21620 RAINBOW DRIVE CUPERTINO, CA 95014		NONE	NONE	NONE
PAUL MYERS 10,000 VILLAGES PO BOX 500 AKRON, PA 17501-500	CHAIRPERSON	NONE	NONE	NONE
LINDA MACLEOD 42 ALPHA ROAD CHOBHARN, SURREY GU248NF UK	DIRECTOR	NONE	NONE	NONE

## 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	EXPENSE ACCT AND OTHER ALLOWANCES
CHRIS UNDERHILL BASIC NEEDS 158, PARADE, LEAMINGTON SPA WARWICKSHIRE, CV32 4AE, UK	DIRECTOR	NONE	NONE	NONE
GRAND TOTALS		105,396.	12,996.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

IDE - CANADA (CANADIAN ORGANIZATION)

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2002	2001	2000	1999	TOTAL
CONSULTING FEES	162,266.	21,090.	25,182.	27,581.	236,119.
TOTALS	162,266.	21,090.	25,182.	27,581.	236,119.

**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 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 2002 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 2004 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	939.

**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 2003	17	997.
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 2003 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		15,623.	5.000	HY	200DB	3,125.
c 7-year property		1,009.	7.000	HY	200DB	144.
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			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2003 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	5,205.
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 7 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X 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 6 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):
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)
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?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

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?
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 2003 tax year (see page 9 of the instructions)
43 Amortization of costs that began before your 2003 tax year 43
44 Total. Add amounts in column (f) See page 9 of the instructions for where to report 44







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

▶ 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.

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	<b>INTERNATIONAL DEVELOPMENT ENTERPRISES</b>	23-2220051
	Number, street, and room or suite no If a P O box, see instructions	
	<b>10403 W. COLFAX AVE #500</b>	500
	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 08/16, **2004**, to file the exempt organization return for the organization named above The extension is for the organization's return for:

- calendar year 2003 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 ▶ *Ken Lindsey* Title ▶ CPA Date ▶ 05/04/2004

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).

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

Name of Exempt Organization: INTERNATIONAL DEVELOPMENT ENTERPRISES
Employer identification number: 23-2220051
Number, street, and room or suite no.: 10403 W. COLFAX AVE #500
City, town or post office, state, and ZIP code: LAKEWOOD, CO 80215

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [ ] 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.

I request an additional 3-month extension of time until 11-15-04.
For calendar year 2003, or other tax year beginning and ending.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.
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.

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

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: [Signature] Title: Accountant Date: 8-9-04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

Director:
By:
Alternate Mailing Address - Enter the address if you want the copy of this application returned to an address different than the one entered above.
Name: RICHEY, MAY & COMPANY, LLP
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 9605 S. KINGSTON CT. SUITE 200
City or town, province or state, and country (including postal or ZIP code): ENGLEWOOD, CO 80112

EXTENSION APPROVED

AUG 3 02004

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN